Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 13th January, 2020

Place
Committee Room 3 - Council House

Public Business

1. Welcome and Apologies for Absence

2. Declarations of Interest

3. Minutes of Previous Meeting (Pages 5 - 16)
   (a) To agree the minutes of the meeting held on 14th October 2019
   (b) Matters Arising

4. Chair’s Update
   The Chair, Councillor Caan will report at the meeting

Development Items

5. Coventry Joint Health and Wellbeing Strategy 2019-23: Working Differently with our Communities Update (Pages 17 - 20)
   Report of Gail Quinton, Deputy Chief Executive (People)

6. Progress Update on Coventry’s Marmot City Strategy 2016-2019 (Pages 21 - 26)
   Report of Richard Stanton, West Midlands Fire Service and Co-Chair of the Marmot Steering Group

7. Coventry and Warwickshire Place Forum Update (Pages 27 - 30)
   Report of Liz Gaulton, Director of Public Health and Wellbeing

Delivery Items

8. Coventry and Warwickshire Health and Care Partnership Update (Pages 31 - 36)
   Report of Rachael Danter, Coventry and Warwickshire Health and Care Partnership
Governance Items

9. Child and Adolescent Mental Health Services (CAMHS) Transformation Plan: Year 4 Refresh (Pages 37 - 122)

   Report of Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG)

10. Coventry Suicide Prevention Strategy (2020-21 Forward Plan) (Pages 123 - 164)

   Report of Jane Fowles, Consultant Public Health and Steven Hill, Chair of Coventry Suicide Prevention Steering Group

11. Local Safeguarding Children's Annual Report 2018-2019 (Pages 165 - 254)

   Report of Rebekah Eaves, Safeguarding Partnership and Board Business Manager

12. Adult Social Care Peer Challenge 3 to 5 March 2020 (Pages 255 - 260)

   Report of Pete Fahy, Director of Adult Services

13. 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

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

Friday, 3 January 2020

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Membership: L Bayliss-Pratt, Cllr J Blundell, Cllr K Caan (Chair), Cllr G Duggins, P Fahy, L Gaulton, S Gilby, J Grant, J Gregg, A Hardy, R Light, S Linnell, C Meyer, Cllr M Mutton, M O'Hara, S Ogle, G Quinton, S Raistrick, Cllr P Seaman, R Stanton and A Stokes

Please note: a hearing loop is available in the committee rooms. If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight
Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk
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Present:

Board Members: Councillor Blundell
Councillor Caan (Chair)
Councillor Duggins
Councillor M Mutton
Councillor Seaman
Liz Gaulton, Director of Public Health and Wellbeing
John Gregg, Director of Children's Services
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Rob James, Coventry University
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Sue Ogle, Voluntary Action Coventry
Chief Superintendent Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive (People)
Dr Sarah Raistrick, Coventry and Rugby CCG (Deputy Chair)

Other representatives: Councillor Clifford, Chair of the Health and Social Care Scrutiny Board (5)
Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership

Employees (by Directorate):

Place: E Dewar
L Knight

People: R Eaves
A Errington
R Nawaz
C Sacco

Apologies: Professor Guy Daly, Coventry University
Chris Dempsey, NHS England
Pete Fahy, Director of Adult Services
Simon Gilby, Coventry and Warwickshire Partnership Trust
Professor Caroline Meyer, Warwick University
Richard Stanton, West Midlands Fire Service

Public Business

13. Declarations of Interest

There were no declarations of interest.

14. Minutes of Previous Meeting

The minutes of the meeting held on 8th July 2019 were agreed and signed as a true record. There were no matters arising.
15. **Andrea Green**

The Chair, Councillor Caan, placed on record his thanks to Andrea Green for all the work she had undertaken over a number of years whilst a member of the Board including her support for the Year of Wellbeing. Andrea had now left Coventry and Rugby CCG and Adrian Stokes was the new Interim Accountable Officer.

He welcomed Dame Stella Manzie, DBE, the new Chair of University Hospitals Coventry and Warwickshire (UHCW) Trust who was observing the meeting.

16. **Chair's Update**

The Chair, Councillor Caan, reported that the Wave waterpark was due to open to the public on 21\textsuperscript{st} October. The Wave was part of the legacy of the European City of Sport and represented a big investment in sport and physical activity by the City Council. Board members were invited to the VIP Opening event on 19\textsuperscript{th} October.

Councillor Caan reported on recent activities concerning European City of Sport 2019 which included the European Corporate Games which took place between 1\textsuperscript{st} and 4\textsuperscript{th} August when Coventry Council finished 7\textsuperscript{th} out of 51 organisations; Lets Ride Coventry on 8\textsuperscript{th} September when families cycled round the ring road and enjoyed a range of activities; the launch of phase 2 of Coventry on the Move at Edgwick Park where new gym equipment had been installed; and over 2,000 school children from 20 Coventry schools participating in the CWS School Games over the summer.

From today, inspectors from Ofsted and the Care Quality Commission were undertaking an inspection of the Council’s services for Children with Special Educational Needs and Disability (SEND) as part of a national programme of send inspections. As part of this, the CQC would be looking at how the Council and partners in health contributed and supported outcomes for vulnerable children and young people.

The Board were informed that a Year of Wellbeing celebratory event would be taking place on 4\textsuperscript{th} December.

Councillor Caan reported that the West Midlands Wellbeing Board met on the 19th July. Coventry had been involved with the development and launch of Include Me West Midlands. This was a pioneering pledge to deliver a more customer centred and inclusive approach to sport and physical activity especially for disabled people. To date, 50 organisations had signed up to the pledge and over 125 people working in the sport and physical activity sector were trained in and aware of inclusivity and mental health awareness.

The Deputy Chair, Dr Raistrick reported on plans to mark World Diabetes Day with a Diabetes Awareness Event for the local community on Sunday 10th November at the Gurudwara Sikh Temple on Harnall Lane.
Further to Minute 7/19, the Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which sought approval of the draft Coventry and Health and Wellbeing Strategy 2019-2023, a copy of which was set out at an appendix to the report. The report also set out the initial work to the undertaken to mobilise the Strategy.

The report indicated that the Council and the Clinical Commissioning Group had a statutory duty, through the Health and Wellbeing Board, to develop a Health and Wellbeing Strategy that set out how they would address the health and well-being needs of local residents, as identified in the Joint Strategic Needs Assessment.

The aim of the Health and Wellbeing Strategy was to develop a set of shared, evidence-based priorities for commissioning local services which would improve the public’s health and reduce inequalities. The outcomes of the work would help to determine what actions the Council, the NHS and other partners needed to take to meet health and social care needs, and to address the wider determinants that impacted on health and wellbeing. The current Strategy covered the period 2016-2019, and a new Strategy for 2019-2023 had been developed for approval and adoption. The report detailed the consultation process that had been undertaken as the Strategy was developed. The Strategy provided Coventry with a picture of what the Health and Wellbeing Board would deliver over the next three years and how partners would work together to achieve this. The Health and Wellbeing Strategy set out three strategic ambitions as follows:

- People are healthier and independent for longer
- Children and young people fulfil their potential
- People live in connected, safe and sustainable communities

As part of the development of the Strategy, the Board had adopted a population health approach to addressing the issues affecting local residents. This meant taking action on:

- The wider determinants of health
- Our health behaviours and lifestyles
- The places and communities we live in and with
- An integrated health and care system

The Board noted the following short term priorities to be progressed over the next 12-18 months by partnership working: loneliness and social isolation; young people’s mental health and wellbeing; and working differently with our communities. The report set out the initial work in these areas which included identifying Board champions to lead on the work.

Members were informed that the strategy was to be submitted for approval to the City Council’s Cabinet on 29th October 2019 and Coventry and Rugby CCG’s Governing Body on 20th November 2019.

RESOLVED that:

(1) The draft Coventry Health and Wellbeing Strategy 2019-23 be endorsed.
(2) The progress to date on mobilising the Strategy be noted.

18. **Draft Youth Violence Prevention Strategy**

Chief Superintendent Mike O’Hara, West Midlands Police introduced the report of Liz Gaulton, Director of Public Health and Wellbeing, which informed of the work of the Coventry Youth Prevention Partnership Board, the development of a strategy, the work already in place across the city and putting an action plan in place to use a public health approach to tackle rising levels of youth violence.

The report indicated that the West Midlands Region had seen a steep increase in knife crime offences. Government research indicated knife crime was heavily linked to gang activity. Knife crime has risen nationally by 20% between 2016 and 2017 and, although Coventry mirrored this national trend, the number of young people becoming victims and/or perpetrators of violent crime was of particular concern. In response, Coventry’s senior leaders agreed that violence in the City should be addressed via a public health approach, acting on its root causes as well as providing an effective response. The Violence Summit held in January this year led to a commitment to tackling this issue together across the whole system.

During the summer the Coventry Youth Violence Prevention Partnership Board (CYVPPB) was established which was supported by a Project Board and an Operational Group. The Project Board oversaw the delivery of three projects while the Operational Group would develop and deliver the action plan on behalf of the board.

At their meeting on 17th June, 2019 the Board had agreed to draft a multi-agency strategy using a public health approach to address the issue of youth violence in the City. The draft strategy had been developed using an outline framework adopted by the West Midlands Regional Violence Reduction Unit as well as learning from public health approaches used across Scotland. The draft strategy sets out six key strategic objectives (based on the public health approach). Key to the success of the strategy would be the ‘plan, do, review’ process. There would be a 12-month delivery plan to support each key objective. These short-term plans would be reviewed annually for their effectiveness and adapted if needed. The report set out the approach and progress against these six key objectives: building strong foundations; primary prevention; secondary prevention; tertiary prevention; enforcement and criminal justice; and attitudinal change using effective communication.

Since the first meeting of the Board in July, much work has been undertaken to mobilise the Strategy and to progress the short-term priorities identified. This included:

- Mobilising three projects within the City including one funded by the Police and Crime Commissioner which was working with young people admitted to hospital with traumatic injuries as a result of violence.
- Establishing joint, co-located police and children’s services team focussed on youth violence within the Horizon Team.
- Securing substantial funding for the City (approx. £1million) from various sources including the Police and Crime Commissioner and Central Government.
- Focussed operational policing towards violence and gang suppression activity
Establishing schools interventions – Mentoring Violence Prevention Work
Setting up schools panels (schools and police partnership) at both primary and secondary level.
Created Summer diversionary activities

A significant piece of work, which was yet to take place, was the effective mapping of the systems, assets, ways of working and resources already in place across the City. This would be a key focus for the newly appointed programme manager over the coming weeks. The report set out the governance arrangements for the Partnership Board.

Members referred to the One Coventry approach which was highlighted by the partnership working and asked about the involvement of the Youth Offending Service. Attention was drawn to a second Violence Summit that was planned for January 2020.

RESOLVED that:

(1) The Draft Coventry Youth Violence Prevention Strategy 2019-29 be endorsed.

(2) The progress to date on the draft strategy and the work already taking place on youth violence across the city be noted.

19. Draft Coventry and Warwickshire Strategic Five Year Health and Care Plan 2019/20 - 2023/24

Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership presented the joint report on the draft Coventry and Warwickshire Strategic Five Year Health and Care Plan 2019/20 - 2023/24, a copy of which was set out at the appendix to the report. The draft Plan was submitted to the Board as part of the current engagement process.

The report indicated that Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) were required to create five-year strategic plans covering the period 2019/20 – 2023/24, setting out how systems would deliver the commitments in the NHS Long Term Plan. The NHS Long Term Plan Implementation Framework sets out an expectation that STPs/ICSs would bring together member organisations and wider partners as they developed and delivered the plans. A key principle was that the plans should be locally owned. Local systems were required to share a draft of their plans with NHS England / NHS Improvement regional teams by 27 September 2019. The regional team had since provided feedback on this submission. There was now the opportunity for local engagement prior to submission of the final plan, by 15th November 2019.

The draft plan was informed by a focused engagement exercise undertaken with staff groups across the system (an on-line staff survey), as well as targeted engagement with patients and carers undertaken by Healthwatch. It also drew on engagement activity with a range of public and community groups conducted by the CCGs and local authorities. The understanding of population needs outlined in the draft plan was drawn directly from the local joint strategic needs assessments. The plan had been developed by the senior responsible officers for each of the
workstreams, with involvement from stakeholders across the system. Clinicians had been fully engaged in developing the plan and the supporting clinical planning templates.

The report referred to the current period of engagement on the draft Plan which commenced on 27 September and set out details of the engagement plan in place, which included opportunities for the plan to be considered and approved through formal governance arrangements within the NHS; formal and informal engagement with local authorities; and informal opportunities for awareness-raising and engagement on the content of the plan with key stakeholders, such as Healthwatch Coventry.

The Board noted the summary of the draft plan priorities as follows:

Prevention – Through a strategic and targeted approach to earlier intervention, we will make it easier for people to lead healthy lives and stay well for longer.

Population health – Focus on education, affordable and appropriate housing, stable employment, leisure opportunities and a healthy environment.

Primary care networks – Building on our ‘Out of Hospital’ programme by focussing on preventing ill health, supporting people to stay well and providing high quality care and treatment in the home.

Urgent and emergency care – Simplify our offer and deliver a fully integrated response so that the most appropriate care can be given as quickly as possible.

Mental health – Deliver a step change by focussing on prevention, early intervention, self-care, wellbeing and recovery. Services for children and young people are a particular priority.

Cancer – Identify more people at risk of cancer earlier and undertake more community-based screening. Treat patients more quickly.

Maternity and Children – Respond to the changing needs of women, babies, children and young people. Consider how to most effectively deliver better health outcomes, quality, and patient experience in the context of existing health inequalities.

Stroke – Implement a new agreed model of stroke care, ensuring best possible outcomes and patient experience.

Service improvement – Implement a number of system-wide schemes to remove waste and avoid duplication.

The Board noted that a number of NHS organisations represented on the Board were required to sign off the plan whilst other partners would be involved in its development and delivery. In order to give the Board an opportunity to formally comment on the plan, the Chair, Councillor Caan was requested to respond to the draft plan prior to the end of the engagement period.

Board Members raised a number of issues which included the role of NHS England in the process; how the productivity and efficiency savings would be achieved; the learning from local voluntary organisations who worked with disadvantaged residents; the importance of partnership working across the health and care sector including the involvement of local Ward Councillors; and an acknowledgment of the strong emphasis on prevention in the plan, which was a testament to the joined up work led by the Board.
Councillor Clifford, Chair of the Council’s Health and Social Care Scrutiny Board (5) reported on his attendance that morning at the Coventry and Warwickshire Joint Health and Overview Scrutiny Committee who had also considered the draft Coventry and Warwickshire Strategic Five Year Health and Care Plan 2019/20 - 2023/24.

RESOLVED that, having reviewed and commented on the draft Plan from the perspective of the wider health and wellbeing system:

(1) The process for developing and engaging on the draft Plan be noted.

(2) The Chair, Councillor Caan, to respond to the draft plan prior to the final submission.

20. **Better Care Fund Plan 2019-2020**

The Board considered a report of Pete Fahy, Director of Adult Services, which sought approval for the Better Care Plan 2019/2020, which was a one year plan and an extension to the previous two year plan. It was a joint plan of the City Council and Coventry and Rugby Clinical Commissioning Group (CCG). A copy of the plan had been circulated to the Board.

The report indicated that the Better Care Fund (BCF) provided support to councils and NHS organisations to jointly plan and deliver local services. It had been in place since 2015, with the previous Coventry BCF Plan covering the period 2017-2019. Financially the Fund was managed via a Section 75 agreement between the City Council and Coventry and Rugby CCG and was hosted by the City Council. A key purpose of the fund was to maximise community services, to prevent older people from going into hospital and helping them move on quickly and safely following hospital admission, thus reducing cost and improving outcomes within the overall system.

The report provided a breakdown of the £107,175,924 total budget for 2019/20 which was all committed to existing areas of activity including City Councils older people community purchasing and the CCGs Out of Hospital contract. The resources also included the £13.8m iBCF grant resources that had previously only being confirmed until the end of 2019/20 and had now been confirmed for the following year. The Board noted that this represented a significant amount of existing Adult Social Care resources that remained at future risk, and if it the grant did not continue could lead to significant service reductions.

Reference was made to the national context with the NHS Long Term Plan being published by NHS England on 7 January 2019 which set out priorities for healthcare over the next 10 years and showed how the NHS funding settlement would be used. Integrated care systems were to be created across England by 2021, and Clinical Commissioning Groups were to be merged. Prevention was a key focus of the plan. From a social care perspective, the city council was an important part of the local health and social care economy and the changes in the local system would inevitably influence how the city council developed its services to support the people of the City.
The Better Care Fund had been extended a further year, 2019/2020 with a requirement to submit updated and extended plans for this year. As the guidance and policy was issued part way through the year, a much reduced plan was required based on completion of the standard template. Earlier years had required more significant plans. Plans would be subject to a national assurance process which would take place week commencing 18th November 2019. This timescale meant that the plan would only in theory be approved 4 months before it expired.

A requirement of the Plan was that it would be jointly developed and approved by the City Council and the CCG and the Coventry Health and Wellbeing Board. Approvals were received by the council and the CCG prior to submission to NHS England on 27 September 2019. The Board noted that good working relationships continued in Coventry, and so the organisations were on target to deliver the plan.

The Board acknowledged the difficulties associated with working with short term funding as opposed to being able to plan long term

**RESOLVED that, as per a condition of the Better Care Fund Plan, approval be given to the plan post submission to NHS England on 27th September 2019.**

21. **2019 Director of Public Health’s Annual Report**

The Board considered a report and received a presentation of the Director of Public Health and Wellbeing concerning her Annual Report for 2019 ‘Bridging the Gap: Tackling Health Inequalities in Coventry, a Marmot City’, a copy of which was set out at an appendix to the report. The report included recommendations for health and wellbeing partners across Coventry. The report was a statutory report produced each year. This year the report focused on health inequalities in Coventry; the determinants that contributed to these inequalities and the work being carried out to address them.

The report indicated that health inequalities were important because they had a significant impact on how long a person would live and the number of years they would live in good health. People in more affluent areas would live a longer live, with more years of good health, than people living in more deprived areas. In Coventry, this gap between groups could result in men in some areas of the city living on average 10.9 years less than people in better off areas. For women, the gap was 10 years. The gap in the number of years lived in good health was even bigger, with men in the most affluent areas experiencing 17 more years in good health than men in less affluent areas, and for women, the gap was 18 years. The Annual Report set out the reasons that these differences existed and how Coventry was working in a partnership approach, bringing together individuals, communities, organisations, businesses and universities, to reduce inequalities and improve health and wellbeing for all citizens.

The report highlighted Coventry’s commitment to being a Marmot City since 2013, working in partnership with local organisations as well as the institute of Health Equity and Public Health England to address health inequalities in the city. This approach had recently been evaluated and the key findings of the evaluation were detailed. The Marmot Steering Group members would be reviewing progress to
date and agreeing the future of the membership and how to progress action on the Marmot Review recommendations in October 2019.

The recommendations of the Annual Report were to:
1 - Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions.
2 - Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities.
3 - Utilise community asset based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021.
4 - Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens gain the necessary qualifications and skills to fill local jobs.
5 - Recognise and respond to barriers and challenges which may prevent people in some groups within Coventry from engaging with services which promote healthy lifestyles such as the ‘Coventry on the Move’ programme.
6 - Council and partners to embed an integrated early help offer which improves life chances for more vulnerable families.
7 - Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved.
8 - Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership.
9 - Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed, utilising the population health framework to underpin change.

The presentation provided an overview of the report highlighting how the report had looked at the impact of a range of environmental, societal, and lifestyle factors, and explored what Coventry was doing to tackle health inequalities, looking at current and future opportunities. The presentation concluded with the recommendations, from this year’s report. Members viewed a video produced in support of the Annual Report which provided examples of the project work currently being undertaken in the city in local communities to address inequality issues faced by local residents.

The Board discussed the importance of evaluation, including the evaluation of the European City of Sport and the Year of Wellbeing. Reference was made to the importance of having a joined-up approach to evaluation with clear aims and outcomes.

RESOLVED that:

(1) The content and recommendations of the 2019 Director of Public Health’s Annual Report be noted.
(2) The dissemination of the report be supported.

(3) The actions proposed be endorsed.

22. Coventry Safeguarding Adults Board Annual Report

The Board considered a report of Rebekah Eaves, Safeguarding Board Manager, concerning the Coventry Safeguarding Adults Board Annual Report for 2018/19, a copy of which was set out at an appendix to the report. The Annual Report had also been submitted to the meeting of the Health and Social Care Scrutiny Board (5) on 11th September, 2019.

The Coventry Safeguarding Adults Board was a multi-agency partnership made up of a range of organisations that contributing towards safeguarding in Coventry. The Board was required to publish an annual report and business plan. The report summarised the key messages for the year and included the business plan which enabled the Board to plan upcoming work. The annual report was a key way of raising awareness of the issue of safeguarding adults.

The report indicated that each year the Council carried out approximately 300 safeguarding enquiries as a result of concerns. Concerns came from a variety of sources including professionals, the person themselves, and from family and friends of those who may be in need of care and support to keep themselves well and safe.

The 2018/19 referral rate showed no statistically significant peaks and troughs throughout the year but was, overall, slightly higher than the previous year. Roughly 15% of received referrals went on to become enquiries, slightly down from 17% in 2017. Approximately 83% of referrals across the year were processed within 2 days, meaning the majority of adults with care and support needs received a timely response to the referral. The main category of abuse for adults in Coventry was neglect, with physical and financial abuse the second and third most prevalent categories. Throughout the year, 10% of referrals were individuals already known to the Council. In 91% of the cases, the risk to the individual was either reduced or completely removed by the end of their safeguarding enquiry. In 7% of cases the risk was judged to remain and this related to adults with capacity making decisions that were risky for them but within their remit to make. Making safeguarding personal had been a key focus for Coventry partners across the year and formed the basis of the Adult Board’s development day in March 2019. During 2018/19, the wishes of service users were either achieved or partially achieved in the majority of cases.

In conclusion, work with adults with care and support needs across Coventry in 2018/19 had been person centred and high achieving, as evidenced by the number of users who stated that their desired outcomes from the safeguarding process were met.

RESOLVED that, having considered the content of the Coventry Safeguarding Adults Board Annual Report, the report be noted.
23. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.30 pm)
1 Purpose
1.1 To update the Board on progress against the Health & Well-being Strategy priority of ‘Working Differently with our Communities’
1.2 To note the alignment of this activity to the work led through the Health and Care partnership

2 Recommendations
2.1 The Health & Well-being Board is asked to:
   • Note the report
   • Identify any issues in relation to this development which are not captured or need to be addressed further.
   • Consider of the development of anchor institutions in Coventry as a future agenda item

3 Information/Background
3.1 One of the three priorities of the revised Health & Well-being Strategy is ‘Working Differently with Communities’ and is being led by the One Coventry Partnership. Our engagement with communities and community organisations during the JSNA and Health and Wellbeing Strategy development has revealed an appetite for a change in approach to how we work together in our places and with our communities. This means working together, with communities, to improve people’s lives and the city for the better. Communities want to be part of the change and want to work with statutory partners, not to be “done to”, which means changing traditional relationships. This is also in line with the Council’s One Coventry approach, whereby the Council will be working with partners and the public, sharing resources and looking for opportunities to become more collaborative and do things differently.

3.2 This priority also supports a key pillar of our population health framework (see below diagram), which is taken from a model developed by the King’s Fund (a national health and care think tank), and will underpin everything we do as a health and wellbeing system in Coventry to achieve our long-term vision for change.
4 Working Differently with Communities - Objectives

4.1 There is a real opportunity to mobilise health and wellbeing solutions through assets that already exist in our communities, and to work together to make the biggest positive impact that we can on the lives of local people. We want to see a shift in culture and behaviours amongst statutory partners which will include:

- **Empowering and enabling community solutions** by valuing the community leaders who have trust, networks, understanding and legitimacy; and getting behind existing partnerships;

- Facilitating forums and networks to **enable better collaboration and communication** between public and third sector partners and within the third sector, by helping partners and communities share what they do and learn from - and build partnerships with - each other;

- Taking forward work to change the way we **commission services to better recognise social value and develop the role of anchor institutions to maximise the social and economic value they bring to local communities**; and

- Providing **practical support to strengthen the community sector**, including by pooling resources to build capacity and connections and enable communities to maximise social action.

4.2 This work aligns to and supports the work that the Coventry & Warwickshire Health & Care Partnership is doing to understand how it engages with the voluntary and community sectors to meet the challenges of increasing demand and engaging the public in the design and delivery of the care and support they receive. The One Coventry Partnership will provide an overall strategic approach across the place of Coventry for this area of work and that all partners will sign up to, with the understanding that partner agencies will tailor this to their specific needs.

4.3 This work will also align with the Population Health and Prevention Workstream of the STP/ICS which aims to lead the system in its population health approach by implementing the King’s Fund model of population health as well as delivering the Year of Wellbeing legacy.

5 Engagement with the Voluntary & Community Sectors
5.1 In order to develop this priority, engagement work has taken place with the voluntary and community sectors to understand the challenges facing the sector and to co-design an effective One Coventry engagement mechanism.

5.2 Recent engagement with 70 representatives of community and voluntary sector organisations for the JSNA and 30 organisations during a visit with leaders of Arms Length Bodies has provided insights about the challenges faced:

- Generally, third sector organisations want to work together more effectively with each other and with public sector organisations to make a bigger impact
- Achieving greater connectivity across organisations with shared aims is therefore a big priority, but is very hard to achieve as there is poor visibility of what is happening
- There are perceptions amongst smaller third sector organisations that the way the public sector commissions larger third sector organisations is creating a two-tier system; larger organisations receive funding, yet are expecting smaller grass roots organisations to deliver outcomes with no funding.
- There is a perception that public sector tends to only engage when there is an ‘ask’ not to provide valued networking opportunities or to have an open conversation
- Public sector bodies are engaging in silos – causing duplication of effort and frustration
- Resources to support effective networking are scarce
- Small organisations feel left out of conversations and influence and find it hard to engage through traditional mechanisms used by public sector; some may not be part of any network
- There is wide-spread concern about how third sector organisations can achieve sustainable income streams and there is much interest in exploring more collaborative forms of commissioning with public sector organisations.

5.3 As part of this engagement process, facilitated workshops were held through VAC with very small organisations to understand what engagement mechanisms would work well for them. Then, on 3rd October, an event was held bringing existing networks and partnerships together with public sector engagement leads to co-design an effective One Coventry engagement mechanism – potentially a ‘network of networks’.

6 Developing our approach – network of networks

6.1 A key set of themes has emerged from the engagement with the voluntary and community sectors and through conversations with public sector partners:

- **Coventry conversations** – there is an appetite for developing a more collaborative relationship with the voluntary and community sector and moving away from a transactional approach. As part of this, partners have suggested aligning engagement activities across organisations to avoid duplication, reduce consultation fatigue and ensure a more efficient approach. It was suggested through the voluntary and community sectors that this can be done through holding city-wide events on specific issues affecting local residents/organisations, which bring together existing networks, partnership and communities.

There are currently lots of individual conversations happening and we need to build on these and create city-wide consensus/action. Through the engagement, it was felt that it was important to engage communities to help shape solutions to issues. It was also recognised that everyone needs to take responsibility for hosting/organising events/conversations and it is not just for the public sector to do, although the convening power of the public sector was highlighted as important.
- **Place-based conversations** – there is support for greater co-ordination at a place-based level. There is recognition that, at the moment, front line workers from a number of agencies are working in a place-based way (for example family hubs, primary care networks, community centres), but often in silo. There was a strong emphasis for the need to join things and explore how we can create a single offer at place.

- **Anchor institutions/social value** – the role of public sector organisations in maximising the social and economic value they bring to communities and to the voluntary and community sector is a key area for joint working.

  From the voluntary and community sector perspective, the sector is keen to work with anchor institutions to:
  - understand how social value can be maximised to support local organisations;
  - build the capacity of and capability of the VCSE sector to drive their own growth and build their resilience; and
  - use new and existing funding opportunities and resources in innovative, proactive ways to achieve a step change in the way the sector is financed.

7 **Next steps**

7.1 The One Coventry Partnership will identify engagement leads from their respective organisations who can work together to help create a consistent public sector ‘offer’ and create an action plan setting out how each of the above themes will be taken forward.

**Report Author(s):**

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**Appendices**
To: Coventry Health and Wellbeing Board

From: Richard Stanton, West Midlands Fire Service (Co-Chair Marmot Steering Group)

Title: Progress Update on Coventry’s Marmot City Strategy 2016-2019

1. Purpose

1.1 The purpose of this paper is to present an update to Coventry Health and Wellbeing Board on the progress made against one of the priorities of the Coventry Health and Wellbeing Strategy 2016-2019 (Working together as a Marmot City to reduce health and wellbeing inequalities) and to set out how the Marmot Steering Group will lead and co-ordinate work to deliver the 'Wider Determinants' element of the population health model contained within the new Health and Wellbeing Strategy 2019-23.

2. Recommendations

2.1 Coventry Health and Wellbeing Board is recommended to:
   i. Endorse progress made against the Marmot Action Plan 2016–2019 and contribute comments and suggestions to support future planning
   ii. Agree the proposed future priorities and approach of the Marmot Steering Group in the development of a new three-year action plan

3. Information/Background

3.1 In 2013, six cities were designated Marmot Cities in England. Of these, Coventry was the only city to renew this commitment in 2016 and continue to adopt the 'Marmot Principles’ to tackling health inequalities, based on the publication Fair Society, Healthy Lives (The Marmot Review) in 2010.

Coventry adopted the ‘Marmot’ approach in 2013, and since then this work has been led by the Marmot Steering Group, a partnership consisting of representatives from a variety of Coventry City Council (CCC) departments, the WM Fire Service, Voluntary Action Coventry, a variety of community partner organisations and advice services, Department for Work and Pensions, Public Health England, University College London, Positive Youth Foundation and WM Police.

3.2 A Poverty Summit was held in November 2018 to look at how Coventry could tackle the impact of Poverty. The Marmot Steering Group committed to taking forward priorities identified through this Summit.
3.3 In October 2019, a broad range of partners attended a ‘Now What?’ workshop, attended by Professor Sir Michael Marmot, to review our future priorities. It was agreed that in addition to new priorities, we should continue to focus on the existing two priorities (below). Following this workshop, these new priorities have been themed and further prioritised by the group.

3.4 Public Health have been working with University College London’s (UCL) Institute of Health Equity and Public Health England to evaluate the impact of the ‘Marmot’ approach in Coventry. The Marmot Evaluation will be published alongside the national evaluation in early 2020.

4. Progress against the Marmot Plan 2016 - 2019

4.1 The Steering Group monitored progress against these two key priorities:

- Tackling inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents, can benefit from ‘good growth’ which will bring jobs, housing and other benefits to the city

Examples of new and existing work under these priorities:

- Business Rate Reduction Scheme\(^1\) which aims to give 20 small businesses access to a grant of £2500 each if they take on a long-term unemployed person
- Family Health and Lifestyles' service development plans to drive the provision of increasing support to families across the social gradient (proportionate universalism).
- The Raising Aspirations Programme (Positive Youth Foundation) provides support for young people either excluded or on the verge of exclusion from education settings
- Partnership work is on-going with the Chamber of Commerce to support employers to provide and promote good quality jobs in Coventry. This includes representation from the Chamber on the Marmot Steering Group, and Council representation at the Chamber Coventry Branch Meeting to raise relevant issues with employers, particularly around work undertaken by the Poverty & Employment working group.
- A Poverty Summit was held in November 2018 to look at how Coventry could work to prevent and mitigate against the impact of Poverty. Findings have led to the development of new subgroups including: director
  - Poverty and Employment Working Group
  - Benefits and Entitlements, leading to development of plans to pilot the Policy in Practice tool (a data tool that will allow people at financial risk to be identified). A proposal for a proof of concept project in homelessness prevention is currently being developed.

4.2 The outcomes relating to the two priorities being monitored include:

- Percentage of children achieving a good level of development at age 5 is improving
- Percentage of children achieving expected level of progress (national standard) in reading, writing and mathematics at the end of primary school is improving
- Percentage gap between the lowest achieving 20% children and the average child in the same area in the early years (age 5) has increased slightly
- Hospital admissions as a result of self-harm (10-24 years) is improving
- Number of households with dependent children accepted as homeless and in priority need have dropped significantly since last year
- Annual increase in gross disposable household income is improving
- Gap in the Job Seeker’s Allowance (JSA) claimant rate between the most affluent and most disadvantaged areas is getting worse

\(^1\) Grant to incentivise businesses to employ those who are long term unemployed and pay them at least £8.50ph on a full-time basis.
• Percentage of Coventry households that are workless is improving, although Coventry remains below the national average
• The indicator for households in temporary accommodation has worsened over the last year and remains above the national average

5. Planned Refresh of the Marmot Action Plan

5.1 A refresh of the Marmot Action Plan will take place to reflect the revised Health and Wellbeing Strategy, the findings of the Marmot Evaluation, the new priorities identified in the ‘Now What?’ workshop and the recommendations of the Director of Public Health’s (DPH) Annual Public Health Report on Health Inequalities, Bridging the Health Gap².

5.2 The revised Coventry Health and Wellbeing Strategy takes a population health approach which allows us to take a holistic view of everything that impacts on people’s health and wellbeing across the whole population, with an emphasis on reducing inequalities in health as well as improving health overall.

5.3 A key element of the population health model is ‘Wider Determinants’, and a key role for the Marmot Steering Group is to embed the Marmot City approach through working in partnership, with the aim of reducing health inequalities by addressing the social determinants of health, as set out in the diagram below.

5.4 Public Health have been working with the UCL Institute of Health Equity and Public Health England to evaluate the Marmot work and consider the next steps for Coventry and the implications for other organisations seeking to work within the Marmot framework.

The interim key findings from the evaluation are:

• The impact of austerity on the Council’s finances and on partner organisations has made it more difficult to continue business as usual, and many services such as children’s centres, libraries and youth centres have been partially or completely cut since 2010.

The evaluation found that for many organisations, joining the Marmot Steering Group was based on already understanding the impacts of social determinants on health, and a willingness to work in partnership to reduce the impacts of austerity as much as to reduce health inequalities.

The Marmot City title has successfully been used as evidence of commitment to addressing social determinants of health when applying for grant funding.

Being a Marmot City, programmes are ‘co-produced’ by partners rather than delivered, meaning it relies on the active participation of Steering Group members and partner organisations to drive action. Many of the activities influenced by the Marmot City status do not have a direct link back to the Steering Group.

Being a Marmot City has made it possible to embed consideration of the impacts that Council policies and investments have on health inequalities across the organisation.

More engagement with partners before setting priorities and agreeing indicators would have encouraged more organisations beyond the Council to see getting involved as a valuable use of their time.

Being a Marmot City can be seen as a mechanism for achieving health in all policies, but from interviews it was the relationships and sense of shared purpose that made people willing to work as partners.

In terms of population health outcomes, given both the time-scales and complexity of the system it operates in, it is not possible to attribute trends in health or inequalities, whether positive or negative, to the Marmot City approach. Nevertheless, one comprehensive measure of changes in inequality is the Index of Multiple Deprivation, a relative measure which ranks every neighbourhood in the country by indicators of deprivation. Between 2015 and 2019, Coventry saw a reduction in the number of neighbourhoods among the 10% most deprived in England from 18.8% to 14.4%. This improvement is unique among cities in the West Midlands. The indicators of health and inequality present a mixed picture overall, for example average healthy life expectancy has improved, but inequality in life expectancy has widened, reflecting a national pattern of falling life expectancy in females within the lowest income decile.

5.5 Following the Marmot ‘Now What?’ workshop, the key priorities identified for the next three years (1920-1922) will be

- Tackling inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents, can benefit from ‘good growth’ which will bring jobs, housing and other benefits to the city
- 0-5 years olds (focus area to be determined)
- Income inequality

5.6 Relevant broader recommendations from the Director of Public Health’s (DPH) Annual Report on Health Inequalities and the Marmot Evaluation will be incorporated through discussion at the next Steering Group meeting.

Report Author(s):

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Richard Stanton – Group Manager Coventry and Solihull Command, West Midlands Fire Service
Sue Frossell – Consultant in Public Health

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1 Purpose

1.1 This paper updates the Health and Wellbeing Board on the outcomes of the Place Forum meeting on 5th November 2019 and informs members about the Year of Well-being activities.

2 Recommendations

2.1 The Health and Wellbeing Board is asked to:
   - Note the outcomes of the Place Forum meeting held on 5th November 2019;
   - Note the ongoing activity as part of the Coventry and Warwickshire Year of Wellbeing 2019.

3 Information/Background

3.1 Coventry and Warwickshire’s two Health and Wellbeing Boards met together as the Place Forum on 5th November 2019 at University Hospital, Coventry. This was the seventh joint meeting, and the Forum continues to be well supported, with over 40 members of the Health and Wellbeing Boards and Coventry & Warwickshire Health & Care Partnership Board attending.

3.2 The main aims of this session were to:
   - Update members on the work of the Coventry and Warwickshire Health & Care Partnership;
   - Reflect on Year of Wellbeing achievements, with a focus on physical activity for children and young people;
   - Identify opportunities to embed population health approaches and build on legacy of Year of Wellbeing; and
   - Learn from external perspectives on our work.

4 Outcomes of the November Place Forum

4.1 It was acknowledged that the collaboration had made significant progress and has now reached a watershed in its development, with a need to increase pace and focus on key areas to move from ‘good’ to ‘great’. Members reflected on the progress of the Partnership, comparing the launch of the Sustainability and Transformation Plan in 2016 with the development of the new Five-Year Strategic Health and Care Plan. The Plan has a clear
focus on prevention and wellbeing, reflecting the Place Forum's influence and progress. This is a moment of opportunity for the Place Forum to refocus and redouble efforts, with wellbeing as an embracing theme - building on the strong collective narrative.

4.2 At its meeting, the Place Forum:

- Received a presentation from Nigel Minns and Gail Quinton outlining how the population health approach is being embedded in both Coventry ad Warwickshire’s Health and Wellbeing Strategies and the Five-Year Strategic Health and Care Plan. The system is now at a watershed and we need to sustain and develop the focus on population health and prevention, working together to ensure it makes a real difference to the lives of local people. Examples were given of how the population health approach is being applied:
  - In the framework for Coventry’s new Health and Wellbeing Strategy
  - Suicide prevention including promotion of the ‘Stay Alive’ app
  - Out of Hospital – the need to map infrastructure, intelligence and interventions
- Received an update on the positive progress of the Year of Wellbeing, with a focus on the physical activity theme. The End of Year event on 4th December will offer an important opportunity to shape the legacy and build on the momentum around prevention and population health that has been generated.
- Heard from Dave Moorcroft on the role of physical activity in wellbeing and links to Coventry European City of Sport and UK City of Culture. He stressed the need to “leave egos and logos at the door”, and work together to address inequalities and put wellbeing at the centre of all our strategies and activities. Enabling people to live fulfilling and happy lives should be a key policy priority. Vicky Joel of Think Active also highlighted their valuable work with schools to promote and embed physical activity for children and young people. Effective partnership working and flexible approaches tailored to local circumstances and needs were highlighted.
- Professor Don Berwick shared his reflections on the “extraordinary work” of the Place Forum, reinforcing the point that health is not achievable through medical care alone – which is “just a repair shop”. Drawing on the work of Sir Michael Marmot, he described how health is significantly influenced by social factors within the remit of the Place Forum: childhood experience; equity in education; workplace - having a purpose; status of elders; community resilience, including housing and connections; and justice and fairness. He encouraged the Place Forum to nurture its collaboration, highlighting key features of successful partnership working, with reference to ‘Governing the Commons’ by Elinor Ostrom.

4.3 The following actions were agreed as part of the Place Plan (see appendix 1)

- Share feedback on the Five Year Strategic Health and Care Plan by 8 November, ahead of final submission
- Promote physical activity within our organisations
- Continue to lead and support the Year of Wellbeing and plan for its legacy, including consideration of the role of Anchor Institutions
- Attend the celebration of Year of Wellbeing event on 4 December
- Progress work on a Strategic Framework for Coventry and Warwickshire
- Seek opportunities to embed a population health approach across our organisations
- Develop role of Place Forum alongside C&W Health and Care Partnership Board.
5 Place Forum March 2020

5.1 The next meeting of the Place Forum is scheduled to take place in Coventry on 3 March 2020. The focus of the next Place Forum meeting will be on population health management.

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Appendices
Appendix 1 – Place Plan Rolling Actions as at November 2019
# Appendix 1: Place Plan Rolling Actions

## Trust and Behaviours

<table>
<thead>
<tr>
<th>Actions</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet as a Place Forum to build trust; create a place wide model of care and outcomes; and hold each other to account</td>
<td>✔ Place Forum established ✔ Health and Care Partnership Board</td>
</tr>
<tr>
<td>Develop an update process which covers all Forum members</td>
<td>✔ Forum-wide updates</td>
</tr>
<tr>
<td>Refresh the Concordat and use it to capture priorities for improving health &amp; wellbeing and ways of working together</td>
<td>✔ Concordat v2</td>
</tr>
</tbody>
</table>

## Translatable vision

<table>
<thead>
<tr>
<th>Actions</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a health and care system design for our Place</td>
<td>✔ Place System Design</td>
</tr>
<tr>
<td>Develop a common narrative</td>
<td>✔ Common narrative</td>
</tr>
<tr>
<td>Rollout a place-based approach to Joint Strategic Needs Assessments to inform services at a local level</td>
<td>✔ Place-based JSNA</td>
</tr>
</tbody>
</table>

## Getting it done

<table>
<thead>
<tr>
<th>Actions</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build one strategic, place based plan that is owned by all and uses the means we have at our disposal (STP, BCF etc.)</td>
<td>✔ Place Plan ✔ Strategic Framework</td>
</tr>
<tr>
<td>Develop a Year of Wellbeing to promote wellbeing and healthy lives, and make prevention/self help the 1st chapter of all change programmes</td>
<td>✔ Year of Wellbeing</td>
</tr>
</tbody>
</table>

## Holding to account

<table>
<thead>
<tr>
<th>Actions</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the place based governance and working arrangements to deliver against our Concordat</td>
<td>✔ Outcome framework ✔ Strategic Framework</td>
</tr>
<tr>
<td>Take collective ownership (coordinated through the Proactive &amp; Preventative Executive) to ensure actions happen</td>
<td>✔ P&amp;P Exec &amp; Delivery groups</td>
</tr>
<tr>
<td>Strengthen communication and engagement between Forums to keep people updated</td>
<td>✔ Forum-wide updates</td>
</tr>
</tbody>
</table>
1 Purpose
1.1 The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on progress to date on the work of the Coventry and Warwickshire Health & Care Partnership, highlighting any key points as necessary.

2 Recommendations
2.1 The Health & Wellbeing Board is asked to note this report and its contents.

3 Five Year Plan
3.1 The Health & Care Partnership’s Strategic Five Year Plan remains a work in progress and the latest draft will be submitted to NHSE/I for final sign-off in early January. A detailed narrative is preceded by a public-facing, plain English ‘easy read’ preface, plus an introductory foreword by Chairman Professor Sir Chris Ham.

3.2 A tentative date for launch to internal stakeholders and the workforce has been set for February 10, followed by a full public launch a week later (dates subject to change). The launch of the Plan will coincide with a major refresh of the Partnership’s website and social media profiles designed to effectively amplify the Plan’s contents and aspirations.

4 Cancer
4.1 A ‘Protected Learning Time’ event took place at the end of November. Protected Learning Time (PLT) is an opportunity for practice staff to address their own learning and professional development needs. Practices closed for an afternoon to allow for important Continuing Professional Development learning activities.

4.2 The event focussed on upper GI cancer and was great a success, attracting around 500 GPs and Practice Nurses from across Coventry & Warwickshire. A highlight was a patient story: inspirational, thought-provoking and which also promoted the importance of mental health and well-being. The event also provided local healthcare professionals with a valuable networking opportunity with both their peers and local services. Representatives from local cancer support services, including third sector organisations, were also present.

4.3 Members of the Primary Care Cancer Network Group have now started to draft a primary care cancer education programme likely to feature a variety of learning tools all designed to improve patient outcomes and experiences.
4.4 The Health and Care Partnership has received approximately £3.5 million of cancer transformation funding through the West Midland Cancer Alliance. The funding will support a number of key deliverables associated with the milestones set out in the NHS Long Term Plan including:

- The development of a Vague Symptoms pathway.
- A lung screening pilot scheme in Coventry.
- Supporting earlier diagnosis with dedicated project management support, targeting seldom heard groups and focused on improving screening uptake and improved education for primary care staff.
- Funding dedicated posts to support the ‘Living with and Beyond Cancer’ agenda.
- The development of Rapid Access Diagnostic pathways.

4.5 In addition, the Health & Care Partnership has secured a further £65k to fund:

- A dedicated cancer communications and engagement role.
- A dedicated Project Officer to support cancer transformation projects.

5 Digital

5.1 A major Partnership-wide digital strategy event was staged in November, bringing together more than 50 internal stakeholders and external experts to share best practice and begin effective pan-organisation alignment.

5.2 Work aligned to the Long Term Plan commitment to digitise GP records continues. Bids for a related share of £5.2m NHSx funding are under construction. There are 10 digital projects underway that are benefitting from Health System Led Investment. These include Remote Consultations (UHCW), Single Sign-On (SWFT) and Automated E-Obs (GEH). The Partnership has also received £388k capital funding for cyber security provision.

6 Medicine Optimisation

6.1 A major system-wide ‘Transfer of Care Around Medicines’ launch event was staged in November, attended by more than 70 people comprising GPs, commissioners, provider practitioners and pharmacists. The event focused on issues around ‘hospital to home’ medicines and the potential patient outcome/efficiencies that better practice presents.

6.2 Delegates discussed how:

- Ten days after starting a medicine, almost a third of patients are already non-adherent.
- 55% do not realise they are not taking their medicines correctly.
- 5-10% of hospital admissions are medicines related, of which 2/3rd are preventable.
- 30-70% of patients experience unintentional changes to their treatment due to miscommunication.
- 20% of patients experience adverse events within 3 weeks of discharge, 60% of which were avoidable.

7 Operating Plans

7.1 The Health & Care Partnership is in the process of producing its 2020/21 annual Operating Plan, aligned to its 2019-2024 Five Year Plan and co-ordinated for the first time jointly by NHS England & NHS Improvement.

7.2 The Operating Plan must show the Partnership’s commitment to working as a system partner and demonstrate an obvious ‘system first’ approach. It should also show that the Partnership works together to check alignment at all levels and challenge organisations/Places where alignment is not delivered.
7.3 It is anticipated that the Partnership’s Operating Plan will be submitted in early February and that it is likely to need to contain:

- An organisational narrative describing what each organisation is looking to achieve.
- Activity return/reconciliation at Place between providers and commissioners, as well as alignment with the Five Year Plan activity return.
- Workforce planning template showing a greater than previously required degree of alignment with Five Year Plan activity and financial return.
- Finance template reconciling to the Five Year Plan ‘Long Term Financial Model’ (LTFM).

8 Urgent & Emergency Care
8.1 Winter funding of £738k has been received to support two UHCW schemes:
- increased senior ‘front door’ support during peak times; and
- additional nursing support to avoid corridor care.

8.2 A further £265k of winter funding has been received for ‘step down’ beds at GEH, and £150k to enable the GEH ambulatory care unit to open 7 days a week.

9 Frailty
9.1 A frail and elderly rapid response service pilot scheme continues to run in Warwickshire and the Health & Care Partnership will be addressing any resulting issues in the new year.

9.2 A ‘Frailty at the Front Door’ pilot scheme also continues and is due to run until the end of March. Initial findings suggest that the scheme is having a positive impact on flow through emergency departments.

10 Planned Care
10.1 Work is continuing on a Health & Care Partnership project to improve ophthalmology services in Warwickshire North. This is expected to provide financial efficiencies from March 2020 onwards.

10.2 MSK First Contact Practitioner is now live in two practices in Warwickshire North, covering a population of 35,000. Initial referral data has been received and will be evaluated in January to determine the outcome of this project.

10.3 Coventry & Rugby and Warwickshire North CCGs are currently working with local Primary Care Networks to develop employment models that support closer working between the network, acute hospitals and community services.

10.4 Work continues on the development of Medicor – a system-wide demand and capacity tool. Data has been fully implemented at each provider and analysis is now available at provider level. Work continues on the provision of system-wide analytics.

11 Service Improvement Schemes
11.1 The Health & Care Partnership is to establish a dedicated Clinical Diagnostics workstream early in the new year. The workstream will benefit from a single clinical SRO as well as a full time project manager. The workstream will aim to streamline and quicken diagnostic services for patients, making them more efficient wherever possible.

11.2 Addressing workforce challenges as well as reducing duplication; variation; and cost reduction will be three of the key outputs of its work, with an initial focus on the following themes:
- Unwarranted variation
• Digitalisation
• Community Diagnostics
• Preventative Screening
• Earlier Diagnostics

12 Population Health
12.1 The Health & Care Partnership’s Population Health and Prevention Group has established itself as a key enabling body, critical to the delivery and measurement of the Partnership’s aims and priorities. Work continues on formalising both its structure of governance and its mandate in order for it to further influence the efficacy of the Partnership’s work.

12.2 It recently agreed to undertake a significant piece of engagement work designed to complement existing ‘Strategic Needs Assessment’ data and inform the Partnership’s ongoing and future emphasis on improving population health across the patch.

13 Voluntary Sector Engagement
13.1 The Health & Care Partnership has secured dedicated resource to support its work in engaging and mobilising the voluntary and community sector in the pursuit of its aspirations. Recognising the significant part the VCS has to play in transforming health and care across the patch, the Partnership has embarked upon a project of work designed to answer the following questions:
• Do we have the right engagement from VCS?
• Do we know how we want to engage with VCS?
• What is our appetite for shifting the balance of power to truly mobilise community assets?
• How do we create the right relationships to make it happen?

13.2 A plan exists to act upon the data received in order to harness the potential of the VCS to compliment the Partnership’s work. Regular updates on the project’s progress will be provided going forward.

14 Primary Care Networks
14.1 The Health & Care Partnership’s primary care strategy has recently been approved by all CCGs following an extensive engagement process. It will be published on CCG web sites in January. The Partnership’s primary care program board continues to monitor achievement against long term plan trajectories and NHSE/I assurance statements.

14.2 Some recent highlights include:
• On target to meet national on-line consultation delivery dates across all CCGs.
• First five on-line programmes now live – very positive take-up and response.
• All PCNs offering extended hours across the patch, increasing patient access to GPs.
• All PCN Clinical Directors have accessed leadership training or have secured places on leadership training.
• PCN leads identified for all places – and linking in with local place forums.
• All PCNs working on development of long term place plan planning.

Report Author(s):

Name and Job Title:
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Simon Wright, System Lead, Communications & Engagement, Coventry and Warwickshire Health and Care Partnership

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**Appendices**
None
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To: Coventry Health and Wellbeing Board  
Date: 13 January 2020

From: Matt Gilks, Director of Commissioning and Chair of the Children and Young People Mental Health and Wellbeing Board, Coventry and Rugby CCG and Warwickshire North CCG

Title: CAMHS Local Transformation Plan: Year 4 Refresh

1 Purpose

The purpose of the report is to:

- Seek feedback from Coventry Health and Wellbeing Board on the refreshed CAMHS Local Transformation Plan (LTP). The LTP will be brought to HWBB in March 2020 for final sign off.
- In particular, engage with Coventry Health and Wellbeing Board around the revised priorities from 1 November 2019 to 31 October 2020.

2 Recommendations

It is recommended that Coventry Health and Wellbeing Board:

1. Reviews and provides feedback around the Coventry and Warwickshire CAMHS (Child and Adolescent Mental Health Services) Local Transformation Plan refresh for year four.
2. In particular, review and provide feedback around our proposed priorities for 2019/20

3 Context

There has been a requirement from NHS England (NHSE) for Coventry and Rugby Clinical Commissioning Group (CRCCG), Warwickshire North Clinical Commissioning Group (WNCCG), and South Warwickshire Clinical Commissioning Group (SWCCG) to develop a Children and Adolescent Mental Health Service (CAMHS) Transformation Plan across Coventry and Warwickshire, working with local partners to set out a strategic vision for delivering improvements in children and young people’s mental health and wellbeing, over a five-year period, from 2015 to 2020.
The CAMHS Transformation Plan was submitted to NHSE in 2015 and CCGs are required to refresh the plan annually to demonstrate progress and outline priorities for the forthcoming year.

This is the fourth year of the CAMHS Transformation Plan refresh, highlighting progress against the priorities for 2018/19 and further progress planned for 2019/20.

The refresh process is led by the CRCCG and refreshed plans are signed off by NHS England (NHSE). The CCG are still waiting for the LTP to be assured by NHSE.

There is a requirement for the plans to be developed collaboratively with key partners. In line with this requirement, the refresh process is managed through the multi-agency Coventry and Warwickshire CYP Mental Health and Wellbeing Partnership Board. The board is chaired by the CRCCG and includes representation from Coventry and Warwickshire Local Authorities, provider organisations such as Coventry and Warwickshire Partnership NHS Trust (CWPT) and Coventry and Warwickshire Mind (CW Mind), and Public Health. The board is supported by the Joint Commissioning CAMHS Programme Manager.

Appendix 1 is year 4 refresh of the Local Transformation Plan for 2019/20.

4 Year 4 Key Achievements & Progress

Although the LTP for 2019/20 details progress made for Year 4 (appendix 1), there are key highlights of achievements made since the last report to HWBB in January 2019. These are:

Population Health Management Group

In July 2019, the STP Board approved a proposal for Coventry and Warwickshire’s involvement in NHSE and NHS Improvement’s Population Health Management (PHM) pilot project. This system wide approach around data collation and analysis will help support the system understand the growing trends of population of health and wellbeing needs.

Trailblazer Funding

In July 2019, Coventry were successful in securing additional funding from NHSE to implement Mental Health Support Teams (MHSTs) within Schools. This project will provide both Primary and Secondary schools with Interventions aimed to have a positive impact on the emotional and mental health wellbeing of children and young people providing understanding which will be beneficial as they grow and develop.

The project is in early stages and will see MHSTs being implemented within 8 schools from January 2020. The project is aimed to be fully operational by December 2020 reaching out to around 40 schools across the City.
Tier 2 Recommissioning

The contracts for tier 2 targeted mental health services, currently being delivered by Coventry and Warwickshire MIND, run until March 2021. A commissioning review has commenced to understand what services are required moving forwards. This will involve a system wide mapping exercise and a needs analysis which will be supported by the Population Health Management Group.

Crisis Support

Significant work has been undertaken to expand mental health crisis care for children and young people in Coventry and Warwickshire. In July 2019 saw the expansion and implementation of two services; the Acute Liaison Team (ALT) expanded from 5 days to 7 days a week across Coventry and Warwickshire, and the implementation of a new 7 day service, which incorporates crisis response and home treatment.

5 Priorities for 2019/20

The Transformation Operational Group (TOG) has been refreshed to strengthen multi-agency operational involvement and oversight of the CAMHS system. This multiagency group consists of key partners including Commissioners, Social Care, Education, and Public Health from Coventry and Warwickshire Local Authorities, CWPT, and Coventry and Warwickshire MIND (CW MIND). TOG reports into the Coventry and Warwickshire CYP Mental Health and Wellbeing Partnership Board which is also a multi-agency board consisting of senior representation from the same organisations as TOG. TOG and Board have developed the proposed priority areas for 2019/20, which are aligned to against key national strategies, such as the Five-Year Forward View for Mental Health, Future in Mind, and the NHS Mental Health Implementation Plan 2019/20 – 2023/24, and local strategies such as the Coventry and Warwickshire Health and Care Partnership.

The proposed priorities are:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnerships</td>
</tr>
<tr>
<td>2</td>
<td>Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people aged 0 - 25</td>
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<tr>
<td>3</td>
<td>Continue to develop the eating disorder pathway and service</td>
</tr>
<tr>
<td>4</td>
<td>Continue to strengthen the multi-agency approach to children and young people experiencing mental health crisis</td>
</tr>
<tr>
<td>5</td>
<td>Further develop the digital offer to increase access to services and support for children and young people</td>
</tr>
<tr>
<td>6</td>
<td>Strengthen support for vulnerable children and young people, particularly Looked After Children and Care Leavers</td>
</tr>
<tr>
<td>7</td>
<td>Strengthen the approach to data collection and analysis to strengthen intelligence-led decisions-making</td>
</tr>
<tr>
<td>8</td>
<td>Ensure that the voices of children and young people are embedded in service</td>
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</tbody>
</table>
It is requested the Health and Wellbeing Board to review and provide feedback around the proposed priorities, to ensure they strategically align with the Health and Wellbeing Boards vision.

A further priority engagement event will be held on 24 January 2020 with wider stakeholders.

6 Governance

The governance structure below, which has been agreed with HCP Mental Health & Emotional Wellbeing Board, will provide accountability to ensure the delivery of the actions to meet the priorities:
Report Author(s):

Name and Job Title:
Matt Gilks, Director of Commissioning and Chair of the Children and Young People Mental Health and Wellbeing Board, Coventry and Rugby CCG and Warwickshire North CCG
Richard Limb, CAMHS Programme Manager, Coventry City Council

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Richard.limb@coventry.gov.uk – 024 7683 2852

Enquiries should be directed to the above person.

Appendices

Appendix 1: Coventry and Warwickshire Children and Young People’s Child and Adolescent Mental Health Services (CAMHS) Transformation Plan 2015-2020 – End of Year 4 Refresh: 31 October 2019
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Coventry and Warwickshire's Child & Adolescent Mental Health Services (CAMHS) Transformation Plan 2015 – 2020

Year 4 Refresh: 31 October 2019
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1. Introduction

1.1. This is Coventry and Warwickshire’s local transformation plan (LTP) for improving Children and Young People’s Mental Health and Emotional Wellbeing. It sets out how commissioners, providers and partners across the Local Transformation Partnership will work together to ensure that services across Coventry and Warwickshire will be developed and improved to meet children and young people’s mental health and emotional well-being needs in a range of settings appropriate for them – school, community or hospital.

1.2. This plan provides information on mental health provision in Coventry and Warwickshire; progress made over the last year, the governance arrangements, ambition for 2019-20 and future activities, as well as a commitment to improved mental health and wellbeing of children and young people.

1.3. The plan covers the mental health and emotional well-being of children and young people from pre-birth to young adulthood. Good emotional well-being enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem and resilience;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them.

1.4. Good mental health support for children and young people is characterised by:

- Early identification of mental health needs;
- Access to assessment and treatment in a timely manner;
- Supports the person with self-management and recovery; and
- Recognition of the role of the family and carers.

1.5. This plan is a commitment to change and to transforming services to meet the needs of the children, young people and families living in Coventry and Warwickshire.

1.6. The CAMHS offer, named ‘Rise’ across Coventry and Warwickshire includes:

- Core CAMHS, delivered by Coventry and Warwickshire Partnership Trust (CWPT)
- Targeted mental health support, through Coventry and Warwickshire MIND (CW MIND)
- Universal and preventative support through schools, public health, and local authorities

1.7. The plan will be available on Coventry and Rugby Clinical Commissioning Group, Warwickshire North Clinical Commissioning Group, and South Warwickshire Clinical Commissioning Group websites.
2. Governance

2.1 The CAMHS Transformation Board spans the Sustainability and Transformation Partnership (STP) footprint and membership is drawn from Coventry and Rugby Clinical Commissioning Groups (CRCCG), Warwickshire North Clinical Commissioning Group, South Warwickshire Clinical Commissioning Group, Coventry City Council, Warwickshire County Council, provider organisations (Coventry and Warwickshire Partnership Trust and Mind) and Public Health. The Board was refreshed in the summer of 2019 and, in order to reflect the local priority given to mental health services for children and of working with schools, the Director of Children’s Services and the Director of Education have recently become Board. The Board is chaired by the Director of Commissioning for Coventry and Rugby CCG/Warwickshire North CCG/South Warwickshire CCG and currently meets monthly. The Director of Commissioning for Coventry and Rugby Clinical Commissioning group also co-chairs the STP board.

2.2 The Board is supported by a Transformation Operational Group (TOG) which meets monthly to monitor the implementation of the CAMHS Transformation Plan, ensuring that actions are allocated appropriately, setting up task and finish groups where necessary, and reporting to the Board on any barriers to progress.

2.3 At an operational level, implementation of the plan is supported by robust joint commissioning arrangements: a CAMHS Programme Manager in Coventry and a Mental Health and Well-being Commissioner in Warwickshire are both jointly funded by the three CCGs and local authorities. These posts work together through the TOG. The posts feed into separate joint commissioning governance structures in Coventry and Warwickshire, however a Collaborative Commissioning Board oversees joint commissioning across the STP footprint and comprises of high level representation from the three CCGs and two local authorities.

2.4 The CAMHS Transformation Board reports into the Mental Health and Emotional Well-being Board of the Coventry and Warwickshire Sustainability and Transformation Partnership and is the means by which the STP is delivering the priorities in the long-term plan. A representative of the mental health work stream of the STP sits on the TOG to ensure alignment of priorities and effective communication between the CAMHS Transformation Plan and the STP.
2.5 The Health and Well-being Boards in Coventry and Warwickshire are responsible for signing off the CAMHS Transformation Plan refresh on an annual basis. This Local Transformation Plan (LTP) will be presented to HWBB in January 2020.

2.6 The Children’s Scrutiny Board has continued to play a role in holding the multi-agency CAMHS Transformation Board to account. In April 2019, a joint paper was prepared for Scrutiny Board to update on progress made generally in relation to CAMHS services, with a focus on activity in schools. The report was well received and is attached at Appendix 1.

2.7 Updates on the LTP were presented to a joint meeting of Warwickshire’s Adult Social Care and Health and Children and Young People Scrutiny Committees in January 2019 and a further report will be presented to the Committee on 20 November 2019. The LTP refresh was also presented to Warwickshire's Health and Wellbeing Board in January 2019.

2.8 This year’s refresh has been collated by the multi-agency TOG, which comprises commissioners from the CCG and both local authorities, Education, Coventry Warwickshire Partnership Trust, MIND and the STP. It has involved engagement with YOS partners, the Integrated Learning Disability Team, which oversees Transforming Care and will be shared with local Safeguarding Children Boards, Children and Young People’s Strategic Partnerships and both Health and Well-being Boards.
Children and Young People’s Partnership Board

2.9 In Coventry, Coventry Children and Young People’s (CYP) Partnership Board has lead responsibility for the development and delivery of the Children and Young People Plan which is the highest level of plan in the city, driving improved outcomes for children. The plan is an integral component of the Coventry Health and Wellbeing Strategy to address its priority on children and young people. A priority in the plan is for children and young people to have good emotional health and a key indicator is to minimise hospital admissions for self-harm. The Coventry and Warwickshire LTP is the means by which the CYP Board is achieving this.

2.10 An operational Children and Young People’s Joint Commissioning Group sits below the CYP Board comprising senior health, education and social care commissioners from the CCG, Coventry City Council and Warwickshire County Council. This Group oversees a joint commissioning action plan and is a point of governance for all joint commissioning activity before it is taken through individual organisational governance structures. The Group plays a role in overseeing the CAMHS Transformation Plan, and the linkages between this and other joint commissioning activity.

2.11 Warwickshire has previously had a Children’s Joint Commissioning Board in place, this has been paused but is shortly to be refreshed and relaunched.

Waiting Times Group

2.12 In recognition of the desire to work collaboratively with commissioners on the access and responsiveness of specialist mental health services, CWPT has developed within its core governance structure a Waiting Times group. The group comprises of Managerial and Clinical leadership from CWPT and CW MIND as well Coventry and Warwickshire CAMHS commissioners. The purpose of group is to ensure the joint analysis of waiting times at a granular level to develop strategies to increase responsiveness of services, identify trends and fluctuations and inform future demand.

2.13 The group delivers a new type of collaborative partnership that was recognised in March 2019 by the Quality Network for Community CAMHS (QNCC) peer review of RISE services as a rarely found feature and demonstrates a strong relationship being forged between commissioners and providers that extends beyond traditional contract monitoring and performance management functions.

2.14 These meetings will continue as part of the governance framework for RISE and will develop in line with need to support and enable services to achieve the agreed standards for waiting times and the management of waiting lists.

Population Health Management Group

2.15 In July 2019, the STP Board approved a proposal for Coventry and Warwickshire’s involvement in NHSE and NHS Improvement’s Population Health Management (PHM) pilot project. The purpose of the PHM project is to help STPs and Integrated Care Systems (ICSs) embed population health management practices. The focus in Coventry and Warwickshire is ‘children in crisis’ and locally the project aims to improve system-wide understanding of the population cohort who are presenting as
significantly higher numbers. Secondly, to identify how local protective and risk factors as defined in Public Health England’s “the Mental Health of children and young people in England” are affecting demand. This will enable clarity of the children and young people at risk who can then be targeted with better designed and appropriately timed support that improves the outcomes for children, young people and invariably their parents. Locally, the project has sponsorship from the Director of Public Health and the Accountable Officer for the CCGs. The work will inform the re-commissioning of Coventry’s tier 2 mental health services which are due to be recommissioned this year.

Children in Crisis

2.16 In 2018, a System Clinical Risk Review Group was established to respond to the high number of children and young people presenting in crisis at Accident and Emergency units in both Coventry and Warwickshire. The System Clinical Review Group established a multi-agency action plan comprising both immediate actions (such as multi-agency escalation procedures) and longer-term commissioning activities (such as the establishment of a tier 3.5 service). The impact of the plan can be seen in the significantly reduced numbers of young people presenting in crisis. The mental health 5-year forward view dashboard shows the number of children and young people admitted into tier 4 has reduced from 10 in quarter 4 of 2016/17, to 8 in quarter 4 of 2018/19, which evidences a positive impact. A decision has now been taken to amalgamate the System Clinical Review Group with the Transforming Care Board.

Transforming Care Board

2.17 There is a close alignment between the CAMHS Transformation Board and the Coventry and Warwickshire Transforming Care Board (TCB). CAMHS Transformation Plan and the Transforming Care Plan have been aligned, with the TCB taking responsibility for developing a tier 3.5 service and the commissioning and procurement of an Autistic Spectrum Condition (ASC) community offer. There are regular meetings between the Joint Commissioning Manager and the Senior Integrated Commissioner (People with Disabilities) to ensure priorities are aligned and accountability clear.

SEND Board

2.18 The SEND Partnership Board brings together stakeholders from a range of SEND services. The SEND board has links with the CAMHS Transformation Board in relation to developing early intervention services for children and young people with Autism Spectrum Condition (ASC). Representatives on the Board due to their personal experiences as a young person; as parents, leaders within key organisations or as those who will contribute towards the local vision for SEND service of ‘lifting the cloud of limitation’. The Board is accountable to the Children and Young People’s Partnership. The overall purpose of the Board is to enable delivery of the vision and to be a catalyst for change for SEND support and services across Coventry. There is work to be done to ensure that the CAMHS Service responds to EHCP requests for advice and assessment within the statutory six weeks’ timescale.

Childrens Services Improvement Agenda

2.19 Coventry City Council is focussed on driving improvements in Childrens Service
following the 2017 Ofsted inspection. A multi-agency Children’s Continuous Improvement Board is in place, comprising senior managers and elected members and led by an independent chair. The Continuous Improvement Plan contains actions on the development of the CAMHS Looked after Children (LAC) offer to care leavers up to 25. The CAMHS Transformation Board has oversight of this priority with the chair feeding into the Children’s Improvement Board.

A System-wide Approach

2.20 Significant progress has been made this year in strengthening a systems approach to the improvement of children’s mental health services. This is underpinned by the addition of the Directors of Children’s Services and Education to the CAMHS Board. In addition, the CAMHS LTP action plan for next year has been aligned against the THRIVE framework and enables partners across the system to recognise the system wide approach to develop a more comprehensive CAMHS offer.

2.21 A mapping exercise of all local mental health services, irrespective of commissioner or provider, has been undertaken and the results are attached at Appendix 2. Some further work is required to include all Warwickshire services, but the final output will be used to inform the re-commissioning of tier 2 preventative services this year.

2.22 In November 2017, a CAMHS needs analysis was undertaken. This generated expected local prevalence data based on national figures and mapped this against local service and referral figures at all tiers and across health and third sector providers. This indicated a lower number of children than might be expected being referred into preventative services. Work has been undertaken to redress this over the last year e.g. through the introduction of the Dimensions tool, but as the re-commissioning of the tier 2 preventative services is progressed, this modelling will be refreshed. The Transformation Operational Group has reviewed the System Dynamic Modelling Tool and is exploring how this could be used to map the whole system pathway and make decisions about how tier 2 resource is utilised.

Next Steps

2.23 Work has been undertaken this year to take forward the Mental Health in Schools project to undertake a review of the CAMHS LAC Service and to recommission tier 2 preventative mental health services. In terms of governance, three sub-groups (a looked after children’s mental health sub-group, mental health in schools sub-group and an early intervention and prevention sub-group) will now formally be established, reporting to the CAMHS Transformation Board, to take these projects forward.

2.24 Whilst a range of engagement with children, young people and families has taken place this year, a priority moving forwards will be to develop an engagement strategy and plan a programme of engagement which informs every level of activity in the LTP – from governance, through service commissioning and re-design to individual young people and families.
3. Ambition 2019 – 2020

1.8. In July 2019, the LTP’s priorities were reviewed via a mapping exercise which cross-referenced them against key national and local strategies and action plans. As a result, they have been refreshed to reflect progress made to date, and ensure that they align with, and accurately reflect, the priorities in the Five-Year Forward View for Mental Health, Future in Mind, and the NHS Mental Health Implementation Plan 2019/20 – 2023/24. A set of draft priorities for 2019/20 is therefore set out below:

1. Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25;
2. Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues;
3. Continue to develop the eating disorder pathway and services;
4. Strengthen the multi-agency approach to children and young people experiencing mental health crises;
5. Further develop the CAMHS digital offer to increase access to services and support for children and young people;
6. Strengthen support for vulnerable children and young people;
7. Strengthen the approach to data collection and analysis;
8. Ensure that the voices of children and young people are embedded in CAMHS development.

1.9. Simultaneously, a series of outcome statements have been co-produced with young people. These require further work, but they will be used to inform evaluation work with service users on the impact of the plan.

Figure 2 Outcomes statements

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<thead>
<tr>
<th>No.</th>
<th>Outcome Statements</th>
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<tbody>
<tr>
<td>1</td>
<td>I understand what mental health is and I am able to use techniques to manage my own mental health within the community (mental health is everyone’s business)</td>
</tr>
<tr>
<td>2</td>
<td>I am able to have a timely assessment and start treatment for my Autistic Spectrum Condition (ASC)</td>
</tr>
<tr>
<td>3</td>
<td>I am able to access community support closer to home and school to enable me to manage and cope with my own mental health.</td>
</tr>
<tr>
<td>4</td>
<td>My mental health is supported within school and I can access support when I need it (Trailblazer)</td>
</tr>
<tr>
<td>5</td>
<td>My family and I can use the Dimensions Tool to express my emotions and to know where to get support when I need it</td>
</tr>
<tr>
<td>6</td>
<td>I can refer into support easily from my mobile phone or computer and gain access to support when needed</td>
</tr>
<tr>
<td>7</td>
<td>There is crisis support available when I need it most I can be supported and treated in the community rather than hospital / acute setting</td>
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</tbody>
</table>
My journey and outcomes are recorded to show me how services have supported and benefited me

1.10. A new Coventry Health and Well-being Strategy 2019 – 2023 has been developed this year as a result of extensive engagement and consultation activity involving a survey, community and staff engagement events and consideration by formal boards. Children and young people’s mental health has been agreed as one of three strategic ambitions. The Health and Well-being Strategy is due to be signed off in October 2019, and a Director-level workshop is planned in order to identify how the Health and Well-being Board can support the CAMHS Transformation Board priorities this year. Similarly, mental health will also be a key priority in the new Coventry and Warwickshire Sustainability Transformation Plan which is also due to be signed off in October 2019. These developments reflect the increasing priority which is being given to children’s mental health across the sub-region. Strategy can be found here: https://www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy

1.11. There is work underway in Warwickshire to refresh the current Health and Well-being Strategy which runs to 2020. Within the current strategy, priority one ‘promoting independence for all’ focusses on helping children and young people get the best possible start in life and improving people’s mental health and well-being. Priority two is ‘community resilience’ and focusses on empowering individuals and communities to take control and responsibility for their own and the community’s health and well-being and on supporting communities to enable people to take better care of themselves. These priorities have led to the delivery of the Year of Well-being across Coventry and Warwickshire 2019 – 2020.

4. Prevention and Early Intervention

What will be different?

1.12. The Green Paper, ‘Transforming children and young people’s mental health provision’ (2018), notes that ‘half of all mental health conditions are established before the age of fourteen. That early intervention can prevent problems escalating and has major societal benefits. Informed by widespread existing practice in the Education sector and by a systematic review of existing evidence on the best way to promote positive mental health for children and young people, schools and colleges will be put at the heart of our efforts to intervene early and prevent problems escalating.’

1.13. A key commitment across Coventry and Warwickshire is to provide help and support early in the life of a problem to reduce suffering and prevent problems escalating. Continued priority will be given to raising awareness of mental health issues and reducing stigma by improving the information available and co-ordinating awareness raising events.

1.14. A key aim is for children and young people to feel supported in their local communities by the people around them; including professionals, their families and their peers, in order to develop their own resilience and have positive mental health. This will involve
supporting the local system to understand emotional and mental health issues, providing visible and easily accessible information, advice and support enabling them to provide for the wellbeing of children and young people earlier in the emergence of difficulties and prevent escalation of mental health difficulties.

**Progress so far**

**Awareness raising**

1.15. This year Coventry and Warwickshire launched the Year of Wellbeing to continue the campaign to raise awareness to improve physical and mental health across the sub-region. Year of Wellbeing is being led by both Health and Wellbeing Boards, who have developed a unique partnership – the first of its kind in the country. A Year of Wellbeing programme has been developed with different themes taking place each month of the year including: diet advice, healthy workplace, active families and parents and children.

1.16. The Year of Wellbeing Programme incorporated Mental Health Awareness Week event, which took place from 13 May to 19 May 2019. This saw various events taking place to raise awareness of mental health and promote services that are available to enable parents and their families to live well within the community. Events targeted parents from 2 perspectives: managing their own mental health and managing their child’s mental health.

1.17. Mental Health Awareness week provided an opportunity to further promote the Dimensions Tool. This is a health led initiative that enables parents and practitioners to identify presenting difficulties in children and receive signposting to self-help resources or referral pathways for specialist intervention when appropriate.

1.18. A public event was also held on 20 May 2019 in Coventry City Centre for Mental Health Awareness Week. This event, organised by Year of Wellbeing, had various information stalls, such as CWPT, as well as CW MIND’s wellbeing bus. The wellbeing bus is a converted mobile bus which contains a wealth of information about mental health and support that’s available locally across Coventry and Warwickshire.

1.19. The wellbeing bus has provided an opportunity to reach more isolated communities and rural areas across Coventry and Warwickshire whilst promoting positive aspects of mental health and wellbeing. There is a timetable of locations throughout the year of where the bus will be. Details can be found here: [https://cwmind.org.uk/journey-bus/](https://cwmind.org.uk/journey-bus/).

1.20. Coventry and Warwickshire MIND (CW MIND) have also adopted the Thrive at work approach. This approach aims to encourage and empower employers to take an active role in supporting employee’s wellbeing. CW MIND is working to four themes in order to achieve bronze level:

- Enablers of Health
- Mental Health
- Musculoskeletal (MSK) and
- Lifestyles
This approach has led to an improved office environment, clarity of policies and procedures, and has allowed provided an opportunity for employees, through staff consultations, on how CW MIND can support their employees to improve health and wellbeing. Adopting the THRIVE at work has led to the growth of healthy, happy workplaces.

**Work in schools**

1.21. As part of Year of Wellbeing, Coventry and Warwickshire have signed up to the THRIVE at work approach which is being led by West Midlands Combined Authority (WMCA). The THRIVE at work approach is a commitment to creating a workplace that promotes employee health and wellbeing. Although this focused on adult mental health it is still anticipated that there will be an impact on children, as the aim is that participants adopt it and use it as a family approach.

1.22. Coventry Schools have also adopted the THRIVE Approach. This programme provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events and help them re-engage with life and learning. THRIVE was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the THRIVE Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.

1.23. In terms of impact between spring and summer term 2018, there was a net improvement in attendance of 1% across Coventry THRIVE schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst THRIVE is measurably effective, it demands an ongoing investment from schools of around £6,000 per annum to sustain the training commitments required for accreditation which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a ‘whole school’ strategy, is testament to the partnership commitment to approach children’s education holistically.

1.24. ACES (Adverse Child Experience Survey): Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group has considered this research alongside the Primary Thrive work and consequently, some of our schools have developed relevant strategies that respond to needs in secondary school for vulnerable young people.

1.25. Primary Mental Health Services in Coventry and Warwickshire delivered by CWPT provide a comprehensive range of support to schools and professional engaged with Children and Young People. The aim of the service has been:

- Mental Health Awareness
- Reduce Stigma
• Increase knowledge and skills of universal professionals
• Promote resilience, prevention and early intervention
• Develop community Hub work

1.26. This is addressed by a range of support options which include:

• Training to universal professionals
• Consultation to universal professionals
• Psychoeducation sessions to parents alongside consultation.
• Networking Events
• Parent Coffee morning
• Parent consultation drop in
• Family Hub/Partnership working

1.27. This targeted support across primary and secondary schools is intended to increase capacity and skill base to support children with mental health difficulties. Schools report that the programme has had a positive impact on both staff and pupils.

1.28. Under the Warwickshire Rise contract, Coventry and Warwickshire Mind (CW MIND) deliver 'The Big Umbrella'. This School based stepped approach delivers whole school assemblies raising awareness of mental health, class-based group work, and one to one sessions for those identified as needing individual support. In 2018/19 Big Umbrella worked in 20 primary schools with 2996 children attending whole school assemblies, 409 attending workshops and 39 children received one to one support. Of those receiving one to one support, 100% achieved an improvement in their SDQ scores.

1.29. Warwickshire education have developed a Warwickshire Improving SEND & SEMH in Schools Project (WISSSP) with the aim of helping mainstream schools to meet the needs of their most challenging children through workforce development. The project focuses on children below the EHCP threshold and includes a school improvement offer for upskilling and building the capacity of SENDCOs and SLT, classroom teachers and teaching assistants. The project is developing a SEND review audit and Mentally Healthy Schools training to selected maintained schools, and is establishing three hubs, each to include one secondary, one special and four primary schools. The audits will generate school action plans and the information will be used to inform SEMH service provision and needs analysis.

1.30. Warwickshire Rise are working to improve the provision that enables children and young people to have their mental health and emotional wellbeing needs addressed at the earliest opportunity, and a part of this is supporting the suitable provision of interventions for those requiring Early Help. The Mental Health in Schools Framework (MHISC) is managed by CWPT under the Rise contract and funded by Warwickshire education. It provides a range of interventions for lower level emotional difficulties which may not meet CAMHS threshold, but if left without support can progress to a requirement for mental health support. CWPT work in collaboration with WCC’s Early Help team, providers and clinical experts to provide quality, tailored support for Warwickshire’s children and young people who have received an Early Help Single Assessment. In 2018/19, 358 children accessed support via the MHISC framework. Support included one to one counselling, Creative Arts Therapy and Play Therapy.
The work supports key priorities in the Warwickshire Education Strategy and is highly valued by Schools.

**Universal Services**

1.31. Coventry’s new Family Health and Lifestyles Service contract started in September 2018 and provides support to children and young people from 0 - 19 years. Part of this offer is the School Nursing service which provides a named school nurse in each school in Coventry, to help children and young people (from school entry to 19 years old) to take responsibility for their own health and to adopt a healthy lifestyle. The nurses work with children, young people and parents and undertake health needs assessments (Lancaster Survey) at reception (completed by parents), year 6 and year 9 (completed by young people). The assessment / survey is completed and analysed at the start of an academic year. This assessment identifies concerns related to mental health and supports the service and the school to develop sessions and programmes and activities to support children and young people on emotional wellbeing, resilience, relaxation etc. The service has been specifically commissioned to provide targeted health promotion groups, one to one support or appropriate referrals for children with mental health and wellbeing issues, including self-esteem and self-harm. School nurses offer a range of opportunities for young people to engage including drop in sessions at schools and a CHAT Health text function as well as support to schools around PSHE.

1.32. The Family Health and Lifestyles Service is an integrated universal offer to all families across Coventry. All elements of the service will consider mental health factors with Health Visitors undertaking mandated checks throughout the first few years of the child’s life via a family plan which considers the requirements of the family. As part of the support offer in the first few weeks of birth Health Visitors assessments include maternal mental health and attachment. Other elements of the service offer are more targeted (Family Nurse Partnership, Infant Feeding, Be Active Be Healthy, MAMTA, Stop Smoking) but mental health concerns will be picked up by these services when seeing children / young people / families that access these elements of the service and work with health visitors and school nurses to ensure appropriate support is identified and offered.

1.33. A new 3 year ‘Young Black Men’ project commenced in March 2019 to support black men aged from 11 to 30, delivered by Coventry Warwickshire Mind. The service offer is currently being co-produced with young black men to ensure the service meets the needs of people. Evidence shows that black men are far more likely to be diagnosed with severe mental health problems and are also far more likely to be sectioned under the mental health act, due to stigma, cultural barriers and systemic discrimination, all of which are more directly experienced by Black boys and young Black men as they get older. This project, developed through the self-harm working group led by Public Health, offers a range of tailored local services, specifically focusing on prevention. The project aims to build personal resilience, enabling people to take care of their own mental health and wellbeing.

1.34. Warwickshire School Health and Wellbeing service has been in place for 3 years. Locality teams are led by experienced qualified school nurses with a diverse and dynamic skill mix of staff from a range of health backgrounds including staff nurses,
nursery nurses and administrators. Through working in close partnership with the Education and Learning team and schools, they have successfully increased the completion rates of the health needs assessments providing a rich picture of the health and wellbeing of young people in Warwickshire. As well as informing local delivery, this health intelligence is being used by commissioners across the county to support decision making around provision including emotional and mental health services. In addition to core universal services the service offers Chat Health for teenagers and parents and have developed Youth Health Champions in schools across Warwickshire raising awareness of issues around emotional and mental health and providing early interventions. The service has also developed Health Uncovered podcasts which are available online.

Locality Working

1.35. Coventry and Warwickshire have developed a hub-based approach to support in communities. Coventry has eight Family Hubs and Warwickshire has five Community Partnerships. Through the Primary Mental Health Team and CW Mind, each of the hubs and community partnerships has a named link worker providing bespoke support and consultation support which meets the needs of the populations aligned to the hubs.

1.36. In Warwickshire, the community partnerships offer a range of coffee morning information sessions and one to one consultation for parents and carers, consultation support to professionals and resilience building programmes in schools using the Big Umbrella and Boomerang. Participation in the coffee morning’s and one to one consultation sessions has been steadily increasing in Warwickshire with good feedback from parents and carers with 85 parents and carers attended coffee mornings and 78 accessing one to one consultation. A key focus of the community offer in Warwickshire is working with schools. Through the Big Umbrella and Boomerang over 80 schools have accessed support to promote children’s resilience and mental health this year.

1.37. Feedback about coffee mornings from parents and carers

“Very good and professional at explaining the course content. I feel empowered to help my son”

“Brilliant host and good information”

“Many thanks, this kind of workshop is very helpful for parents/carer in terms of gaining a different perspective and reinforcing awareness of children’s developmental needs at different stages.”

Primary Mental Health Team Training

1.38. The training programme delivered by Primary Mental Health workers, which has been developed in conjunction with schools, in line with the needs and requirements of upskilling professionals. Figure 3 below highlights the number of training sessions and attendees over 2018/19.
1.39. Improved data collection and analysis has allowed commissioners and providers to have greater insights into mental health needs for children and young people at place level, enabling a more flexible approach within and across localities to meet surges in demand for specific support, by increasing the number of group intervention sessions delivered responsive to need.

![Figure 3 Training workshops delivered by PMHT in CW 2018/19](image)

<table>
<thead>
<tr>
<th>Workshop Topic</th>
<th>Warwickshire</th>
<th>Coventry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of workshops</td>
<td>No. of attendees</td>
</tr>
<tr>
<td>Mood</td>
<td>7</td>
<td>200</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>7</td>
<td>168</td>
</tr>
<tr>
<td>Attachment</td>
<td>7</td>
<td>113</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>6</td>
<td>110</td>
</tr>
<tr>
<td>Boomerang</td>
<td>5</td>
<td>76</td>
</tr>
<tr>
<td>Bespoke</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>667</td>
</tr>
</tbody>
</table>

1.40. Further development of the hub and partnership-based approach is underway. In Coventry there are plans to strengthen the hub approach, mirroring the Warwickshire community offer. This will be developed under the tier 2 review. Learning from the development of the Warwickshire community offer is shared across Coventry and Warwickshire. In Warwickshire a new venue in Nuneaton came on stream in April 2019 which will start to pilot an increased offer. Following consultation with parents’ coffee mornings are being rebranded and refocused to parent information sessions with the development of resource packs to accompany the sessions. Warwickshire are exploring increased engagement of other community partners to increase the offer.

**Suicide Prevention**

1.41. There are suicide prevention strategies in place covering both Coventry and Warwickshire. More widely in the West Midlands, a sector led improvement programme on suicide prevention is being established by the Directors of Public Health to undertake a regional gap analysis and develop a learning network – outcomes of this will be available post April 2020.

1.42. In Coventry, the focus is to develop services and support in relation to self-harm and the plan contains the following priorities:

- Ensure a comprehensive awareness and understanding of existing services and support via a communications plan.
- Review potential for multi-agency training options currently being reviewed across Coventry and Warwickshire. This will be dependent on identifying additional resources. Safeguarding training in Coventry does include a self-harm course but what is available around this subject for professionals needs to be developed.
- Develop suicide surveillance and case reviews in relation to children and young people via the Warwickshire, Coventry and Solihull Child Death Overview Panel
(CDOP). A Public Health consultant has recently been invited to attend CDOP where a child death has occurred by suicide. This is to improve understanding of the circumstances around the death and establish learning to support the development of the suicide prevention agenda around children and young people.

- Notifications from British Transport Police (BTP) around deaths and incidents on the railway with agency advice provided where the victim was u18 - will link to the above

1.43. A refresh of Coventry suicide prevention plan will be presented to the Health and Wellbeing Board in January 2020.

1.44. The Warwickshire Suicide Prevention Strategy 2016-2020 has provided a response to high levels of suicide in the County. In 2013 and 2014 Warwickshire Coroners recorded 105 cases of death by suicide. Fifty-one people were killed in road accidents in Warwickshire during the same time period, reflecting the fact that deaths from suicide are the leading cause of death for males in three age groups (5-19, 20-34 and 35-49 years).

1.45. The Warwickshire Strategy regards every death by suicide as potentially preventable, and outlines the plans and priorities required to reduce the number of deaths by suicide across the county. Warwickshire priorities for suicide prevention are as follows:

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Reduce the impact of suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Improve data and evidence
- Working together

1.46. The Warwickshire Strategy outlines a broad ambition to reduce suicides to zero – this will be achieved through a range of actions, including:

- Providing specialist suicide prevention training for GPs
- Targeted suicide prevention campaigns in the community
- Partnership working with our Specialist Mental Health services provided by Coventry and Warwickshire Partnership Trust
- Working with our local media to deliver sensitive reporting on suicides and suicidal behaviour
- Reducing the impact of suicide on survivors, families and the bereaved.

**Warwickshire Self-Harm work stream**

1.47. Public Health England Fingertips data highlights Warwickshire as an outlier for self-harm in young people and also in relation to suicide rates:

- Hospital admissions as a result of self-harm in Warwickshire (10-24 years, 2016/17) – 502.9 per 100,000 (England average 407.1 per 100,000).
1.48. Warwickshire has established a working group to address self-harm across Warwickshire (and Coventry where appropriate) where the recommendations outlined in the previous self-harm JSNA and any additional recommendations that the group identifies are actioned. The group is made up of multiple organisations including WCC, CCGs, Compass (School nursing service) and Rise (CAMHS service). The group has met five times since July 2018 on a bi-monthly basis and the key activities carried out by the group are as follows:

- Development of a logic model for the working group
- Creation of a review of Apps, Websites and Online Resources
- Development of a self-assessment against NICE quality guidelines
- Creation of an action plan (linking to original JSNA recommendations)
- Review of current pathways to care and subsequent development of “sources of support” model
- Presentation about self-harm to Care Leavers team including representation from Care Leaver with lived experience
- Communications activity on War and around self-harm awareness day (1st March 2019)
- Engagement with Warwickshire Educational Psychology Team
- Engagement with the Transforming Care Partnerships
- Investigation into the development of a self-harm register.

**Next steps**

1.49. The review of Coventry tier 2 services this year will provide the opportunity to map gaps and strengthen the preventative offer. It will include an analysis of the ACES model that has been implemented within Coventry schools. This analysis will help support the need and demand of services and help inform future commissioning.

1.50. There will be further development of the Warwickshire community partnership approach to enable closer working so children and young people can gain access to early help sooner.

5. **Performance and Delivery**

**What will be different?**

1.51. Children will receive timelier services. A key local target is to maintain a ‘referral to treatment’ waiting time, for specialist CAMHS, of 18 weeks (national target is 26 weeks). In light of the increase in referrals this will be monitored closely but will remain a high priority. It is recognised that this may be a challenge given the increasing number of referrals, however training of the wider workforce remains a priority, to ensure that concerns can be identified and supported earlier through universal services.
1.52. Commissioners and providers will continue to work in partnership, more formally through monthly contract meetings, but also through monthly partnership meetings (known as the ‘CAMHS waiting times meeting’), as mentioned in section 2.2 above.

**Progress so far**

1.53. Recent inspections, such as the CQC in December 2018, highlighted improvements being made by CWPT, whilst acknowledging that further progress was still required: *‘For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.’*

1.54. Additionally, the QNCC Peer review in March 2019 of the Coventry and Warwickshire services delivered by CWPT and CW MIND concluded:

- There is notable innovation within the team, such as multiple tools used in new ways of delivering care
- The service offers multiple interventions and young people and parents can access different groups and interventions whilst on the waiting list
- Parents feedback they felt massively supported by the groups they are accessing and are able to dip into coffee mornings and other groups
- The service is community orientated with parents being able to offer advice and tips to receive mutual support
- The staff team are enthusiastic and have embraced the service change.

1.55. To help maintain this progress, monitoring and grip continue through a monthly ‘waiting times’ meeting. The ‘waiting time’ meeting is chaired by CWPT, which was established this year, and includes representation from CW MIND, CCGs and Local Authorities. The waiting time meeting reviews information and data around the specialist CAMHS and CW MIND services to keep oversight of the capacity and demand. A focus is on reviewing the following data, and trends:

- Front door information – i.e. the number of referrals and accepted episodes into the CAMHS navigation hub, broken down by service area
- Waiting times: referral to treatment, follow-up waits, average waiting times
- Service specific data on waiting times, caseloads and other key indicators

1.56. Additionally, a focus of the waiting times meeting has been on those that have been waiting the longest for an intervention. Closer interrogation of the data on the longest waiters has led to the development of a dynamic risk stratification tool to ensure closer monitoring of the longest waiters. This process has enabled the forum to have collective oversight and understanding of complex nature of these children and young people, which in turn will be used to inform future commissioning.

1.57. Referrals are increasing, although the navigation hub and new triage process is having
an impact in sifting out inappropriate referrals. The graph below (figure 4) highlights the number of referrals which are made into the navigation hub and the number of referrals which were accepted. The data highlights a 43% increase in referrals to the hub in 2018/19 compared with 2017/18. The data also highlights a 25% increase in referrals being accepted in 2018/19 compared with 2017/18. The increase of referrals accepted highlights the development of the Navigation Hub in processing referrals through a triage which may result in a range of possible outcomes which includes comprehensive assessment by specialist CAMHS but also will direct and signpost to other more relevant service offers which may include other third sector or self-help resources.

Figure 4 No. of referrals and accepted referrals into the Navigation Hub Apr17-Jun19

1.58. The graph below (figure 5) also highlights the number of referrals which are made into the CW MIND REACH service, which provides low to moderate level support to children and young people, through group work and 1:1 counselling support.

1.59. The data highlights a 17% increase in the number of referrals in 2018/19 compared to 2017/18 and has there has also been an increase in the number of children and young people receiving counselling support of 10% for the same period.

Figure 5 No. of CYP receiving support from REACH service

Comparison of REACH service from 2017/18 to 2018/19
1.60. In addition, the REACH service has also seen more complex cases and this is reflected in the average SDQ score. During 2017/18 the average SDQ score was 18 whereas in 2018/19 it was 20. Nevertheless, the service is continuing to evidence effectiveness despite the increases in demand and more complex cases. In 2017/18 the average SDQ score reduced by 22% following intervention whereas in 2018/19 the average SDQ score reduced by 25%.

1.61. The graph below (figure 6) details where referrals accepted within the navigation hub have been allocated to. The graph demonstrates monthly fluctuations in the number of referrals in each part of the CAMHS service between April 2017 and June 2019. The most notable upward trend in number of referrals has been seen in the neurodevelopmental service which has seen an increase of 37% for 2018/19 compared with 2017/18. This growing trend has had an impact on waiting times for neurodevelopmental assessments. In response, additional funding has been allocated by both the CCG and the provider Trust (CWPT) to commission St Andrews to undertake Autism assessments.

Figure 6 Location of where accepted referrals have been referred Apr 17-Jun 19

1.62. The graph below (figure 7) also shows a 9% increase of accepted referrals into specialist CAMHS which demonstrates the effectiveness of the navigation hub in processing the overall increase in demand as seen in figure 4 to just a 9% increase in allocation to the respective service provisions in figure 6.

Figure 7 Specialist CAMHS follow up appointments' performance Apr17-Jun19

1.63. Within the contracts with CWPT there are Key Performance Indicators (KPIs) set to ensure children and young people being referred into specialist CAMHS are seen within national standards. The table below (figure 8) sets out average performance of
CWPT against each KPI for 2017/18 and 2018/19. The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission’s (CQC) ‘Good’ rating for responsiveness in December 2018. As mentioned above the key local target is to maintain an average ‘referral to treatment’ waiting time of 18 weeks with the national target set at 26 weeks. Since January 2019 to June 2019, the average wait for a routine first appointment has been stable at 7 weeks. As at June 2019, 51% of children across Coventry and Warwickshire waiting for their first follow-up specialist appointment waited less than 12 weeks. ‘Good’ performance has been maintained, however given the demand pressures and increase in referrals to the service, concerns about waiting times inevitably remain.

Figure 8 Specialist CAMHS performance Apr17-Mar19

<table>
<thead>
<tr>
<th>KPI</th>
<th>Target</th>
<th>2017/18 (average)</th>
<th>2018/19 (average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to treatment: Emergency (48hrs)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Referral to treatment: Urgent (5 working days)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Referral to treatment: Routine (18wks)</td>
<td>95%</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>Referral to treatment: Routine (26wks)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

1.64. Locally, there is a maximum 12-week target for follow up waits. The graph below (figure 8) demonstrates a marked increase in the proportion of children and young people experiencing shorter waiting times for their first follow-up appointment. In addition, the profile of waits has improved with most children and young people now able to access their first follow-up appointment within 12 weeks. For those not seen with 12 weeks there is a range of average wait times up to 24 weeks. In addition to this, the graph highlights that there are a small number of children and young people who wait over 24 weeks for their follow up appointment – these ‘long waiters’ are identified through the waiting time meeting as mentioned previously (see also timeliness and breadth of access section below). This may be because families are not in the appropriate place to start interventions due to:

- Unstable living conditions
- Urgent child protection circumstances,
- Trauma and or placement instability.

1.65. Families with identified system support from social care and or education at times are unable to provide a stable environment for a therapeutic alliance to begin with the CYP directly. Due to unstable accommodation and/or structure, the risk assessment can show that it is detrimental to commence therapeutic work directly with the CYP. With this situation CWPT will provide a consultation response and support the system plan of care to ensure as the stability is achieved in the CYP social/domestic situation and the CYP will remain on a waiting list for the required direct work.

1.66. In addition to the existing performance monitoring systems, Coventry and Warwickshire Partnership Trust is currently developing a Trust-wide Business Intelligence ‘app’, which will collate provider data into a dashboard and be accessible to commissioners. The dashboard will collate a broad range of data on children and young people’s mental health needs, and service performance. The dashboard will be
used to analyse service level data and outcomes in the context of the population data to feed into and enhance local delivery and future planning of services. The dashboard is currently being tailored to specific service areas and will be fully usable for planning in 2021/2022.

1.67. From a data quality perspective, commissioners are working closely with NHS and non-NHS providers to ensure that data continues to be submitted to the Mental Health Services Data Set (MHSDS). Commissioners and providers are currently working together to deliver the national Data Quality Maturity Index, which has a focus on improving data quality. Additionally, CW MIND, voluntary sector organisation, have recently gained access to enable them to upload their data and contribute towards the CYP access rates.

1.68. The data sets outlined in 5.5 are specifically provided and reviewed for specialist CAMHS services, such as eating disorders, urgent and emergency mental health provision, neurodevelopmental, and the CAMHS LAC service. The datasets are reviewed to proactively identify areas of increased activity, and challenge in the system. This has enabled the system to collectively review trends and better understand the capacity versus the demand for specialist services alongside trends collected for CAMHS services at a universal/targeted level.

1.69. It is anticipated that robust service data collection will be expanded into adult mental health services, to enable this level of analysis to be undertaken for the 18-25 pathway. The purpose of the joint analysis is to become more responsive to fluctuations in referral numbers and anticipate future demand within services to enable services to deliver a flexible response. It is also used to identify potential bottlenecks in the system and resolve to improve service efficiency and performance.

**Eating disorders**

1.70. A Children’s Eating Disorder Service has been developed to reduce hospital admissions and improve long term outcomes for young people and adolescents with eating disorders (Anorexia Nervosa, Bulimia and other binge eating disorder). The community-based eating disorder service is delivered across Coventry and Warwickshire by CWPT.

1.71. The Service offers a 0-18 service intervention and works closely with Adult Eating disorder services to ensure transition arrangements at clinically appropriate times. This also means that joint assessment between both services takes place where appropriate. A review of service standards as required by NICE identified high fidelity to a model of treatment for eating disorders in children and young people.

1.72. Referrals are accepted from GPs and other professionals, including school nurses. The Service offers specialist assessments, which are undertaken in Coventry, and treatment is provided across Coventry and Warwickshire.

1.73. The Access and Waiting Time Standard for Children and Young People with eating disorders states that National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and one week for urgent.
1.74. The graph below (figure 9) details the number of eating disorder (ED) referrals made over 2017/18 (124 referrals) and 2018/19 (145 referrals), which evidences an increase demand of 14.5% for 2018/19 compared to 2017/18.

![Figure 9 No. ED referrals received Apr17-Mar19](image)

1.75. Within the contract with CWPT there are Key Performance Indicators (KPIs) set to ensure 95% of children and young people being referred into the eating disorder service are seen within 4 weeks for routine cases and 1 week for urgent cases. The table below (figure 10) shows the quarterly performance data from 2017/18 and 2018/19.

![Figure 10 Eating Disorder performance Apr17-Mar19](image)

<table>
<thead>
<tr>
<th>All CCGs</th>
<th>Target</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Cases (care pathways completed in quarter) &lt;1 week</strong></td>
<td>95%</td>
<td>60% (5)</td>
<td>93% (15)</td>
</tr>
<tr>
<td><strong>Routine Cases (care pathways completed in quarter) &lt;4 weeks</strong></td>
<td>95%</td>
<td>81% (104)</td>
<td>70% (101)</td>
</tr>
</tbody>
</table>

1.76. The 2018/19 KPI performance data has seen a significant increase in performance of urgent cases being seen within 1 week compared to 2017/18 despite the number of urgent referrals has tripled. Although the performance for routine review within 4 weeks has decreased for 18/19 this may be caused by the increase in urgent cases which requires increased work to be undertaken by the team to ensure a clinically informed assessment. Every new referral has a telephone contact triage by the specialists in the team to determine urgency and allocation. This means all referral time scales are clinically informed to ensure that there are no clinically significant waits. Where cases are not seen within 4 weeks most cases are just days over the 4-week threshold.

1.77. The service has worked hard to increase awareness of eating disorders in Primary Care this year which has included attendance at GP practice development events and awareness raising through primary care mental health services. This awareness and promotion may have influenced increases in referral numbers including urgent referrals.
CAMHS Looked after Children (LAC)

1.78. Both Coventry and Warwickshire deliver a CAMHS LAC service, with CWPT delivering the offer in Coventry and CW MIND delivering the service in Warwickshire.

1.79. There has been an overall increase of 27% in the number of referrals for 2018/19 compared with 2017/18, with the highest increase of 255% occurring in Warwickshire. Warwickshire have seen an increase in referrals due to the development of a more integrated contracted service offer through the new contract with Rise which commenced in 2017.

1.80. The table below (figure 11) shows the total number of referrals received broken down by local authority area across financial year:

Figure 11 No. CAMHS LAC referrals across Coventry and Warwickshire Apr17-Jun19

<table>
<thead>
<tr>
<th>CAMHS LAC - referrals</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry</td>
<td>163</td>
<td>163</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>20</td>
<td>71</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>183</strong></td>
<td><strong>234</strong></td>
</tr>
</tbody>
</table>

1.81. From a KPI perspective, table 12 below highlights the performance of both services over the last 2 years. Although both services have different KPI’s, both have seen an improvement in performance against the KPI over the last 2 financial year even with the same and increase in referrals for Coventry and Warwickshire respectively (as per table 11 above).

Figure 12 CAMHS LAC KPI performance Apr17-Mar19

<table>
<thead>
<tr>
<th>CAMHS LAC - KPI</th>
<th>2017/18 (Average)</th>
<th>2018/19 (Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry – within 4 weeks</td>
<td>74%</td>
<td>93%</td>
</tr>
<tr>
<td>Warwickshire – within 9 weeks</td>
<td>63%</td>
<td>78%</td>
</tr>
</tbody>
</table>

Tier 4 admissions

1.82. Data from the 5 year forward view dashboard is collated to monitor performance locally across Coventry and Warwickshire STP. The data shows a significant improvement year on year in the number of children and young people being admitted into a tier 4 bed across 2016/17, 2017/18, and 2018/19. The table below highlights the performance:

Figure 13 children and young people admissions from 2016/17 to 2018/19 across the STP

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Children and young people admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>157</td>
</tr>
<tr>
<td>2017/18</td>
<td>105</td>
</tr>
<tr>
<td>2018/19</td>
<td>73</td>
</tr>
</tbody>
</table>
1.83. The increase in performance, highlighted in figure 13 above, is evident of the increased work and investment to develop and commission alternate provision for children and young people across Coventry and Warwickshire. Services such as the crisis support offer (see section 9) and the early intervention and prevention work to support the identification of mental health needs earlier (see section 4).

**Next steps**

There still remains a priority, following a significant amount of investment since 2015, to increase the workforce to ensure children and young people are seen within the access and waiting time standards (95%). In addition, the service will be expanded to include 19-year olds for eating disorder service.

- To further expand the CAMHS LAC offer to ensure support to:
  - Care leavers up to 25 (0-25 offer)
  - Unaccompanied minors
- Coventry City Council will undertake a review of the tier 2 (targeted support) offer with a view to recommissioning (see section 6)

### 6. Timeliness and breadth of access

**What will be different?**

1.84. Work is underway to improve system pathways to enable children and young people to receive the right support at the right time and to ensure that the service offer is inclusive to all. This includes supporting vulnerable children who have dropped out of mainstream school and creating a clearly defined pathway and process to get these children back into mainstream school. The activities outlined in the rest of the plan are contributing or will contribute to meeting the access rate e.g. improving access through the delivery of a robust tier 2 offer and though a range of other initiatives such as improving the digital offer, rolling out mental health in schools project, managing waiting lists and improving awareness of services, is a key priority.

1.85. CYP Access rates are below the national target of 32% for 2018/19. This is being regularly reviewed and will continue to be a priority for the CAMHS Transformation Board this year. The plan is to review this regularly through our LTP Governance structure and put measures, such as the use of HEALIOS and exploring other services to support this process. With the aim to see improvement by the next LTP refresh in October 2020.

1.86. Commissioners have committed to explore options for reaching the CYP mental health access rate of 35% in 2020/21 and will work jointly with the Trust, voluntary sector, and schools to implement mental health in schools project which will help support the achievement of this target.

**Progress so far**

**Capacity and demand work**
1.87. CWPT CAMHS undertook a detailed demand and capacity review of their service in October 2018 in response to high numbers of young people being referred into specialist CAMHS who did not all require specialist intervention. Working with commissioners, CWPT have created a front door triage process by means of a dynamic assessment process. This has enabled all referrals to be ‘triaged’ in a navigation hub, the central point of contact for all referrals, and referred onto the most appropriate service. This approach has enabled the children and young people who required intervention to be seen thus support to improving the waiting times.

0-25 pathway

1.88. Commissioners and providers are reviewing the 0-25 pathway, in line with the requirement to enhance transitions for those aged 18-25. Locally, CAMHS is available for children and young people aged 0-18.

1.89. The table below (figure 14) shows the number of referrals for those aged under 5, demonstrating a 95% increase between 2016/17 and 2017/18 with a further 8% increase in 2018/19. So far, the data for 2019/20 suggests a forecasted increase of around 28% for the year.

Figure 14 No. referrals for CYP aged 0-5 Apr16-Sep19

<table>
<thead>
<tr>
<th>Referrals of CYP aged 0-5</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>166</td>
<td>180</td>
</tr>
</tbody>
</table>

1.90. Activity has been collated for those aged 18-25 in adult mental health services, this is shown in the table below (figure 15). Activity in this age cohort has fluctuated since 2016/17, however the YTD activity data for 2019/20 suggests that activity for this year will be at its highest level yet.

Figure 15 No. referrals for aged 18-25 Apr16-Sep19

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>759</td>
<td>8037</td>
<td>4530</td>
</tr>
</tbody>
</table>

1.91. The CCG has a contract dataset to monitor the number of 16/17 year olds who transition from CAMHS to AMHS with appropriate care planning and handover, see figure 16. This shows that the number transitioning with appropriate care planning and handover is relatively low, which the CCG is addressing by updating all of the CAMHS and adult mental health service specifications to ensure transitions arrangements are appropriately referenced. Below data shows the information broken down into CCGs; Coventry and Rugby CCG (CR), South Warwickshire CCG (SW) and Warwickshire North CCG (WN).

Figure 16 No. 16/17 year olds who are transitioned into adult mental health

<table>
<thead>
<tr>
<th></th>
<th>Q1 2018/19</th>
<th>Q2 2018/19</th>
<th>Q3 2018/19</th>
<th>Q4 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of</td>
<td>8 &lt;5 &lt;5 7 7</td>
<td>14 7 &lt;5 &lt;5</td>
<td>0 17 6 &lt;5</td>
<td>0 17 6 &lt;5</td>
</tr>
</tbody>
</table>
1.92. The Coventry CAMHS LAC service is currently available to those aged up to 21, with the Warwickshire LAC service available to those aged up to 19. The CAMHS LAC activity for children and young people aged from 18 to 25 is low. This is detailed in the table below (figure 17):  

<table>
<thead>
<tr>
<th>CAMHS LAC contacts aged 18-25</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-</td>
<td>&lt;5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Figure 17 No. contacts made for 18-25 Apr16-Sep19**

1.93. The Early Years Pathway for identifying children with Special Education Needs Disabilities (SEND) (a collaborative between Health Services and Education) and the Neurodevelopmental Pathway for the identification of ASC (a collaborative between SEND Support and CWPT), both of which are now operational. Further information is available through the Local Offer.

1.94. Education services are also in early stages of collaborating with colleagues from Speech and Language Therapists (SLT) on an elective mutism pathway and colleagues from ophthalmology on a pathway to support with visual stress.

1.95. Educational Psychologists (EP) operate a consultative model of service delivery, within which EPs work with families and school staff to jointly agree evidence-based interventions to support with learning and mental health. Specialist teachers from SEND work directly with schools to support with the delivery of evidence-based intervention for CYP with Autism Spectrum Condition (ASC) and mental health needs. The EP service operates a consultative model of service delivery, which is evidence based.

1.96. Coventry and Warwickshire also have a pre-school ASC service deliver by CW MIND and n early intervention pathway is supported by Education. The Autism Service also carries out the ‘what do you think’ questionnaire with CYP and use the Dimensions Tool.

1.97. The current service offer for children and young people aged from 0 to 5 focussing more on perinatal support to the family.

**Children out of school**

1.98. A pathway has been developed this year, to support children and young people out of school back into mainstream school. The pathway will be run as a pilot with 4 schools across Coventry and Warwickshire. The pilot started in September 2019 and will run for one academic year until July 2020. It comprises a two-cycle process:

- Cycle 1 – reviews the intervention provided by the school to determine what other techniques could be used to support this child back into school. This element will link in with our early intervention team based within the local authorities.
- Cycle 2 – Specialist support where a service will be provided within the child’s own
home, through a family approach, utilising the youth worker model.

1.99. This pathway will provide schools with a clear process to ensure children and young people, who have dropped out of mainstream school are supported more promptly to ensure their emotional health and wellbeing needs are met. This in turn will enable earlier intervention, with children and young people gaining access to emotional mental health support, which may reduce the need of the child being referred into specialist CAMHS. This service will contribute towards the improvement and reduction of waiting times in specialist CAMHS by only referring those children and young people who require a specialist CAMHS intervention.

1.100. This project has also commissioned Act for Autism, a community interest company, to deliver direct autism awareness training to staff and parent / carers, under the pilot service, so that they feel skilled and confident to support children with autism within school and home environments.

**Primary Mental Health Team**

1.101. The Primary Mental Health Team (PMHT) has continued to provide a service to approximately six schools per term, offering support to teachers, parents and pupils through workshops, consultations and general advice and guidance.

**Mental Health in Schools**

1.102. Two of the three CCGs in our region have been successful in securing additional funding through the mental health in schools project. South Warwickshire CCG were successful in Wave 1 and Coventry Rugby CCG were successful in Wave 2.

1.103. South Warwickshire CCG were chosen as one of the 25 sites to pilot two mental health in schools teams (MHSTs) and also one of the 12 sites for the four week waiting time pilot in Wave one. Warwickshire commissioners, CWPT and education leads have worked closely together to firstly identify the schools and then to fully engage with those schools co-delivering workshops to keep schools informed on the roll out of Education Mental Health Practitioners (EMHPs). The 49 schools have been identified using data to target those schools with greatest need including free school meals, numbers of children looked after, for example. Schools have completed self-assessments as part of the pilot to understand their current needs and will be used to inform MHSTs deliver. The pilot will have 8 EMHPs who have started working in a small number of the identified schools becoming fully operational by December 2019.

1.104. In order to move swiftly to implement both pilot programmes, South Warwickshire CCG has drawn staffing from the core CAMHS services and then backfilled these posts. It is envisaged that the MHSTs will cover approximately 43% of school children in South Warwickshire and enhances the current workforce and service model delivery to transform the measure for waits for contact and interventions for mental health and emotional wellbeing service.

1.105. The referrals for the MHSTs will through the Navigation Hub, which will integrate the referral and advice system to prioritise children and young people. As this is already integrated within Warwickshire, Coventry will adopt the same approach, once the
MHSTs are fully mobilised.

1.106. Coventry and Warwickshire continue to explore any funding initiatives which may be available to support the improvement of waiting time initiatives. A bid has been submitted to NHSE in November 2019 to expand provision to support more children and young people on the waiting list who require Cognitive Behavioural Therapy (CBT).

1.107. The Coventry and Rugby pilot will cover Coventry only and began in September 2019. Progress has been made to identify schools based on health inequalities in the City. As Coventry has a high crime rate, which correlates with deprived wards, working with schools who have high levels of free school meals enables the mental health in schools project to have a greater impact on tackling health inequalities within the City. Therefore, working with children and young people in these areas will enable the ability to identify and support children and young people at an earlier stage who are showing signs of emotional and mental health wellbeing issues beyond that which the school feel they can manage. Interventions at this stage would aim to have a positive impact on the emotional and mental health wellbeing of children and young people providing understanding which will be beneficial as they grow and develop. In addition to this, the project will enable a whole school approach to build up children and young people’s emotional well-being and resilience. This pilot plans to be fully operational by September 2020.

1.108. An established Mental Health in Schools project team is operational and comprises key partners:

- Commissioners
- Public Health
- Education
- CWPT
- School Nursing
- Midlands EMHP Project Assurance Lead (or representative)
- School – mental health leads (once confirmed)

1.109. Through the project team, which includes representatives from CWPT, CW Mind and School Nursing, they are working closely with the Mental Health in Schools project to ensure the service offer aligns with existing mental health services for children and young people across the pathway - from taking referrals to escalating and stepping down support as appropriate. This enables the Mental Health in Schools team to collaboratively develop a whole school approach and an integrated referral and advice support with the mental health leads in schools.

1.110. In addition, schools will be attend the Department of Education (DfE) mental health in schools training course, adhering to the national prescribed model, which is likely to commence around June 2020 (DfE are undergoing a tender process with contracts set to be awarded December 2019).

**Tier 2 mental health services**

1.111. Coventry and Warwickshire MIND (CW MIND), a voluntary sector organisation,
delivers various services across Coventry and Warwickshire to support children and young people in the community. The services include:

- **Reach** – the service offers counselling support, therapeutic and peer support group, and online self-help tools / activities.
- **Buddy Service** – empowers young people to take ownership and look at ways to reduced feelings of isolation and loneliness. Young people are matched with a buddy based on their likes and similar interests.
- **Looked after Childrens service** – provides professional advice training and direct therapeutic interventions to children and young people in residential or foster-care, adopted children and young people, foster carers, adopters, and professionals working with looked after children.
- **ASC social clubs** – provides 3 social club support to children and young people who have a diagnosis of ASC twice a week, to help build confidence and resilience, positive risk taking, coping strategies and mental health support. The social clubs operate twice a week and are split out into 3 age ranges:
  - 5-10 years olds
  - 11-15 year olds
  - 15-19 year olds

1.112. In Coventry, the contract for tier 2 targeted mental health services currently being delivered by Coventry and Warwickshire MIND runs until March 2021. A commissioning review has been started to understand what services are required moving forwards. This will involve a system wide mapping exercise and a needs analysis. Current thinking is that tier 2 services need to be more closely aligned with family hubs.

1.113. Separately, the current service offer is inclusive of all backgrounds with the services providing support based on the presenting issues of children and young people. The service refers children and young people on if their presenting issues is specifically around LGBTQ.

1.114. CW Mind undertake various questionnaires to measure impact and feedback from children and young people, carers, parents, and professionals. These include:

- Strengths and difficulties questionnaires (SDQ's)
- Experience of service questionnaires (ESQ's) with CYP
- Parent style and dimensions questionnaire (PSDQ), which is for children looked after service only
- Service user satisfaction forms are also undertaken with children parents and carers.
- Outcome rating scale (ORS) which is being piloted since July 2019
- Session rating scale (SRS) which is being piloted with CYP since July 2019.
- Foster carer evaluation service form to obtain feedback from foster carer families
- Professional evaluation feedback form should a professional receive a consultation.
- Teacher strengths and difficulties questionnaires (TSDQ's)
1.115. The activity, outcomes and experience of people accessing services is collated by the providers and are reported through the contract monitoring process. This information is used by commissioners and providers to understand the difference the services are making. This intelligence is used to inform future commissioning of services and has, for example led to an increase in delivery of bespoke training relating to anxiety to school staff by the Primary Mental Health Team. Appendix 3 below identifies the up and coming training sessions available until 2020. The existing data information schedule, which includes KPIs and outcome monitoring, has been strengthened to track progress against key priorities for this following year. Please see also bullet 9.8 below.

**Tier 3 specialist mental health services**

1.116. Rise is the name for all emotional well-being and mental health services for children and young people who are registered with a Coventry or Warwickshire GP. Rise aims to have an increased emphasis on prevention and early intervention and integrate more effectively with other local services and schools, and adopts the evidence-based Stepped Care Model of support, as laid out in Appendix 4. The Stepped Care Model approach focuses on the right intervention at the right intensity at the right time, utilising interventions that have been benchmarked against NICE guidance. The Navigation Hub provides the central point for referrals to ensure they are triaged into the right service at the right time. The Rise team consists of a staff group that have a diverse professional backgrounds including; Nurses, Family therapist, Psychiatrists, Psychotherapists, Clinical Psychologists, Social Workers, Support Workers, Occupational Therapists (OT), speech and language therapists (SALT), neuro practitioners, Art Therapists, Nurses, CYP IAPT Wellbeing practitioners and Education Mental Health Practitioners These professionals will provide specialised support to children and young people depending on their needs.

1.117. CWPT are a specialist CAMHS provider who delivers direct support to children and young people. They have clear acceptance criteria ensuring all children and young people presenting with a mental health condition are support, which includes LGBTQ+. CWPT have clinicians where LGBTQ+ is a special interest and they provide interventions within the mood pathway to support CYP where LGBTQ+ is a significant factor in the presentation of the mental ill health condition. CWPT work alongside Tavistock which is a dedicated LGBTQ+ counselling support service. This offer also supports gender dysmorphia where additional mental health needs are presented by the children and young people.

1.118. Appendix 5 below defines a clear specialist mental health pathway.

**Adult liaison service**

1.119. AMHAT (adult liaison psychiatry) support CYP aged 16+ and will then signpost / refer to CAMHS if required. An audit of AMHAT data for March 2019 demonstrated 39 contacts with 16- and 17-year olds, representing 6% of their caseload for the month. They saw a further 128 18-25-year olds during the same period (21% of the caseload).

**Transitions**
1.120. The Transitions Commissioning for Quality and Innovation (CQUIN) was locally applied in 2014/15 to commission an Attention Deficit Hyperactive Disorder (ADHD) transitions nurse for young people transitioning between CAMHS and adult mental health services. The ADHD transitions service remains and is now recurrently funded by the CCG.

1.121. In relation to transition from Specialist Mental Health Services for CYP to Adult Mental Health Services in CWPT, the services have developed in year, from their existing resources, a monthly transitions meeting to ensure that there is direct liaison between CYP services and Adult Mental Health Services in planning and delivering transitions at the clinically appropriate time. This in line with the learning from the CQUIN that shows that responsibility being held for transitions by a consistent group of key individuals improves the transition experience and success.

**Work with GPs**

1.122. Further work needs to occur with GPs across the region to ensure they are aware of the system wide CAMHS offer and this will be a priority for the coming year. One of the main priorities is to ensure GPs are fully aware and utilise the Dimensions tool. This tool will provide GPs will allow them to gain better understanding of the child’s mental health needs and enable them to refer onto the most appropriate service.

**New models of care**

1.123. Coventry and Warwickshire STP are members of a regional collaborative, led by Birmingham and Solihull NHS Trust, to deliver a New Care Model for CAMHS. As part of this commitment, a memorandum of understanding has been signed, which sets out the working relationship and commitment for the development of the CAMHS Provider Collaborative for the West Midlands region. Initial work is underway to develop the governance arrangements, start understanding current provision and develop a business case to respond to the New Care Model opportunity. Coventry and Warwickshire STP are participating in monthly meetings and teleconferences. Amongst other things, the work will lead to an ability to reduce the need for tier 4 beds and strengthen the ability to manage children and young people in the community.

**Next steps**

- To review the current CAMHS offer and to work through the process of expanding the offer from 18 to 25 by 2019/20.
- Primary Care development – more work to inform GPs around the CAMHS offer and process of referring etc.
- Commissioners have committed to explore options for reaching the CYP mental health access rate of 35% in 2020/21, and will work jointly with the Trust to implement the mental health in schools project commencing September 2019.
- Tier 2 mental health services are in the process of being reviewed with new contracts in place by March 2021. Project group has been devised to develop this offer.
7. Digital Offer

1.124. The digital offer in Coventry and Warwickshire will be continually improved by ensuring information is readily available online and to make it easier for professionals to refer into CAMHS. Ensuring online services widen access and support through the digital offer across Coventry and Warwickshire.

1.125. The Dimensions tool, which is a web-based app providing information, advice, and signposting onto relevant services or support available across Coventry and Warwickshire will be further developed across the following year

Progress so far

1.126. The CAMHS Website (www.cwrise.com) is continually reviewed to ensure the content is updated, as progress is made, and to further streamline and develop the site utilising background datasets obtained from the website.

1.127. Following consultations with families, young people, and professionals, a RISE website development programme has been put in place to further enhance the RISE website. This programme has been set out into 3 phases. The first phase, which was completed in January 2019, saw a reconfiguration of the RISE website by giving it a new look and making it easier to navigate. The second phase, is currently being progressed, is to add more service generated video content to give people accessing the site a better understanding of the offers. The third and final stage will be to add in any other additional features so further enhance the website.

1.128. As well as the consultation throughout the programme, there has been and will continue to be a strong clinical input into all the promotional work, including the development of the website.

1.129. The ‘Dimensions’ online tool is currently being utilised across Coventry and Warwickshire. The tool provides information, advice, and signposting based on the information provided by the person completing and it is completely anonymous. This tool has been in operation since 2017 and analysis of the data and information collated from people who have used the tool has commenced. This provides additional intelligence around the need for mental health and neurodevelopmental conditions in children and young people. The next step is for this data to upload onto the data app dashboard so it can be analysed alongside service activity and population health data, to inform service planning and delivery. This will enable us to analyse the needs of children and young people and whether they are receiving the most appropriate and effective service to meet their needs.

1.130. Healios, an online treatment service, has been commissioned through Coventry and Warwickshire Partnership Trust (CWPT) ensuring children and young people have the best chance of achieving their goals and fulfil their life's potential through supporting mental health, emotional wellbeing and resilience. This offer provides direct support to our children and young people, through an online approach, who may not require specialist CAMHS intervention thus supporting the improvement of waiting times. Healios have provided support to 258 children and young people undertaking 42 initial mental health assessments and deliver 1,354 cognitive behavioural therapy (CBT)
sessions. On average, children and young people had to wait 25.7 days for their first session. Compared to waiting time for specialist CAMHS this offer is around four times quicker to receive treatment.

1.131. Healios have obtained feedback from children and young people accessing online services. Feedback has identified that 76% of children and young people liked being able to have a session within their own home and 93% felt the services fitted in well with their daily routine.

1.132. CWPT are in the process developing an in-house solution to e-consultations, which are currently being delivered by Healios. Further options are being explored to further enhance our offer.

1.133. A service portal development by CWPT has been reviewed by GP’s which has proved invaluable support in understanding the needs of GP’s, and will influence future digital developments by CWPT, as it undertakes developments as part of the Global Digital Exemplars programme. The portal is being developed to support school referrals and the newly established Mental Health in schools project.

**Next steps**

- ‘Block’ on-line tool. Set for roll out in 2019/20 CWPT ongoing development of the e-consultation tool
- To explore further options / offers available to enhance the digital offer

8. **Vulnerable Children and Young People**

**What will be different?**

1.134. The delivery and effectiveness of commissioned services for vulnerable groups of children and young people will be prioritised. These are:

- Looked after children and young people (LAC)
- Young people known to the Youth Offending Service
- Children and young people with conduct disorders and challenging behaviours
- Children and young people misusing substances
- Children and young people living in poverty
- Children and young people experiencing a mental health crisis
- Children and young people at risk of sexual exploitation
- Refugee and asylum-seeking children and young people
- Children and young people with autism/ADHD

**Progress so far**

1.135. Our actions will include developing awareness across Coventry and Warwickshire, that vulnerable children and young people have poorer emotional health than their peers. Further work is required to review the effectiveness of targeted and specialist
services to determine if the needs of vulnerable children and young people are being met. This work brings together the Early Help, SEND and mental health work streams of the Children and Young People’s Partnership. Warwickshire are continuing to explore the development of vulnerable children’s pathway with the Rise contract; reviewing what is working well for particular vulnerable groups i.e. children looked after, children in need, SEND, and working with colleagues in education and social care to ensure need is met and services are not duplicated.

**Looked after children (LAC)**

1.136. A Coventry CAMHS LAC service is in place and provides mental health provision for children and young people looked after. It is jointly commissioned by the City Council and the Clinical Commissioning Groups (CCG’s). The service has recently been expanded to support care leavers up to the age of 21. In Coventry, there are approximately 100 carer leavers per annum. Consultations are offered to social workers and for residential staff to allow the professionals to support emotional wellbeing and identified needs of the Looked After Children. Nurturing training is also offered to foster carers to support placement stability and promote attachment with LAC with complex needs and who have faced significant trauma in the lives, and now have the chance to form stable and secure relationships with their carers. Support is also offered to social workers to enable them to support LAC with therapeutic life story work.

1.137. Under the Warwickshire Rise contract, CW Mind provide a service for children looked after and support to social workers, schools, foster carers, and other professionals to support the emotional and mental health of children looked after. The service also supports children subject to special guardianship orders and children who have been adopted.

**Adopted children**

1.138. Adopted children are eligible for services through Rise but are also entitled to specific support from Coventry City Council and Warwickshire County Council. Both local authorities, together with three other West Midlands local authorities are part of the regional Adoption Central England (ACE). ACE provides a range of training and support to adopted children and their families which includes:

- Commission bespoke therapeutic support for children and/or their families and applying to the Adoption Support Fund where appropriate
- Providing training on attachment and therapeutic parenting
- Support groups for adopters
- Workshops and training on specific topics of interest
- Services in relation to therapeutic needs of a child and applications to the Adoption Support Fund where applicable
- Adopter’s Mentoring Service – informal telephone support from an experienced and trained adoptive parent;
- Delivering packages of therapeutic intervention or parenting support
- Advice and information
- Signposting to other services that might provide additional support to a family
Youth offending service

1.139. Coventry and Warwickshire Youth Offending Services (YOS) have jointly commissioned dedicated CAMHS mental health workers to support young people’s access to mental health support. These CAMHS workers are seconded from CWPT and clinically supervised by CWPT. The CAMHS mental health workers support custody services and post cell block assessments, ensuring holistic assessments and signposting to other specialist health services, utilising their own pathway to provide specialist to specialist hand over where young people require specialist support. With the YOS teams there are also dedicated Police Officers, social workers and youth justice case managers located within YOS as per the statutory requirement under the Crime and Disorder Act (1998).

1.140. The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to court orders, particularly working with young people with complex needs. They also work with their families where possible to provide wider and sustained support for young people. They provide mental health input into pre-sentence reports informing sentencing and recommendations, liaising closely with police and the secure estate. The mental health workers offer enhanced case management for young people who have suffered multiple adverse experiences and require additional support is provided including transitions to adult mental health services. In addition to their clinical work they also provide consultation and training to multi agency staff and consultation to all partner agencies involved with young people.

1.141. When young people are in secure estates, the CAMHS mental health workers within YOS provide support for young people transitioning back into the community. They are involved in the discharge planning, providing agreements on implementation of the plan and supporting the plan following release.

1.142. Coventry and Warwickshire Liaison and Diversion Team, consists of mental health practitioners and support workers, who are in place to support children and young people, who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service supports young people through the early stages of criminal system pathway, following an assessment, and may refer them to more appropriate health or social care services, where appropriate. By providing a route to treatment for people whose offending behaviour is linked to their illness or vulnerability, to support the reduction of reoffending. The service also supports children and young people within custody when have been arrested, and particularly when crisis care is required 7 days a week, following an initial assessment and identification of needs. The service also provides court reports with the young person’s consent to inform court decision around sentencing and support. The teams provide ongoing assessment referral on and support to attend first appointments in the community following release from custody/court. Where the Liaison and Diversion service requires support from Forensic CAMHS the YOS workers are able to access this from Forensic CAMHS service based in Birmingham, which they have an established and good working relationships with. The team also aim to raise awareness and understanding of vulnerabilities for those working within the criminal justice system through formal, informal training and networking days. To enable possible signs of vulnerability in people when to be recognised and ensure they get
the right support early, to reduce the likelihood that people will reach a crisis-point. The Criminal Justice Liaison and Diversion service won the ‘Liaison and Diversion Award’ in the Howard League Community Awards in 2017 and the team were also commended for their integrated working with partner agencies at the Awards.

**Welfare Secure**

1.143. Coventry are able to access secure beds via the Secure Welfare Co-ordination Unit (SWCU). The Placements Team in Coventry will complete a referral form and send to all secure providers to review. In the event that the bed is required urgently the Director of Children’s Services in Coventry is able to grant permission to placing a child in secure accommodation for 72 hours. During the 72-hour period the social worker will be required to attend court to seek a secure order for the placement to continue. There continues to be a national shortage in secure beds with the majority of local authorities struggling to secure beds for vulnerable children.

**Sexual Assault Referral Centre**

1.144. The Blue-Sky Centre based at George Eliot Hospital, Nuneaton, provides a confidential support for children and young people who are victims of rape or other serious sexual violence in Coventry and Warwickshire. The centre is a partnership between the Police, Coventry and Warwickshire Councils, NHS and voluntary organisations. The Blue Sky Centre is a ‘one-stop’ location where victims can receive a high quality medical and forensic response, whether or not the police are involved, and also benefit from co-ordinated follow-up care taking into consideration all their potential needs such as counselling, healthcare, welfare and safety. The centre also has support from CAMHS services and formal referrals are triaged in where appropriate for young people. Further information about the Blue-Sky Centre can be found here: [https://blueskycentre.org.uk/](https://blueskycentre.org.uk/)

**Substance Misuse**

1.145. An early intervention and substance misuse service for young people, their families, carers and affected others is in place. The service provides a mental health assessment and supports a young person mental health, providing the opportunity for and young people to make positive choices. Alongside supporting young people who might be experiencing difficulties and/or facing risks around sexual health, substance misuse and difficult relationships with their peers. By intervening early and delivering supportive interventions vulnerable young people can identify their strengths and build their resilience in the hope that they realise their full potential. Increased vulnerabilities have been identified around self-harm for children who are experiencing substance misuse and mental health difficulties. The service recognizes that young people face many challenges. An outcomes framework is in place to measure the impact of interventions and who have been discharged from the service, almost all demonstrate measurable and positive change in behaviours from the start.

**Transforming Care (Autism/Learning Disabilities)**

1.146. Coventry and Warwickshire Transforming Care Programme is well established for children and young people. Policy and procedures are in place for the use of Care Education and Treatment Reviews (CETR), for young people ‘at risk of admission’ to
hospital with a learning disability and / or autism, through a multi-agency group. The effectiveness of this approach has seen the reduction in children being admitted to specialist mental health hospitals. A dedicated learning disabilities forensic service is also in place and supports young people from the 18 - 25 cohort.

1.147. Coventry and Warwickshire applied for monies from NHS England to be used specifically on children and young people with autism and learning disabilities. The funding has been used to commission a pilot Intensive Support Team (IST) for children and young people with learning disabilities and/or autism, and outreach community support for children and young people and their families who are on the waiting list for an autism diagnosis and for those who have recently been diagnosed. The targeted outreach community support commissioned in early 2019, provides support to children, young people and families who are on the waiting list for an autism diagnosis, includes focused and practical support to the child and their family around sensory integration, behaviour, boundaries and routines, understanding and communicating feelings, eating and sleeping. The targeted provision for children who have been diagnosed with autism includes 1:1, paired or small group with specific challenging as behaviours, either in the home, community or schools. This is in addition to the neurodevelopmental pathway for the identification of Autism led be education mentioned earlier in section six.

1.148. The pathways across tier 3.5 CAMHS service and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time. Funding was also sought in 2018 from NHS England to train a number staff, system wide, as Autism champions, and for services to make reasonable adjustments to be able to provide guidance and support to colleagues. Initial findings of the pilot work has identified the following areas of focus: information (in various formats for patients), Capturing and recording Autism diagnosis, Staff training, Awareness of Transforming Care, and Physical Environment. Additionally, a pre and post diagnosis support has been put in place, with some training and information sessions for parents and carer’s of children and young people with Autism. In 2018, the provision for children and young people with Learning disabilities and Autism was reviewed, resulting in new models of joint service delivery and multi-agency care pathway through the development of an early intervention pathway working with education services.

1.149. Work has commenced on reviewing Autism provision to explore improved local arrangements for young people, and transitions and into adulthood. A draft strategy has been developed following the review and is currently being consulted on with stakeholders. Whilst this work is underway it is recognised that ASC is a local need and community outreach work and preventative work as mentioned earlier in section six, has been progressed.

Child exploitation

1.150. A joint mental health post is in place in the children sexual exploitation service (Horizon Team), which provides support to children at risk, including signposting and support to professionals working directly with children. Work is underway to develop a service for refugee and asylum-seeking children and young people, as it is identified that they are a vulnerable group. Children living in poverty will be targeted through the mental
health in schools support team which have targeted schools with children in deprivation.

1.151. The Horizon team works with children and young people who are being targeted for the purpose of sexual exploitation and those who are fully entrenched and unable to recognised their abuse. Horizon is a statutory social care team that consists of Social Workers, Youth Workers, a Children and Families Worker, a Health Worker and a Police Officer. Young people who are in need of support from the Horizon team are usually supported via the Child In Need or Child Protection processes. The Youth Workers also support those who are in Local Authority care.

**Early intervention in psychosis**

1.152. For children and young people at risk of or experiencing psychosis, The Coventry and Warwickshire Early Intervention in Psychosis (EIP) service delivers a full age-range service, including all CYP aged 14 or over experiencing a first episode in psychosis, with strong links into CAMHS services. The CCG has a contract dataset to monitor the number of under 18 year olds receiving the EIP service who are worked jointly with CAMHS, see figure 18 which demonstrates that on a quarterly basis Coventry and Rugby has the most activity compared to Warwickshire North and South Warwickshire which is reflective of geographical trends in mental health prevalence.

*Figure 18 No. under 18s receiving EIP who are worked jointly with CAMHS across 2018/19*

<table>
<thead>
<tr>
<th></th>
<th>Q1 2018/19</th>
<th>Q2 2018/19</th>
<th>Q3 2018/19</th>
<th>Q4 2018/19</th>
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<tr>
<td>CR</td>
<td>12</td>
<td>23</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>SW</td>
<td>9</td>
<td>12</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>WN</td>
<td>9</td>
<td>8</td>
<td>&lt;5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Young Carers**

1.153. Coventry is in the process of commissioning a service to young carers, which will enable them to have an assessment which identifies their needs including mental health. Wider to this the Young Carers Project which is funded by Children in Need and Big Lottery provide sessional / activity-based support and works with Young Carers on a 1:1 basis in schools.

1.154. Data from the 2011 Census suggest that 3,589 children and young people in Warwickshire are providing care to members of their families. However, this number is likely to be an underestimate of the true number of children and young people. The number of young carers known to Warwickshire Young Carers (the current service provider) at the end of December 2018 was 2,320. The current service provides help, support and advice to meet the individual needs of each Young Carer and signposts or refers to appropriate specialist services, including CAMHS, when required. The contract for this service was recently re-commissioned and a key outcome of the new contract is for Young carers to report an improvement in their mental health and emotional wellbeing.

**Next steps**
The draft autism strategy is currently being consulted on with a range of stakeholders. Following completion of the consultation, feedback will be reviewed, and an accompanying multi-agency action plan developed with timescales, across Coventry and Warwickshire, to be signed off by the Transforming Care Board.

- The CAMHS LAC service offer for care leavers will be extended up to 25, through a phased approached.
- The wider workforce will continue to be trained through ‘train the trainer’ approach, to support vulnerable children with mental health needs. As well as to ensure reasonable adjustments are made, to support the mental health needs of children with Autism and Learning Disabilities.

9. Crisis Support

What will be different?

1.155. In line with the NHS Long Term Plan, the CAMHS Transformation Board intends to continue development and improvement of the crisis offer for children and young people in Coventry and Warwickshire. The aim is move towards a consistent 24/7 crisis provision.

Progress so far

1.156. The CCG initiated a Children in Crisis meetings, which consists of representatives from CCG, Coventry City Council, Warwickshire County Council, NHSE Specialised Commissioning, CWPT, University Hospital Coventry and Warwickshire (UHCW), and Warwick Hospital (WH). This Crisis meeting was in response to UHCW and WH highlighting a significant rise in demand on the Accident and Emergency (A&E) services for children and young people experiencing a range of mental health issues. In turn many of these A&E attendances converted to an inpatient admission to an acute surgical or medical ward. A crisis point was reached in Coventry in July 2018, when the number of CAMHS children and young people admitted to the acute ward resulted in significant pressure on the Acute Liaison Team (ALT), for children and young people requiring a mental health response. As such, this has enabled the development of a joint partnership to develop an enhanced crisis offer to meet the needs and demands of children and young people across Coventry and Warwickshire. The details of the offers are highlighted below.

1.157. In addition, a joint escalation policy / protocol has been developed which allows both UHCW and WH to escalate any concerns so demand and capacity can be managed effectively. The escalation protocol enabled health, specialised commissioning, and social care to come together within a couple of hours to jointly plan the support required to enable appropriate discharge. This has reduced delayed discharges/transfers of care, and for appropriate interventions for children and young people, from a range of partners, including NHSE Specialised Commissioners and Social Care.

1.158. Following a review of commissioned services significant work has been undertaken to expand mental health crisis care for children in young people in Coventry and Warwickshire. To minimise the number of presentations to A&E in mental health crisis,
to improve experience of care where an admission does become necessary and provide support beyond a crisis presentation. A two phased approach has been taken:

- **Phase 1:** expand the current Acute Liaison Team (ALT) provision from 5 days to 7 days a week across Coventry and Warwickshire, to increase the interface between CAMHS and emergency services. This was operationalised in January 2019. Compared with the preceding 6 months, in the 6 month period following the implementation of the enhanced service, the ALT has experienced a 55% increase in service activity. (336 referrals in the preceding 6 months, compared to 523 referrals in the six months following implementation.)

- **Phase 2:** commission a new seven day service, incorporating crisis response and home treatment. The service has been named the Tier 3.5 service and has been operationalised with a phased mobilisation from July 2019.

1.159. Children and young people experiencing a crisis cannot be eradicated and the services across Coventry and Warwickshire are now better able to respond to these crises often avoiding the A&E attendance and or the admission. When the admission cannot be avoided seven day services ensure timely discharge avoiding unnecessary delays.

1.160. The Tier 3.5 Crisis Resolution Home Treatment Team work directly with St Giles Trust, who are a voluntary organisation that deals with youth based violence. Joint work is undertaken with St Giles Trust, who are based within A&E at UHCW.

1.161. Appendix 6 below provides an overview of the Tier 3.5 offer and highlights the significant investment to further enhance the offer from July 2018 to July 2019.

1.162. A data flow is included in the CWPT contract arrangements, detailed in schedule 6 (information schedule). As the service was mobilised this summer, commissioners agreed with CWPT that they would start reporting to the CCG from October 2019 (Q3) to allow them time to set up reporting mechanisms. Therefore, there is no data to include in this LTP refresh, however commissioners are assured that data will flow from the agreed date. The data will be received quarterly, by CCG, on the following:

- Number of Referrals (by Crisis, ALT, home treatment)
- Referral to Tier 4
- Number of Admissions
- Overall Contacts
- Presenting Need on referral
- Readmissions/re-referral
- Referral to Treatment Time (by Crisis, ALT, home treatment)
- Length of time on caseload (by Crisis, ALT, home treatment)
- Clinical Outcomes on discharge
- Number of referrals relating to Social Care need
- Number of referrals relating to MHA
- Demographics

1.163. The tier 3.5 service was commissioned to support step-down for children and young people beyond their crisis presentation and support earlier discharge from tier 4. This includes the following offer for children and young people aged 0-18 and their families:
Case management of children and young people in tier 3 to prevent crisis escalation
- Up to 3 contacts a day (including home visits)
- Service available 7 days a week
- 6-8 week intervention package
- Includes an element of youth work approach to engage children and young people in meaningful community activity
- Case management of Coventry and Warwickshire children and young people placed in tier 4 provision
- Planned face to face, phone & e-consultation support at key points, e.g. daily when recently discharged from tier 4, reducing as required.

1.164. As part of the significant developments this year to support children and young people with learning disabilities and/or autism the CCG commissioned Intensive Support Team (IST). This has run a pilot initially to review its effectiveness however the CCG and the provider are currently exploring pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.

1.165. The IST is a multi-disciplinary team supporting children and young people with a learning disability and/or autism and additional significant mental health or behaviours of concern. They work closely with the young person and their family/carers, alongside the services and partner agencies that support them, facilitating a team around the young person. The aim of the team is to maintain children and young people within the family/care setting and avoid unnecessary hospital admissions. The IST support individuals at risk of hospital admission by developing community support but without increasing the number of children being placed in 52-week residential placements, providing more alternatives to inpatient care for people who could live outside hospital or receive their support at home. The IST therefore has a role in supporting mainstream CAMHS to coordinate transitions from inpatient and other settings and in supporting the developing crisis and home treatment offer through CAMHS Tier 3.5 in terms of making reasonable adjustments for people with autism. The CCG and CWPT are currently reviewing pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.

1.166. A recent review of the IST demonstrates that the service has been associated with:

- A reduction in the number of children and young people in CAMHS Tier 4 inpatient services
- Improved outcomes for children and young people with a learning disability or autism

1.167. In addition to the above, the CCG and the provider are currently exploring pathways between the Tier 3.5 and IST services to ensure that children and young people with a range of needs are able to access the most appropriate service to meet their needs, recognising that this may change over time.

1.168. In addition to the extensive work in relation to crisis support there has been going
discussion and developments between commissioners and CWPT to explore the potential for the provision of “72-hour admission avoidance” beds. A review of premises has been undertaken and the relevant location/site has been identified. CWPT are progressing plans to develop the site and make the provision suitable for young people to access as an emergency respite mental health crisis bedded facility.

1.169. Commissioners are working with CWPT on a programme of reasonable adjustments, with CAMHS identified as a pilot site. Initial findings of the pilot work has identified the following areas of focus:

- Information (in various formats for patients)
- Capturing and recording Autism diagnosis
- Staff training
- Awareness of Transforming Care
- Physical Environment

1.170. The CCG is working with the Local Authority to commission further support for children and young people with extended non-attendance at school. Extended non-attendance has been associated with negative short and long-term consequences for young people, their families and the wider community and is considered a serious mental and physical health concern. The 10 bespoke packages project has evolved into a school-based early intervention project tackling extended non-attendance at school (ENAS) guided by an advisory group of professionals from health, education and social care across Coventry and Warwickshire.

1.171. Across Coventry and Warwickshire, there are children and young people (CYP) for whom poor mental health is leading to low school attendance, often referred to as Emotional Based School Avoidance (EBSA). Some of these CYP do not access any form of education. Outcomes for young people who display EBSA include poor academic attainment, reduced social opportunities and limited employment opportunities. EBSA is also associated with poor adult mental health. An ‘Improving Wellbeing: Improving Attendance (IWIA)’ Working Group was established in Coventry in December 2017 to identify the needs of CYP and to formulate an approach to support them, the schools they are placed in and their families/community. By providing a co-ordinated response, early on it will enable an increase in the number of CYP who successfully re-engage with education after a period of absence and reduce the demand for in-patient care. A small amount of additional funding has been made available to enable us to build on the IWIA plans and test aspects of the proposed new approach across both Coventry and Warwickshire.

1.172. The objectives of the new approach are:

- To provide excellent support for all children and young people which promotes positive mental health and delivers early intervention when children first experience mental health difficulties
- To maximise the school attendance of children and young people with mental health needs
- To build the resilience of children and young people who have stopped attending school
- To help more children and young people to re-engage with education following a
period of absence due to poor mental health

1.173. There are three progressive cycles of intervention:

- Family Support
- Specialist Support
- Complex Case Panel

1.174. This project will focus on providing schools with a user-friendly guidance and resource that can be used as an aide memoire throughout cycle 1 and 2 whilst commissioning specialist provision to support those in cycle 2 based on the evidence identified from the Children's Intensive Support Service Review.

1.175. Separately, Warwickshire have recently commissioned Mental Health Matters to deliver Safe Havens, also known as 'Crisis Cafes'. The Warwickshire Safe Havens offer out-of-hours mental health support to anyone aged 16+ in the Warwickshire area (6pm to 11pm) 7 days a week across two locations; Nuneaton and Leamington Spa. The Safe Havens operate a walk-in service and provide information and emotional support to people in crisis or the person feels like they are heading towards a crisis situation. The service operates closely with professionals such as GP’s, Community Mental Health Teams, Crisis Teams, A&E Mental Health Liaison Teams, Police and Ambulance Services, Street Triage, and other front-line healthcare professionals to ensure that people in emotional distress have a safe, supportive place to go to, with appropriate mental health support available. Additionally, the Safe Havens are supported by a 24/7 helpline, which offers access to emotional support and information when the safe havens are closed.

1.176. As described in sections 6.5 to 6.9, commissioners and providers are reviewing the 0-25 pathway, to enhance transitions for those aged 18-25. Locally, in line with the current commissioned provision, those aged 18-25 year olds access adult mental health services for any presenting need, including crisis and beyond crisis presentation. The NHS crisis and beyond crisis pathway available for 18-25 year olds in adult mental health is as follows:

- Crisis presentation to one of the following services:
  - Crisis resolution home treatment team
  - Mental health psychiatric liaison
  - Street triage
- Beyond crisis presentation, when clinically appropriate, patient is discharged to:
  - Community mental health teams
  - Improving Access Psychological Therapy (IAPT)
  - Psychosis recovery team
- Beyond or whilst accessing community mental health services, people aged 18-25 are also eligible to access a range of third sector provision.

Next Steps

1.177. Following the expansion of the ALT to 7 day provision and the development of the Home Treatment Crisis service, commissioners will continue to ensure that the
services are fully embedded and monitor the impact going forward, through agreed KPIs. This will include an annual review of the service, to also ensure that the commissioned services are meeting the needs of children and young people in Coventry and Warwickshire.

1.178. This review will also inform the feasibility and resources required to expand current CYP crisis provision to 24/7, in line with LTP ambitions. A high level plan has been developed in figure 19 below. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream.

Figure 19 – Incidicative timeline with milestones to implement a 24/7 crisis service

<table>
<thead>
<tr>
<th>Task</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement Tier 3.5 crisis service</td>
<td>April 2019</td>
<td>July 2019</td>
</tr>
<tr>
<td>Undertake demand and analysis review of Tier 3.5 crisis service</td>
<td>July 2020</td>
<td>September 2020</td>
</tr>
<tr>
<td>further enhance the offer to 24/7 – conclusion will determine next steps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business case to be taken for internal sign off to expand the service, if required</td>
<td>October 2020</td>
<td>December 2020</td>
</tr>
<tr>
<td>Process of implementing the expanded offer</td>
<td>January 2021</td>
<td>March 2021</td>
</tr>
<tr>
<td>Fully operational 24/7 Tier 3.5 crisis service</td>
<td>April 2021</td>
<td></td>
</tr>
</tbody>
</table>

1.179. A review is also underway of the IST pathways to ensure that children and young people are able to access the right service to meet their needs, which may change over time. Children who have complex needs e.g. LAC and/or Autism are currently supported through the crisis Tier 3.5 and intensive support service. However the review will establish if these services are meeting the needs of these children and young people, and being directed to the appropriate service.

1.180. The review, which is imperative to evaluate existing provision and inform commissioning plans moving forward, which will be finalised by the end of Q2 2019/20, will result in a costed plan for commissioning 24/7 provision, which will include clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream. Preliminary modelled costs to move to a 24/7 service are as follows:

Figure 20 – current investment in tier 3.5 crisis offer and the indicative amount required to expand to a 24/7 offer

<table>
<thead>
<tr>
<th>Expand ALT to 24/7 provision</th>
<th>Current Investment</th>
<th>Indicative required investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Tier 3.5 Service to 24/7 provision</td>
<td>£562,745</td>
<td>£1,333,779</td>
</tr>
</tbody>
</table>

1.181. The costs above have been arrived at by calculating the current cost per hour for the service and extrapolating these costs to 24/7 provision.

1.182. Continue to develop the provision of “72-hour admission avoidance” beds for children with mental health and or Autism/Learning Disabilities with CWPT.
10. Measuring Outcomes

What will be different?

1.183. Coventry and Warwickshire CAMHS services are delivered under two separate contracts, the latter being an outcomes-based contract and the former being a more metrics based contract. However, whilst different contractual arrangements exist, as a system it is expected that children and young people from each area will experience equal improvements in outcomes. Therefore, work will continue in line with the Future in Mind ambitions to ensure that services are outcomes focused by ensuring outcomes data is a key part of routine data collection.

Progress so far

1.184. The CCG has a contract dataset to monitor the recording of outcome measures and improvement in outcomes. This shows that since Q1 2018/29, that on average 67% of children and young people who had SDQ or HONOSCA recorded at the start and end of their treatment saw an improvement in outcomes. Figure 21 below shows the data.

Figure 21 No. CYP with a SDQ or HONOSCA score completed at start and end of treatment and improvement made

<table>
<thead>
<tr>
<th></th>
<th>Q1 2018/19</th>
<th>Q2 2018/19</th>
<th>Q3 2018/19</th>
<th>Q4 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>SDQ</td>
<td>HONOSCA</td>
<td>CR</td>
<td>SDQ</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>WN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% showing improvement</td>
<td>67%</td>
<td>59%</td>
<td>65%</td>
<td>82%</td>
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</table>

1.185. As demonstrated in figure 19, reporting of outcomes has been inconsistent, therefore it has been identified that the resolution of this as a priority for year 4, with the approach to this described in the next steps section.

1.186. Warwickshire has developed an outcomes specification for the Rise service with 6 high level outcomes. Reporting on outcomes has been developed and refined over the last year to build a more accurate picture of the outcomes for Warwickshire children, young people and their families.

1.187. The high-level outcomes are:

- Promote positive mental health and increased resilience amongst all children and young people. % of outputs resulting in a positive outcome 92.8%
- Identify and treat children and young people’s mental health needs earlier. % of outputs resulting in a positive outcome 92.8%
- Provide quality mental health services that meet the priorities and standards set by young people and their families. % of outputs resulting in a positive outcome
94.3%
- Support young people up to the age of 25 and provide support during transition. % of outputs resulting in a positive outcome 93.3%
- Enable parents and carers and other family members to support children and young people’s mental health. % of outputs resulting in a positive outcome 100%
- Ensure that the most vulnerable young people are supported to improve their mental health. % of outputs resulting in a positive outcome 82%

Next steps

1.188. Priority is being given to developing a more robust approach to using outcomes data across Coventry and Warwickshire to inform commissioning and contract monitoring. Outcomes data is routinely collected for children and young people as part of their CAMHS interventions formulations, with clinicians collecting a range of condition-appropriate outcome measures for children and young people, to inform their ongoing care package and report improvements in patient outcomes following intervention, demonstrating the impact of the services. However, it is not always used robustly at service level to inform commissioning. The range of outcomes tools currently being utilised for specialist CAMHS, CAMHS LAC and tier 2 are as follows:

- RCADs
- Outcomes Rating Scale/Session Rating Scale
- Experience of Service Questionnaire
- SDQs
- HoNOSCA

1.189. In Coventry, outcomes monitoring data for 100% of children and young people in receipt of CAMHS will be reported to commissioners from Q3 2019/20 onwards. Reporting will be based on a combined collation of the above measures and improvements measured against a like for like measure for one person but reported as a collective whole Outcome Improvement score. Further work will need to be undertaken to ensure the existing measures align with the new NHSE Children and Young People’s Mental Health Outcomes Metric.

1.190. CWPT as the provider have undertaken a review of the outcomes work done nationally by the Child Outcomes Research Consortium (CORC) and is seeking to implement their recommendations to ensure measures completed are appropriate to the age of the children and represent the most clinical effective and efficient way to measure outcomes. The provider has run an outcomes group within its governance framework and has submitted a proposal to the CGG for consideration as to what tools will be used going forward.

11. Local Need

Population

1.191. Coventry & Warwickshire’s Joint Strategic Needs Assessment outlines information relevant to this Strategy, which included engagement with parents and carers, and
professionals.

1.192. Coventry and Warwickshire are situated in the West Midlands region. The current (mid-2018) estimate of Coventry’s population is 366,785 or 3,718 people per square km. This figure represents an increase of 21.3% since 2001 which is higher than the West Midlands (454 people per sq. km) increase of 11.74% and the increase for England & Wales of 12.9% (391 people per sq. km). The current (mid-2018) estimate of Warwickshire’s population is 571,010 or 289 people per sq. km). This is an increase of 12.8% since 2001 which is consistent with the increase for England & Wales overall.

1.193. There were estimated to be 78,994 under-18s in Coventry in 2018 and 115,928 in Warwickshire. The proportion for both (21.5% and 20.3% respectively) is consistent with the proportion seen as a region and nationally.

1.194. The number of births in Coventry has risen since 2001 from 3,559 to a peak of 4,801 in 2011 but has steadily fallen since then to 4,300 in 2018. The number of under 5s has increased from 18,634 in 2001 to 23,068 in 2018 the increase is expected to continue as far as current predictions extend (2041).

1.195. The number of births in Warwickshire has risen since 2001 from 5,253 to a peak of 6,313 in 2010 before topping out and declining to 5,964 in 2018. The number of under 5s has increased from 28,531 in 2001 to 31,584 in 2018. The number of under-5s in Warwickshire is projected to remain constant for the current prediction timeframe.

1.196. At the end of March 2018 there were 652 Looked after Children (LAC) in Coventry, reflecting an upward trend since 2015. The numbers in Coventry are significantly higher at 84 per 10,000 children and young people compared to England at 64 per 10,000. Warwickshire is more reflective of the national rate with 63 per 10,000 which is 717 LAC in 2018. The total number of LAC in Warwickshire has remained relatively constant since 2014.

1.197. Coventry supports (2018) 464 children who are subject to a child protection plan, representing a rate of 59.8 per 10,000 children and young people. This is higher than the West Midlands and national averages of 49.9 and 45.3 respectively. Warwickshire supports 561 children who are subject to a child protection plan, 49 per 10,000 which is also higher than the national average. Additionally, it is also recognised that Rugby has seen a growth increase of more than 14%. Separately, the Migrant mental health pathway has also seen an increase in accompanied and unaccompanied migrant seekers.

1.198. There are an estimated 380 Not in Education, Employment or Training (NEET) young people in Coventry across years 12 and 13, equating to 5.5% of all 16-17 year olds known to Coventry City Council. This represents an increase from 4.2% in 2012 and 5.1% in 2013. Of those NEET in Coventry, 220 are male and 160 female which equates to a 6.2% NEET prevalence rate for males and 4.7% for females. In Warwickshire, an estimated 410 16-17 year olds are NEET, equating to 3.8% of all 16-17 year olds known to Warwickshire County Council. This represents an increase from 2.5% in 2012 but the same as 2013 (3.8%). Of those NEET in Warwickshire, 240 were male and 170 were female which equates to a 4.4% prevalence rate for male and 3.3% for females.
1.199. In 2016 14,755 (21.8% of) children under-16 were estimated to be living in poverty in Coventry, a reduction from 15,360 (23.9%) in 2012 and from a 5 year high in 2014 of 16,730 (25.4%). Throughout the period from 2012 to 2016, Coventry has averaged 1.8% above the West Midlands rate and 4.8% above the national rate. Warwickshire had an estimated 11,425 (11.9%) under-16s living in poverty in 2016 seeing similar proportional reductions as Coventry since 2012. Warwickshire has averaged 8.7% below the West Midlands rate and 5.6% below the national rate.

1.200. The estimated number of children under-16 living in poverty is supported by the number of pupils eligible for free school meals. In January 2016, 19% of all school pupils were eligible for free school meals. That figure remaining relatively constant through to 18% in January 2019.

1.201. Children in Coventry achieved lower than region and national average Key Stage 1 (KS1) scores in reading, writing, maths and science as well as Key Stage 2 (KS2), as per table below (figure 22). Warwickshire achieved higher than regional and national averages.

Figure 22 Local, regional and national KS1 and KS2 scores

<table>
<thead>
<tr>
<th></th>
<th>Coventry</th>
<th>Warwickshire</th>
<th>West Midlands</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS1 – reading</td>
<td>71.5%</td>
<td>77.4%</td>
<td>74.4%</td>
<td>75.4%</td>
</tr>
<tr>
<td>KS1 – writing</td>
<td>65.1%</td>
<td>71.3%</td>
<td>68.7%</td>
<td>69.9%</td>
</tr>
<tr>
<td>KS1 – maths</td>
<td>73.1%</td>
<td>76.8%</td>
<td>74.7%</td>
<td>76.1%</td>
</tr>
<tr>
<td>KS1 – science</td>
<td>80.1%</td>
<td>84.5%</td>
<td>80.9%</td>
<td>82.8%</td>
</tr>
<tr>
<td>KS2 (2017)</td>
<td>58.2%</td>
<td>62.1%</td>
<td>58.9%</td>
<td>61.6%</td>
</tr>
</tbody>
</table>

1.202. The rate (per 100,000 youth population) for Coventry of first-time entrants to the criminal justice system has reduced in Coventry from 566 in 2010 to 245 in 2018. This rate is lower than West Midlands (280) but higher than England (238). For Warwickshire, the rate has reduced from 574 in 2010 to 139 in 2018, lower than both the West Midlands and England rates.

**Mental Health**

1.203. In Coventry, 1,319 (2.3%) children and young people have been identified as having a Social, Emotional and/or Mental Health need and 1,432 (2.5%) identified as having Autism Spectrum Disorder. The rate of Social, Emotional and/or Mental Health needs is comparable for both West Midlands and England however the Autism Spectrum Disorder rate is higher than the rate for both West Midlands and England (both 1.6%). For Warwickshire, numbers of children and young people identified are 2,190 (2.6%) and 1,451 (1.8%) respectively. These are comparable to the regional and national rates.

1.204. The 2017 Coventry Mental Health Joint Strategic Needs Assessment (JSNA) was carried out in order to explore and describe the need for mental health services for children and young people in Coventry. The assessment carried out under the supervision of a task and finish group of the Transformation Board assessed how well the needs are being met by current services and identified where gaps and unmet
needs exist. It also included engagement with children and young people and parents and carers to inform service improvements and developments.

1.205. Data on presentations and treatments was requested from the providers of services in Coventry and sourced also from nationally collated routine data. Raw data was analysed by the Public Health Insights team. Informal interviews with service stakeholders were carried out where possible to clarify services offered.

1.206. Data and background information were compiled in to a comprehensive report by Dr Afinki Akanet GP registrar. A short consultation exercise with parents and carers and children is was also carried out.

1.207. The report concluded that there was a need to;

- Increase capacity within the CAHMS system by increasing both staffing and service provision
- Increase universal services in school in order to increase awareness and build resilience among children and school staff.
- Increase the number of services for “mild” presentations
- Offer assessment, treatment and intervention which addresses root causes of emotional and behavioural problems.
- Adopt a “whole system” approach to children’s mental health in order to implement sustainable solutions.
- Address the prevalence and impact of deprivation on Coventry’s children.
- Engage with the wider stakeholder group and develop effective partnership working.
- Remove barriers to access which are inhibiting boys from getting help.
- Explore acceptable and accessible support delivery systems taking into account differences in ethnicity to facilitate support.

1.208. In 2017 a new approach was agreed by Warwickshire Health and Wellbeing Board, with the focus of the JSNA moving from a theme-based to a place-based approach. The new programme of work is focusing on understanding Warwickshire’s health needs on a geographical basis. This is in-line with the requirement to inform the Proactive and Preventative element of the Sustainability and Transformation Plan (STP) and the out of hospital programme, which seeks to build integrated services around populations of around 30,000-50,000. Transformation programs relating to both adult and children’s services and community hubs are also based on the need to understand service needs at a more local level. The approach is being taken in three waves across Warwickshire. For more information please see http://hwb.warwickshire.gov.uk/jsna-place-based-approach/.

1.209. The initial recommendation from waves 1 and 2 of the place-based JSNAs in Warwickshire around young people’s mental health have been:

- Specific mental health and well-being services are needed with better access and shorter waiting times.
- There is a need to increase the types of services available and the communication methods used for engaging with young people e.g. face to face, phone support,
on-line support, social media, drop in.

- Further engagement required with families and provide more information for parents on the challenges young people face.
- Further consultation required with young people on the types of services and views on current services to make improvements in provision.
- Service providers need to coordinate efforts to better meet the needs of young people. Include early intervention roles not always service focused but opportunities to talk and access services, look at a single point of access and social media.

1.210. Hospital admissions for self-harm across both Coventry and Warwickshire are also an area for concern although the level is falling. The chart below (figure 23) shows that self-harm admissions for 0-17 year olds in Coventry is higher than that of the West Midlands and England. In addition to this, mental health admissions for 15-17 years olds (figure 25) is higher than both the West Midlands and England rates. Somewhat contrary to the rate of 15-17 year olds admitted for mental health reasons, the rate of admissions for 10-14 year olds (figure 24) is lower than both the regional and national rates.

![Figure 23 Self-harm admissions 0-17 years (per 100,000)](image)

![Figure 24 - Mental health admissions 10-14 years (per 100,000)](image)
1.211. Local interpretation of the risk factors that impact on mental health and well-being is available through the Coventry CAMHS Joint Strategic Needs Assessment.

**Autism and ADHD**

1.212. A Coventry and Warwickshire Autism and ADHD Needs Assessment is being undertaken. The needs assessment seeks to provide a common evidence base
establishing current need, together with supply and demand for neurodevelopmental services now and in the future. Coventry and Warwickshire are developing an ASC strategy and statement of intent for how ASC services will better meet population need in the future, following engagement with parents and carers and children living with LD and or autism. In tandem with this, the three CCGs covering Coventry and Warwickshire have established two work streams seeking to redesign services for children and young people.

**Measuring need and effectiveness of support**

1.213. The local needs and effectiveness of services are reviewed annually against demand, supported by a range of data sets. Including data from the dimensions tool, the stepped care model, information schedule and KPIs. As detailed in bullet points; 6.33, 6.34, and 7.6

**Next Steps**

1.214. Developments are well underway to meet local needs around hospital admissions due to self-harm e.g. CAMHS tier 3.5 service. There is more work required in relation to ASC and ADHD which will be developed following the completion of the ASC and ADHD needs assessment and strategy. Specific developments are underway in relation to rural communities e.g. Rise are developing a community offer for rural areas and there has been increased use of CW Mind’s bus in rural areas to share information. Further work is planned (as outlined above) to develop a more coherent engagement strategy. The review of tier 2 services to inform recommissioning has involved a system-wide mapping exercise and further work will be undertaken this year to develop a new preventative offer, focusing on improving access to services, including for specific groups (e.g. boys).

**12. Workforce**

**What will be different?**

1.215. A key premise of work in Coventry and Warwickshire is around skilling the system workforce to support children and young people’s emotional and mental health ensuring positive mental health is everyone’s business. This is part of a global health perspective that recognises the value in skilling-up communities. Through workforce development, we will improve competency about early identification of mental health needs, which includes training around Autism, and interventions that can support emotional wellbeing across all settings. This plan outlines the multi-agency approach across Coventry and Warwickshire to ensure that the wider workforce has awareness of mental health and how to support children and young people and that CAMHS staff are highly skilled.

1.216. Children and young people who require access to more specialist support will continue to receive high quality support from professionals who are well trained and supported. The wider workforce retention and recruitment is reflected in the STP workforce plan for NHS commissioned services. This STP mental health workforce plan, located within appendix 7, acknowledges an expected growth in the CAMHS workforce is planned by
2020 and that continued mental health investment will be committed to further this.

1.217. Across Coventry and Warwickshire, there is a commitment for the system around children and young people to work together in recognition that workforce reforms should enable:

- Awareness raising and supporting a common understanding of mental health
- Recognition and early identification of mental health issues by the system around children and young people
- A clinical network of staff interested in mental health of children and families
- Growth in specialist skills / modality specific knowledge
- Development and retention of staff

**Progress so far**

1.218. Utilising the additional funding received from NHSE, Act for Autism were commissioned to deliver six one day autism training sessions to frontline professionals across Coventry and Warwickshire. The training sessions, which took place throughout February and March 2019 trained 404 professionals such as; Schools, Education, Health, Social Care, and Voluntary Sector organisations, which was well received.

1.219. In Coventry and Warwickshire, the Primary Mental Health Service provides free Mental Health Workshops for universal professionals. These workshops provide a foundation level understanding of mental health in children and young people, support identification of mental health issues and develop practitioners’ confidence in supporting the child. The workshops focus on key areas of child and adolescent mental health, including mood, attachment, self-harm and eating disorders. They also offer Boomerang Resilience Programme training to school staff. The benefits of this provision are: improved professional understanding of what constitutes mental health need; improved awareness of age appropriate responses and pathways; and understanding of how to support families to access help.

1.220. Table below (figure 27) shows Coventry and Warwickshire PMHT training to upskill professionals - Level of confidence and capacity of aligned services to support mental health issues:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. attending PMHT training</td>
<td>288</td>
<td>369</td>
<td>457</td>
<td>750</td>
</tr>
<tr>
<td>% achieving a positive outcome</td>
<td>54%</td>
<td>49%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

1.221. The work of the PMHT has led to a greater understanding of our wider workforce’s training needs and provision. Through work to establish a vulnerable children’s pathway, the self-harm working group in Warwickshire has identified that further foundation training is required for front line social care staff including foster carers around mental health. Warwickshire Public Health and Education services are also undertaking an audit of schools and colleges to understand the training needs of their staff, the training they are commissioning and any gaps in provision.
1.222. Arden Commissioning Care Partnership together with Warwickshire County Council commissioned one day Autism awareness training funded by NHSE and for staff across health, education and social care across Coventry and Warwickshire who provide services to children with an Autism Spectrum Disorder.

1.223. Coventry and Warwickshire Partnership Trust have engaged in the national CYP-IAPT programme (improving access to psychological therapies) to improve practitioners’ skills and increasing the workforce. The programme is currently in year 3 of a programme which will ensure that evidence-based therapies and support are available across Coventry and Warwickshire. This has led to the establishment of new Psychological Wellbeing Practitioner posts as well as bringing knowledge and competencies to the local workforce. Proactive and creative workforce modelling has enabled the creation of posts for those CYP IAPT ‘recruit to train’ posts to retain staff within the Trust.

1.224. The workforce is in the process of being developed further with the roll out of the mental health in schools project and the recruitment of 8 Emotional Mental Health Practitioners (EMHPs) in Warwickshire under Wave 1 and a further 8 EMHPs in Coventry under Wave 2. CWPT have identified a capacity issue in providing clinical supervision to new EMHPs, in terms of recruiting Band 6 clinical supervisors. Currently supervision of the new EMHPs is being drawn from core CAMHS clinical capacity (band 7 clinical supervisors) and will be backfilled using the funding from the mental health in schools project. This model will also see the multi-agency workforce development of with Health Education England (HEE) commissioning training for both Health and education staff to work together in combined and collaborative way to increase the mental wellbeing of children in schools.

1.225. CYP-IAPT training has included systemic family therapy, supervision skills and cognitive behavioural therapy (CBT). Coventry and Warwickshire Partnership Trust have linked with regional and national networks to support access to relevant opportunities. Other courses, specifically to address behaviour management, early psychosis and eating disorders are sourced as part of continuous professional development and are additional to these plans.

1.226. Coventry and Warwickshire Partnership Trust has implemented a ‘reasonable adjustments’ work stream which will enable mental services to adapt their services to meet the needs of people with LD/ASC. They have established reasonable adjustments pilots in mental health services which is being undertaken in three pilot phases; phase 1 inpatient services, phase 2 adult services and phase 3 CAMHS community services. They are currently in the first pilot phase. Work in each pilot includes conducting an assessment to determine a baseline position against the Green Light Toolkit, determining staff training needs, and gathering service user feedback. Initial feedback from the pilot work so far has identified the following areas: Information (in various formats for patients), Capturing and recording Autism diagnosis, Staff training, Awareness of Transforming Care, and Physical Environment. The full data from the first pilot is awaited to inform our next steps.

**Capacity Plan**

1.227. There is a good understanding of the workforce providing direct care and support for
children and young people with mental health needs. The specialist workforce has increased by 42.2% in 2018/19 compared to 2015/16. The STP workforce plan contains information on the expected growth to 2020. These posts will be funded by the CAMHS transformation schemes, mental health in schools funding or involve the contribution by other agencies in recognition that staff are part of the children and young people’s mental health workforce provision.

1.228. CWPT’s capacity and demand study in 2018 identified future risks in workforce capacity and for particular therapies in line with national workforce shortages. Attachment and psychotherapy interventions are highly specialist therapies which require specialist staff. Within Coventry and Warwickshire there are a limited number of staff able to deliver these interventions and this impacts on the number of children who are able to access the interventions at any one time. The study also noted the profile of the current workforce identifying that a number of senior psychotherapists are due to retire in the near future and identified succession planning for these staff.

1.229. CWPT have been proactively preparing for the retirement of senior staff by creating development posts to identify and increase junior staff development. For nursing staff band 5 development posts have been created and they are currently in the second year of this development. In psychology and psychotherapy band 7 posts have been created for newly qualified staff promoting development in these key roles.

1.230. CWPT have a rolling programme of recruitment events and particularly target key recruitment events. They have also created drop in sessions for professionals in other services to introduce them to CAMHS and look at transferable skills.

1.231. The figures below (figures 28 and 29) provides a breakdown of the staffing across the 2 providers; CWPT and CW Mind:

<table>
<thead>
<tr>
<th>CWPT Specialist CAMHS Service</th>
<th>Coventry and Warwickshire Partnership Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Type &amp; Band</td>
<td>2016/17</td>
</tr>
<tr>
<td>EMHPs</td>
<td>WTE</td>
</tr>
<tr>
<td>AHPS</td>
<td>8.77</td>
</tr>
<tr>
<td>Agency</td>
<td>0</td>
</tr>
<tr>
<td>Band 6</td>
<td>1.72</td>
</tr>
<tr>
<td>Band 7</td>
<td>6.05</td>
</tr>
<tr>
<td>Band 8</td>
<td>1</td>
</tr>
<tr>
<td>Management</td>
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<tr>
<td>Nursing</td>
<td>32.93</td>
</tr>
<tr>
<td>Band 3</td>
<td>0</td>
</tr>
<tr>
<td>Band 4</td>
<td>0</td>
</tr>
<tr>
<td>Band 5</td>
<td>0</td>
</tr>
<tr>
<td>Band 6</td>
<td>22.83</td>
</tr>
<tr>
<td>Band 7</td>
<td>10.1</td>
</tr>
<tr>
<td>Band 8</td>
<td>0</td>
</tr>
<tr>
<td>Psychology</td>
<td>27.3</td>
</tr>
<tr>
<td>Band 4</td>
<td>0</td>
</tr>
<tr>
<td>Band 5</td>
<td>1.6</td>
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<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>Band 6</td>
<td>6</td>
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<td>Band 7</td>
<td>2.8</td>
</tr>
<tr>
<td>Band 8</td>
<td>16.9</td>
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<tr>
<td><strong>Medics</strong></td>
<td><strong>9.85</strong></td>
</tr>
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<td><strong>Admin</strong></td>
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</tr>
<tr>
<td>Band 2</td>
<td>0</td>
</tr>
<tr>
<td>Band 3</td>
<td>0</td>
</tr>
<tr>
<td>Band 4</td>
<td>0</td>
</tr>
<tr>
<td>Band 5</td>
<td>0</td>
</tr>
<tr>
<td>Band 6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Vacancies</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>79.35</strong></td>
</tr>
</tbody>
</table>

Figure 29 - CW MIND workforce from 2015/16 to 2019/20

<table>
<thead>
<tr>
<th>Staff Type &amp; Band</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reach/Rise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWM PMHW</td>
<td>4.4</td>
<td>4.8</td>
<td>8</td>
<td>8.2</td>
</tr>
<tr>
<td>Relate Counsellors</td>
<td>4.8</td>
<td>4.8</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>1</td>
<td>1.6</td>
<td>1</td>
</tr>
<tr>
<td>Team Leader</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Journeys</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAC Practitioners</td>
<td>4.6</td>
<td>4.8</td>
<td>6.8</td>
<td>7.6</td>
</tr>
<tr>
<td>Relate Counsellor</td>
<td>1.6</td>
<td>1.6</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>1</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>CWPT PMHS</strong></td>
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<td></td>
</tr>
<tr>
<td>CWM Band 5</td>
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<tr>
<td>Relate Band 5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>CWPT EDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>ASC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 4</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>4</td>
</tr>
<tr>
<td>Admin</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0.4</td>
</tr>
<tr>
<td>Coordinator</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
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<tr>
<td>ASC Social Groups</td>
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<td>N/A</td>
<td>N/A</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Vacancy</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>23.2</strong></td>
<td><strong>23.8</strong></td>
<td><strong>25.5</strong></td>
<td><strong>35.6</strong></td>
</tr>
</tbody>
</table>

1.232 In summary, figure 29 below shows the whole workforce across Coventry and Warwickshire from 2016/17 to 2019/20. This shows an increase in workforce of 46% comparing 2018/19 to the initial baseline figure in 2016/17, rising to 75% for 2019/20
against the baseline figure. This evidences significant investment in the workforce and a continued drive to further expand the workforce in line with the NHS long term plan.

Figure 30 - workforce information from 2016/17 to 2019/20

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CWPT</td>
<td>79.35</td>
<td>99.52</td>
<td>124.67</td>
<td>143.91</td>
</tr>
<tr>
<td>CW MIND</td>
<td>23.2</td>
<td>23.8</td>
<td>25.5</td>
<td>35.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102.55</strong></td>
<td><strong>123.32</strong></td>
<td><strong>150.17</strong></td>
<td><strong>179.51</strong></td>
</tr>
</tbody>
</table>

**Next steps**

1.233. Actions for the coming year include:

- Sourcing external clinical supervision for EMHPs
- Continued development posts for recruit to train posts
- Undertake skill mix audit to align with pathways and Long Term Plan ambitions.
- Identifying reasonable adjustment training needs for CAMHS staff

**13. Finance**

1.234. In 2018/19, Coventry and Warwickshire funded a combined total of circa £9.5m of services for children and young people mental health. In addition to this funding there are core commissioned services and initiatives that delivered support to children and young people’s emotional and mental health where it has not been possible to extrapolate the proportion of funding attributed to mental health and emotional resilience.

1.235. The spending profile for 2016/17 to 2020/21 is presented below. This includes the allocations made to the CCG for CAMHS transformation. Warwickshire have used CAMHS transformation funds for a single blended tier less service under the ‘Rise’ contract.

Figure 31 - Baseline figures 2016/17

<table>
<thead>
<tr>
<th>2016/17 baseline figures</th>
<th>CRCCG</th>
<th>SWCCG</th>
<th>WNCCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core CAMHS</td>
<td>£7m approx.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority 1 – Waiting times</td>
<td>£190,000</td>
<td>£92,500</td>
<td>£69,500</td>
</tr>
<tr>
<td>Priority 2 – Crisis Support</td>
<td>£143,500</td>
<td>£43,000</td>
<td>£33,500</td>
</tr>
<tr>
<td>Priority 3 – ASC support</td>
<td>£99,000</td>
<td>£40,000</td>
<td>£34,500</td>
</tr>
<tr>
<td>Priority 4 – Vulnerable YP</td>
<td>£89,000</td>
<td>£45,500</td>
<td>£43,500</td>
</tr>
<tr>
<td>Priority 5 – School support</td>
<td>£108,000</td>
<td>£108,000</td>
<td>£81,000</td>
</tr>
<tr>
<td>Priority 6 – Technology</td>
<td>£500</td>
<td>£100</td>
<td>£100</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>£250,000</td>
<td>£138,000</td>
<td>£104,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£880,000</strong></td>
<td><strong>£467,100</strong></td>
<td><strong>£366,100</strong></td>
</tr>
</tbody>
</table>
### Coventry

**Figure 32 – Coventry investment from 2017/18 to 2021/22**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Core CAMHS</td>
<td>£3,038,000</td>
<td>£3,041,000</td>
<td>£3,041,000</td>
<td>£3,041,000</td>
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<tr>
<td>Transformation Funds</td>
<td>£277,000</td>
<td>£436,500</td>
<td>£889,000</td>
<td>£1,185,000</td>
<td>£1,580,000</td>
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<td>Transformation Eating Disorders</td>
<td>£189,000</td>
<td>£189,000</td>
<td>£189,000</td>
<td>£94,500</td>
<td>£0</td>
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<tr>
<td>Local Authority CAMHS</td>
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<td>£416,500</td>
<td>£416,500</td>
<td>£416,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£3,920,500</strong></td>
<td><strong>£4,083,000</strong></td>
<td><strong>£4,535,500</strong></td>
<td><strong>£4,737,000</strong></td>
<td><strong>£5,037,500</strong></td>
</tr>
</tbody>
</table>

### Warwickshire Rise Contract Funding

**Figure 33 – Warwickshire Rise contract funding from 2017/18 to 2021/22**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Core CAMHS</td>
<td>£3,483,000</td>
<td>£3,507,500</td>
<td>£3,532,000</td>
<td>£3,556,500</td>
<td>£3,581,500</td>
</tr>
<tr>
<td>Acute Admissions</td>
<td>£9,500</td>
<td>£10,000</td>
<td>£9,900</td>
<td>£10,000</td>
<td>£10,000</td>
</tr>
<tr>
<td>Transformation Funds</td>
<td>£696,000</td>
<td>£696,000</td>
<td>£696,000</td>
<td>£348,000</td>
<td>£0</td>
</tr>
<tr>
<td>Transformation Eating Disorders</td>
<td>£277,000</td>
<td>£277,000</td>
<td>£277,000</td>
<td>£138,500</td>
<td>£0</td>
</tr>
<tr>
<td>Local Authority CAMHS</td>
<td>£757,000</td>
<td>£757,000</td>
<td>£757,000</td>
<td>£757,000</td>
<td>£757,000</td>
</tr>
<tr>
<td>Youth Justice Service</td>
<td>£103,000</td>
<td>£103,000</td>
<td>£103,000</td>
<td>£103,000</td>
<td>£103,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£5,325,500</strong></td>
<td><strong>£5,350,500</strong></td>
<td><strong>£5,375,000</strong></td>
<td><strong>£4,913,000</strong></td>
<td><strong>£4,451,500</strong></td>
</tr>
</tbody>
</table>

### 14. Other Funding

1.236. The three Clinical Commissioning Groups across Coventry and Warwickshire have approved the following additional annual investment available from 1 January 2019 for expansion of the CAMHS Tier 3.5 Service:

**Figure 34 – Additional funding invested to deliver the tier 3.5 crisis offer**

<table>
<thead>
<tr>
<th>CCG</th>
<th>Additional Investment</th>
<th>% of investment by CCG</th>
<th>Pro rata funding Available for 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry and Rugby CCG</td>
<td>£315,137</td>
<td>56%</td>
<td>£78,784</td>
</tr>
<tr>
<td>South Warwickshire CCG</td>
<td>£123,804</td>
<td>22%</td>
<td>£30,951</td>
</tr>
<tr>
<td>Warwickshire North CCG</td>
<td>£123,804</td>
<td>22%</td>
<td>£30,951</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£562,745</strong></td>
<td><strong>100%</strong></td>
<td><strong>£140,686</strong></td>
</tr>
</tbody>
</table>

1.237. A number of initiatives have been funded across Coventry and Warwickshire for children and young people the Autism and learning disabilities through Transforming...
Care money. These are listed below:

- **£160,000** for the Autism Support Service pilot which is delivered by Coventry and Warwickshire MIND. The service complements MIND’s children and young people's department as well as the CAMHS Rise service and Specialist CAMHS service. This service is aimed at strengthening existing Autism support within current services and provides support to children, young people and families both pre and post-diagnosis.

- **£282,000** for the Children’s Intensive Support Team pilot.

1.238. Coventry and Warwickshire were have also been awarded **£70,000** Accelerator funding to pilot a new innovative service for people with learning disabilities and/or autism who have a mental health condition or present behaviours that challenge in an emergency situation that require intensive/crisis support.

1.239. Coventry and Warwickshire were successful in their bids for Green Paper Trailblazer funding for enhancing support into schools. In Wave 1 of this national scheme South Warwickshire CCG were awarded **£1.5m** for two mental health school teams and to pilot a four week waiting times for treatment. In Wave 2 Coventry and Rugby CCG were awarded **£1,093,082** over two years to provide two mental health school teams, across Coventry.

1.240. Warwickshire Mental Health ‘in Schools’ Framework is funded at **£150,000** from the Dedicated Schools Grant. The work supports key priorities in Education and provides interventions (usually 1:1 counselling sessions) for lower level emotional difficulties which may not meet CAMHS threshold but if left without support might progress to requiring mental health support.

1.241. Warwickshire County Council have provided **£35,000** to fund additional psychological support for their fostering team with the aim of supporting and skilling foster carers to support children with their emotional and mental health and, were possible, to reduce placement breakdown. The service is provided by Phoenix Psychological services and is provided via an outcomes based specification.
Appendix 1
Scrutiny Board 2 paper – April 2019

1. Purpose of the Note

1.1. The purpose of the briefing note is to provide an update to Scrutiny Board 2 on the Children and Adolescent Mental Health Service (CAMHS) and the broader CAMHS system, with a particular emphasis on how children are being supported in schools.

2. Recommendations

2.1. It is recommended that Scrutiny Board 2:

- Notes the progress to date and endorses the plans to further progress the mental health and emotional wellbeing support available to children and young people living in Coventry

3. Context/Background

3.1. Nationally, the CAMHS system operates at four levels:

- Universal Services (tier 1): these include general practitioners, primary care services, health visitors, school nurses, schools and early year’s provision. Their role is to promote mental wellbeing, identify developmental or mental health needs that universal services cannot meet, and know what to do when this is the case.
- Targeted Services (tier 2): these include mental health professionals working singularly rather than as part of a multi-disciplinary mental health team, often based in universal settings such as school counsellors; primary mental health workers who either work directly with children or support professionals in universal services to do so; or support roles specifically for children and young people who are more at risk of developing mental health problems such as looked after children or young offenders.
- Specialist Services (tier 3): these are multi-disciplinary teams of mental health professionals providing a range of therapeutic interventions for children and young people who have complex, severe or persistent mental health needs. This can also include intensive home support teams for children and young people at risk of admission to in-patient care.
- Highly Specialist Services (tier 4): these include day and inpatient services, and highly specialist outpatient services for children and young people with the most serious problems. It can also include crisis or home treatment services which provide an alternative to hospital admission. These services are usually commissioned on a regional or national basis by NHS England (NHSE).
3.2 Appendix 1 shows the services that are delivered in Coventry and make up the CAMHS system locally.

3.3 The specialist tier 3 Child and Adolescent Mental Health service (CAMHS), supports children aged from 0 – 18. This specialist service is funded by Coventry and Rugby Clinical Commissioning Group (CRCCG) and delivered by Coventry and Warwickshire Partnership Trust (CWPT). There are a range of other mental health services in the city, funded by both the City Council and CRCCG. Coventry and Warwickshire Mind is another significant service provider.

3.4 In the UK, child and adolescent mental health problems have been a significant concern for successive governments. Problems can have a range of negative impacts on individuals and families which can continue into adult life. Challenges have included a significant increase in demand, which outweighs available capacity and resources. Since 2011, there have been a number of Government strategies, policies and funding initiatives which have aimed to tackle this issue. These include the 2011 mental health strategy, No Health without Mental Health, the Children and Young People’s Mental Health and Wellbeing Taskforce 2015 report, Future in Mind, and the 2017 Green Paper on Children and Young People’s Mental Health.

3.5 Since 2015, the government has increased NHS funding nationally to support mental health for children and young people through the CAMHS Transformation Fund. This has led to the establishment of a multi-agency CAMHS Transformation Board led by the CRCCG, and the development of a CAMHS Transformation plan. The plan is designed to drive improvements across the CAMHS system locally, and is refreshed and signed off annually by NHS England. The NHS 10 year plan published in January 2019 made reference to expanding children and young people’s mental health services and committed to the following:

- Improved early intervention/prevention
- An increased digital offer
- Mental health funding for children and young people will rise faster than overall funding
- Mental health support embedded within schools and colleges (this service is funded by central government from the Public Health grant with funding over the next 5 years being decided in the next spending review)
- Crisis and home treatment functions
- Reduced waiting times for children and young people with Autistic Spectrum Disorder (ASC)
3.6 To support the above, the NHS 10-year plan commits a ring-fenced local investment fund worth at least £2.3 billion a year nationally by 2023/24 for both adults’ and children’s mental health services. This investment is a recognition from government the need to invest into mental health support, and clearly evidences a national concern, with the increase prevalence of children and young people experiencing mental health conditions.

3.7 The local CAMHS Transformation Plan has made progress over the first three years in relation to the following:

a. Improved service responsiveness by CWPT’s specialist services – maintaining referral to treatment waiting times, with strengthened waiting list management arrangements (which involve close working with Commissioners) and reduced time for those waiting for their first follow-up appointment.

b. Implementing the new ASC pathway for school-aged children.

c. The ongoing development of the Dimensions Tool, which provides an on-line resource to help parents and professionals gauge a child or young person’s emotional well-being and signpost them to appropriate help.

d. Delivery of support in schools particularly through the enhanced Primary Mental Health Offer and the positive outcomes this has achieved.

e. Launch of an integrated CAMHS Looked after Children (LAC) Service, with consultation and advice to social workers.

f. Establishment and on-going development of the community eating disorders service and the implementation of access and treatment target timescales.

g. Sourcing additional clinical capacity via an independent provider to offset recruitment challenges.

h. Launch of a new website, plus utilisation of social media (Instagram, Facebook and Twitter).

i. Positive feedback from service users in many areas via the Experience of Service User Questionnaires, as well as feedback on CAMHS LAC and Primary Mental Health Services.

j. Enhancement of the response for children and young people in crisis, including the creation and expansion of the Acute Liaison Team.

4. What are we concerned about?

4.1. The national picture is reflected in Coventry, where the same increases in demand are being experienced, alongside difficulties in recruiting staff. So far in 2018/19 there has already been an increase in referrals to the specialist tier 3 CAMHS service of 66% compared with 2017/18, and this is estimated to rise further to 81% by the end of this financial year. A graph showing this data can be found at Appendix 2.

4.2 The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission’s (CQC) ‘Good’ rating for responsiveness in December 2018. A key local target is to maintain an average ‘referral to treatment’ waiting time of 18 weeks (it should be noted that the national target is 26 weeks). Since January 2018, the average wait for a routine first appointment has been fairly stable at 6.8 weeks. As at February 2019, 50% of Coventry children waiting for their first follow-up specialist appointment waited less than 12 weeks. Given the demand pressures, concerns about waiting times inevitably remain. Between August 2017 and November
2018 the number of children and young people waiting over 36 weeks for a follow up appointment reduced from 15 to 6 (4 in Coventry and 2 in Rugby). February 2018 has seen a further reduction with only 3 children and young people waiting more than 37 weeks.

4.3 In November 2018, CWPT established fortnightly waiting list management meetings, which provide detailed understanding of young people who are waiting, including those young people who are waiting over 37 weeks - how long the children have been waiting, what interventions they are waiting for, and what involvement and support there has been with them whilst they are waiting for intervention. The service also identifies which children and young people have the potential to move into a wait over 49 weeks. CWPT are looking at what is available in the wider system, including the third sector and other providers, such as Healios (a digital healthcare technology company), to provide interventions and increase capacity.

4.4 CWPT are able provide data on waiting times across each of their pathways showing where in the system there are bottlenecks and delays. It can be seen that these delays are typically for children and young people requiring more specialist interventions where there is less staffing resource or where there are challenges to recruit to required skills such as psychotherapy and family therapy.

4.5 Autism Spectrum Condition (ASC) assessments are a growing concern. So far in 2018/19 there has already been an increase in referrals for ASC assessments of 23% compared with 2017/18, plus there is relatively limited availability of clinical capacity with diagnosing skills. Thus children and young people are having to wait longer for an assessment. The average waiting time, as of February 2019, is 51 weeks.

4.6 This improvement in waiting times for the first appointment follows the creation of a Navigation Hub in August 2017, which has enabled children and young people to be placed on the correct pathway on the day of referral and offered a timelier first appointment. Clinical and administrative capacity of the single point of entry (SPE) has been enhanced. All referrals are now screened to establish their urgency on the same day and then triaged to determine the correct pathway and the most appropriate response. The Navigation Hub also provides a call-back service for referrers to discuss cases and improve the quality of referrals - reducing the need to gather more information after the referral has been received.

4.7 A recent CQC inspection report (dated 21 December 2018) highlighted progress that was being made by CWPT services, whilst acknowledging that further progress was still required:

‘For children and young people with mental health problems, the trust had significantly improved triage processes since the previous inspection in June 2017 that meant referrals were reviewed quickly. The trust was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment. Systems and processes were in place to monitor assessment and treatment times. However, there was further work to undertake to reduce waiting times for treatment, especially in neurodevelopment and child and adolescent mental health services.’
5. What is working well?

5.1. Education partners in Coventry have recognised that promoting good mental health and well-being in children from the earliest age, requires a whole system approach, of which CAMHS is one of many components. The Department for Education (DfE) has provided advice to schools in its guidance document ‘Mental health and behaviour in schools’ (November 2018), which clearly sets out national expectations on the role education has to play in this challenging area of work as summarised below:

"The school role in supporting and promoting mental health and wellbeing can be summarised as:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school identification: recognising emerging issues as early and accurately as possible;
- Early support: helping pupils to access evidence based early support and interventions; and
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment"

5.2. The provision of nurturing environments within the school system is therefore the starting point in satisfying school responsibilities. The report on Social, Emotional and Mental Health in Schools presented to Scrutiny Board 2 by a Task and Finish Group on 29 November 2018, identified many examples of good practice across both the primary and secondary sector. This report exemplifies some common areas of practice across the area as follows:

a) The Thrive Approach: is a programme that provides school practitioners with a powerful way of working with children and young people, supporting optimal social and emotional development. It also equips education professionals to work in a targeted way with children and young people who may have struggled with difficult life events, to help them re-engage with life and learning. Thrive was introduced to Coventry schools over 4 years ago by a group of head teachers who were formally trained in this whole school approach. Following the evidenced success of the Thrive Approach in the early pilot schools, it was identified as one of the key initiatives in the successful Strategic School Improvement Fund bid and has now been rolled out to approximately 25 schools with many others adopting similar whole school approaches.
Between spring and summer term 2018, there was a net improvement in attendance of 1% across all Thrive schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst Thrive is measurably effective, it demands an ongoing investment from schools of around £6000 per annum to sustain the training commitments required for Thrive accreditation, which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a whole school strategy, is testament to the partnership commitment to educate the whole child.

b) **ACES (Adverse Child Experience Survey):** Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group will consider this in the light of advancing the Primary Thrive work and building a coherent informed response to needs in secondary school for vulnerable young people. This also includes initiatives around transition and is funded by the schools.

c) **Primary Mental Health in Schools roll out:** CWPT has been commissioned by the CRCCG to provide targeted support across all primary schools to increase capacity and skill base to support children with mental health difficulties. The programme targets six schools over a one-term period. Schools report that the programme has had a positive impact on both staff and pupils.

d) **Specialist Services:** The Local Authority offer a range of specialist services to schools on a traded basis. These include:

- **Educational Psychology (including Clinical Psychology):** The Educational Psychology Service (EPS) provides an assessment, advice, training and intervention service for all areas of need. Social, emotional and mental health difficulties have a high prevalence in terms of referrals. The psychology assessment enables practitioners and families to understand if there is an underlying cause or contributing factor to the young person’s presenting mental health difficulties. The assessments will identify any underlying learning difficulties. Dyslexia, social communication difficulties (speech and language and autism spectrum conditions) and general learning difficulties are commonly identified. In response to the rising demand for mental health support, the LA has begun an expansion of the EP service to include Clinical Psychology, creating an integrated Psychology team.

- **Educational Psychology** also offer a critical response to major incidents impacting on children and young people attending schools within the City. This provides immediate support in incidences such as a child death, enabling children and young people (and staff) to express their emotions and begin the journey of coming to terms with their experience.

- **The Social Emotional and Learning Team (SEML) and Complex Communication Team (ASC)** provide a range of training, assessment, intervention and support for schools and individual children and young people. This includes building emotional resilience, providing coping strategies and self-regulation. This service is fully
subscribed and the offer is now being extended to include for example yoga for ASC (specialist intervention).

e) School Partnerships: Coventry’s strong partnership with schools is evident through the outcomes of the Primary Inclusion Group. The group comprises of primary Head teachers and local authority officers working in partnership to develop inclusive practice across the City. The work includes:

- A Primary Behaviour Pathway – this is an agreed framework of support and intervention that guides schools through a graduated response to behaviour support from universal (available to all) through to targeted specialist intervention. The pathway sets out the range of services available to schools, which includes local authority traded interventions and provision.

- The Dimensions tool – is a health led initiative that enables parents and practitioners to identify presenting difficulties and thereby be signposted to self-help resources or referral pathways for specialist intervention when appropriate.

- The Lancaster Model – is a health led survey, which will be conducted in schools at Years reception, 6 and 9. It provides an analysis at a whole school as well as individual child level, giving the opportunity for planned intervention as well as reactive support

- The local authority is currently working in partnership with schools, to deliver a project to encourage daily physical activity for all pupils, using the year of wellbeing and the City’s UK European City of Sport status as the contextual backdrop to more specialised projects.

5.3. In addition to these exemplars, it is evident that schools invest significantly in internal pastoral support and specialist interventions, drawing on their increasing plethora of strategies and expertise. At a recent visit from Professor Chris Wittey to Coventry, Head teachers in partnership with the local authority were able to vocalise the many ways that they support their children and young people. The key messages were easily generated and clearly communicated: schools do so much and are stretched in every way to provide effectively for every child.

5.4. In summary, a range of support and intervention is available through the school system which together reduce demand for CAMHS referrals. However, some children and young people experiencing high level mental health difficulties require specialist support that extends beyond the school system. It is at this point that schools will determine that it is the best interest of the child to seek external intervention though a referral to specialist CAMHS, recognising the national pressures on the system.

6. What are the next steps?

6.1. Recent discussion at the Children and Young People Partnership Board underlined the need to view mental health services as a system, and to understand the interrelationships between the tiers. This will be taken forward by the CAMHS Transformation Board, which is currently undergoing a refresh. The
6.2. Commissioners and providers need to undertake further work together to fully understand the capacity and demand gaps in services. The refreshed CAMHS Transformation Board will oversee the mapping and harnessing of support available in the wider system, including the third sector.

6.3. Continue the work of the Primary Mental Health Service which has undertaken a rolling programme to up skill and build capacity in the wider workforce though training and consultation. In schools the Primary Mental Health Team offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about.

6.4. Continue to support the development and roll-out of the Dimensions Tool includes ongoing development and engagement work across key stakeholders. The leaflet and video content is being updated and the roll out of Dimensions Champions has progressed. A new GP Infographic is available on the tool and is being distributed to GP’s across localities. CWPT are also embedding the use of the Dimensions tool within the service to continue to build a detailed picture of ratings against key domains indicating strengths and difficulties.

6.5. Testing and evaluation work of the Dimensions tool is ongoing and involves CWPT Internal Audit and Warwick Business School. An initial evaluation report will be ready soon.

6.6. Work within the Education Service will focus on monitoring the Lancaster Survey for effectiveness and its impact on children, evaluating the ACES Survey and how this could inform secondary initiatives, ensuring that the Behaviour Pathways is consistently used, supports schools and has enough local authority funded provision to meet need, and expanding the local authority traded services to meet increasing demand.
<table>
<thead>
<tr>
<th>Tier 1 - Universal Services</th>
<th>Description</th>
<th>Service / Provision</th>
<th>Detail of Service offer</th>
<th>Spend for the tier</th>
</tr>
</thead>
</table>
|                           |             | Dimensions Tool     | • Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child.  
• Involves a number of questions which are rated to indicate how the child or young person is feeling.  
• The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child’s mental health where necessary.  
• Depending on the young person’s score, the tool may signpost on to relevant services. | N/A |
|                           |             | GPs                 | • Support children and young people and their families to complete the Dimensions tool.  
• Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing. | N/A |
|                           |             | Family Health and Lifestyles Service: School Nurses and health visitors (The Lancaster Model) | • Support children young people’s mental wellbeing within schools  
• Undertake survey for children in reception, years 6 and 9 (which include focus on emotional wellbeing) to support early identification of any health and wellbeing needs.  
• Delivering evidence based approaches and programmes that contribute to improving children and young people’s health and wellbeing including. For example, delivery of lessons to support children and young people with anxiety through exam periods | This is difficult to cost as it forms part of a universal offer that is embedded across provision |
|                           |             | Coventry Young Person’s Service (Positive Choices) | • Early Intervention service to support children and young people who are experiencing difficulties and/or facing risks around:  
  ✓ Sexual health  
  ✓ Substance misuse including hidden harm  
  ✓ Difficult relationships with peers (including coercive relationships)  
• Early intervention support with an aim to work with children and young people at a point before they hit crisis. For example, children and young people demonstrating attitudes or behaviours that indicate that they are at risk of misusing substances.  
• Other support includes:  
  ✓ Young person’s peer mentor programme  
  ✓ Training for professionals  
  ✓ Digital interventions  
  ✓ Deliver interventions / awareness sessions for parents / carers to support a preventative approach around the behavioural strands, signposting onto relevant services.  
  ✓ Provides a secure messaging service which gives access to confidential 1:1 risky attitudes / behaviours advice for children and young people and parents / carers, signposting to other service where relevant. | |
<p>|                           |             | Young carers assessments | • Assessing and providing support to children and young people, who are young carers to develop their emotional resilience. | N/A |</p>
<table>
<thead>
<tr>
<th>Tier 2 - Targeted</th>
<th>THRIVE - school based programme commissioned through schools</th>
<th>Support includes techniques which enable young people to manage and deal with anxiety and stress which arises from being a young carer.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coventry City Council - Physical wellbeing service</td>
<td>Training programme in schools for teachers to support them to identify emotional and mental health concerns through a child’s behaviour. Early intervention support and action plans are implemented within schools if required.</td>
</tr>
<tr>
<td></td>
<td>Journeys Service</td>
<td>Engagement with schools to encourage daily physical activity, to keep children and young people active Focus on the year of wellbeing and the UK European City of Sport</td>
</tr>
</tbody>
</table>
|                  | Reach Service | A dedicated mental health service for LAC provided by CWPT and CW Mind which includes:  
✓ Case consultations for LAC  
✓ Therapeutic interventions for LAC, such as Art Therapy  
✓ Training for (foster carers / residential homes), to increase placement stability  
✓ Mental health Assessments for LAC (and Carers / Emotional wellbeing?) |
|                  | VIBES | A service provided by CW Mind that provides:  
✓ Support for children and young people with Autistic Spectrum Condition (ASC)  
✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health |
|                | Youth Offending | A service provided by CW Mind and Relate Counselling that provides:  
✓ 1:1 counselling support  
✓ Group Cognitive Behavioural Therapy (CBT)  
✓ Peer Support  
✓ Bereavement Support |
| Tier 3 - Specialist | CAMHS Looked after children (LAC) | Two dedicated primary mental health workers from CAMHS integrated with Youth offending service that:  
✓ Support children and young people with their emotional wellbeing who have offended / going through criminal justice  
✓ Support assessing and delivering interventions, to young people receiving out-of-court disposals, to try and prevent further offending  
✓ Offer parenting assessments and services and support and the management of parenting orders  
✓ Support children and young people with substance misuse / mental health conditions |
| Specialist CAMHS | Specialist services to address moderate to severe mental health needs. | A dedicated service for LAC provided by CWPT and CW Mind and provides:  
✓ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy |
| Specialist CAMHS | | Service provided by CWPT providing  
✓ Specialist mental health diagnosis and treatment for moderate mental health needs.  
✓ Specialist ASC diagnosis and treatment  
✓ Specialist Eating Disorder (ED) diagnosis and treatment |

<table>
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| Specialist CAMHS | | Service provided by CWPT providing  
✓ Specialist mental health diagnosis and treatment for moderate mental health needs.  
✓ Specialist ASC diagnosis and treatment  
✓ Specialist Eating Disorder (ED) diagnosis and treatment |

| Tier 3 - Specialist | CAMHS Looked after children (LAC) | A dedicated service for LAC provided by CWPT and CW Mind and provides:  
✓ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy |
| Specialist CAMHS | Specialist services to address moderate to severe mental health needs. | Service provided by CWPT providing  
✓ Specialist mental health diagnosis and treatment for moderate mental health needs.  
✓ Specialist ASC diagnosis and treatment  
✓ Specialist Eating Disorder (ED) diagnosis and treatment |
<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Services Provided</th>
<th>Estimated Cost</th>
</tr>
</thead>
</table>
| Tier 3.5 plus | Specialist service to aid prevention of hospital admissions | - Specialist Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment  
- Primary Mental Health Team (PMHT) | £1.2m |
| Tier 3.5 plus | Acute Liaison Team (ALT) | - Mental health assessment and triage service for young people presenting at A&E/acute wards at UHCW with a mental health crisis, to determine either admission or refer onto community support | £1.2m |
| Tier 4 - Inpatient | Community Support for children with an emergency mental health need | - Mental health assessment in the community within 48 hours?  
- Supporting young people referred away from A&E by the ALT  
- Community support for two weeks after discharge from A&E/Acute ward UHCW?  
- Intense package of support, with the young person and their family, over a 6 week period (48 hour assessment) | N/A |
| Tier 4 - Inpatient | Bespoke Packages | - Pilot service to support 10 young people in the community who have at risk of mental health crisis, through an individual package to commence from April 2019 | N/A |
| Tier 4 - Inpatient | Inpatient hospital e.g. Parkview | - Acute hospital admission for children and young people in CRISIS (NHS England funded) and require medical intervention | N/A |
Appendix 2

Graph 1: Total number of referrals into Specialist CAMHS

The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 2: Average waiting time in weeks from referral to first appointment
Graph 3: Length of time children and young people are waiting between their initial appointment and follow-up appointment

Direct comparison to show the length of time a young person is waiting from their initial appointment to follow-up appointment

The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 4: The average waiting time for ASC

Average ASD waiting time

The data for 2018/19 is not full year effect (April 2018 – February 2019)
Appendix 2

Appendix 3

PMHT Workshop
Appendix 4

CAMHS Integrated Stepped Care Services Model

VISION
- Infant Mental Health
- Family Support Hub
- Family Nurse Partnership
- Early Intervention Transformation Programme
- Looked After Children Services

BEST START

PREVENTION INTERVENTION

EARLY INTERVENTION

SPECIALIST INTERVENTION

INTENSIVE INTERVENTION

In reach

STEP 1
- CAMHS Primary Mental Teams
- Child Development Services
- Schools Counselling

STEP 2
- Specialist CAMHS
- Autism
- ADHD
- Intellectual Disability
- CAMHS
- Eating Disorder
- Substance Misuse
- Gender Identity

STEP 3
- Crisis Intervention
- Intensive Family Support
- Acute Inpatient
- Secure Care Services
- CYP Forensic Team

STEP 4 & 5

Simple Gateway

Outreach

Appendix 5

Clinical Triage

PISC
- Neotepson Hub

Crisis Team Assessment

Acute liaison Team Assessment

Emergency Psychiatry Assessment

CAMHS Generic (Mood) Assessment

.o Ac by Practitioner with early gn experience

Eating Disorder Assessment & Pathway

Counselling CAMHS LAC Assessment & Pathway

Neurodevelopmental Assessment & Pathway

CAMHS LD Initial Assessment & Pathway

Crisis Team Pathway into Home Treatment

Acute Liaison Team Pathways

Mood Pathways Anxiety, Depression & Other Pathways i.e. EUPD

Psychosis Pathways

Eating Disorder Pathways

Counselling CAMHS LAC Pathways

Neurodevelopmental Pathways

CAMHS LD Initial Pathways

Out of Hours Referrals to Crisis Team

Tier 4 In-Patient Treatment if required

Access to joint CAMHS, Neurodevelopmental and CAMHS Pathways and/or Interventions and/or

Continue with Additional Treatment(s) and/or

Discharged or Step down to Tier 2
Appendix 8
Local Transformation Action Plan October 2019 to October 2020

<table>
<thead>
<tr>
<th></th>
<th>Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25</th>
<th>Warwickshire</th>
<th>Lead</th>
<th>Funding</th>
</tr>
</thead>
</table>
| 1 | **Coventry**  
A. Continue to develop the digital offer, including availability of an electronic referral portal, e-consultation, further development of the Dimensions Tool and the use of social media | **Warwickshire** | CWPT | Core CAMHS |
|   | **B**. Review and re-commission tier 2 preventative services, focusing on ways of strengthening partnership working between the Primary Mental Health Team, Coventry Family Hubs and Warwickshire Health & Wellbeing Hubs. New contracts to be in place by March 2021. | Coventry Commissioners | £416,500 |
|   | **C**. Continued to develop the Warwickshire Rise Community Partnerships to increase access to a range of information, training, advice and support, from a range of agencies | Commissioners / CWPT / CW MIND | Core CAMHS |
|   | **D**. Review the current specialist CAMHS offer across Coventry and Warwickshire and work to expand the offer from 18 to 25 by 2019/20 | Commissioners / CWPT | Business Case |
|   | **E**. Develop a programme of work with GPs to ensure that they are clear about the CAMHS offer and referral routes. | Commissioners / CWPT / CW MIND | £0 |
|   | **F**. Identify further options for improving the CYP mental health access rate and achieving 35% in 2020/21 together with CWPT and CW Mind | Commissioners / CWPT / CW MIND | Business Case |

<table>
<thead>
<tr>
<th></th>
<th>Strengthen approaches to resilience, early help and prevention through work both with schools, (as they are often the first point of contact with children and young people with emotional well-being and mental health issues) and family hubs and community partnership venues</th>
<th>Warwickshire</th>
<th>Lead</th>
<th>Funding</th>
</tr>
</thead>
</table>
| 2 | **Coventry**  
A. Implement the mental health in schools project commencing September 2019 - Coventry commissioners to work jointly with CWPT | **Warwickshire** | CWPT / Education | £2.7m |
<p>|   | <strong>B</strong>. Continued roll out of Warwickshire’s mental health in schools project to be fully operational by December 2019 | Commissioners / CWPT / Education | | |
|   | <strong>C</strong>. Implement and undertake an evaluation of the Extended Non-attendance in Schools (ENAS) project | Education | £70k |
|   | <strong>D</strong>. Expand from four to five community partnership partnerships (formally hubs) and embed the drop-in, training, and | Commissioners | Core CAMHS |</p>
<table>
<thead>
<tr>
<th>3</th>
<th>Continue to develop the eating disorder pathway and service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coventry</strong></td>
<td>Warwickshire</td>
</tr>
<tr>
<td>A</td>
<td>Increase the workforce to ensure children and young people are seen within the access and waiting time standards (95%). Expand the service to include 19-year olds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Strengthen the multi-agency approach to children and young people experiencing mental health crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coventry</strong></td>
<td>Warwickshire</td>
</tr>
<tr>
<td>A</td>
<td>Commissioners to ensure the ALT and Home Treatment Crisis services are fully embedded and monitor the impact going forward through agreed KPIs</td>
</tr>
<tr>
<td>B</td>
<td>Commissioner and Provider to undertake an annual review of the ALT and Home Treatment Crisis services to also ensure that the commissioned services are meeting the needs of children and young people across Coventry and Warwickshire</td>
</tr>
<tr>
<td>C</td>
<td>The review will inform the feasibility and resources required to expand current CYP crisis provision to 24/7, in line with LTP ambitions and will result in a costed plan with clear milestones. It is anticipated that this review will be informed by the findings and recommendations of the children in crisis population health management work stream</td>
</tr>
<tr>
<td>D</td>
<td>Undertake a review of the Intensive Support Team (IST) offer to ensure the service meets the needs and demands of children and young people with autism / learning difficulties</td>
</tr>
<tr>
<td>E</td>
<td>Pursue the regional collaborative commissioning arrangements with NHSE in respect of tier 4 beds</td>
</tr>
<tr>
<td>F</td>
<td>Strengthen the focus of children and young people as part of the suicide prevention work and strategy which is being developed across Coventry and Warwickshire</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Further develop the CAMHS digital offer to increase access to services and support for children and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coventry</strong></td>
<td>Warwickshire</td>
</tr>
<tr>
<td>A</td>
<td>CWPT to roll out ‘Block’ on-line (e-consultation) tool in 2019/20</td>
</tr>
<tr>
<td>B</td>
<td>CWPT to continue with pilot phase for on-line referral portal and roll out by end of 2019</td>
</tr>
<tr>
<td>C</td>
<td>CWPT to explore further options / offers available to enhance the digital offer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>Strengthen support for vulnerable children and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coventry</strong></td>
<td>Warwickshire</td>
</tr>
<tr>
<td>A</td>
<td>Extend the CAMHS LAC service to support care leavers up to the age of 25</td>
</tr>
<tr>
<td>B</td>
<td>New vulnerable children’s pathway in Warwickshire under development to provide a blended service for vulnerable children including Children Looked After, those in the Youth Justice system, and</td>
</tr>
<tr>
<td>7</td>
<td>Strengthen the approach to data collection and analysis</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Coventry</strong></td>
<td><strong>Warwickshire</strong></td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Develop a more robust approach to using outcomes data across Coventry and Warwickshire to inform commissioning and contract monitoring</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>CCG and CWPT to review and implement the outcomes work done nationally by Child Outcomes Research Consortium (CORC) to ensure measures completed are appropriate to the age of the children and represent the most clinical effective and efficient way to measure outcomes</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Outcomes monitoring data for 100% of children and young people in receipt of CAMHS be reported to commissioners from September 2019 onwards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Ensure that the voices of children and young people are embedded in CAMHS development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coventry</strong></td>
<td><strong>Warwickshire</strong></td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Develop an engagement strategy and to plan a programme of engagement which informs the activity within the LTP</td>
</tr>
</tbody>
</table>
1 Purpose

To provide the Board with an update on the delivery of the suicide prevention plan 2016 – 19 and to set out the forward plan for approval.

2 Recommendations

2.1 That the Board approves the forward plan for 2020 - 2021

2.2 That the Board agree to receive annual reports and rolling plans.

2.3 That the Board notes the reduced standard of proof for recording a death by suicide from July 2018 and the potential implication for increased recording in the national data series.

3 Information/Background

3.1 In November 2016, the Health and Wellbeing Board signed up to a Suicide Prevention Strategy for 2016-2019 entitled: Not one more//one is enough (Appendix 2). The strategy was designed to harmonise with the aims and approaches of the West Midlands Combined Authority WMCA mental health commission and with the strategic aims of our neighbouring authority Warwickshire.

3.2 Whilst the strategy, vision and strategic priorities remain current, the original action plan to November 2019 has been refreshed by the steering group and developed into a forward plan for 2020 - 21.

3.3 Given the national and local Coventry and Warwickshire Health and Care Partnership focus on this agenda it is recommended that the planning process remains live and that national and regional policy development is incorporated as appropriate throughout 2020. Key activity will include:
   - LGA regional (and local) sector led improvement programmes
   - NHSE evaluation of wave one funded sites and HCP programme review
   - NHSE funding roll out for postvention support
• Delivery and funding of the Long-Term Plan; primary care, acute and crisis transformation, underpinned by the clinical strategy for Mental Health and Emotional Wellbeing

4. Progress update

4.1 Data - The population of Coventry and Warwickshire is approx. 0.9 million. Research undertaken on suicide data between 2006 – 16 by the national inquiry into suicide and safety in mental health highlights that based on the average general population rate, we would expect at least 90 general population suicides per year, of whom 22 would be mental health patients. The local figure (based on date of death rather than date of registration) is around 83, of whom 22 would be known to mental health services. During 2006-16 there were 930 deaths by suicide, 77% of these were men. This proportion compares to national rates of male suicide. Total suicide rates were higher than the national average in South Warwickshire.

4.1.2 Annual coroner audits have been undertaken to identify where learning can be gained, we know that risk factors locally include being male, having made a previous attempt, a record of stress or depression and, or having alcohol issues.

4.1.3 In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” – balance of probabilities – where previously a “criminal standard” was applied – beyond all reasonable doubt. It is likely that lowering the standard of proof will also result in an increased number of deaths recorded as suicide and a potential discontinuity in the national data series. This should be borne in mind when we receive the office for national statistics suicide update next year.

4.1.4 Suicide Rate – Trend data (total persons). The most recently published rates below reflect the national measure which is a count of the deaths registered as a suicide in these periods. These deaths may not have occurred in the years profiled due to the length of time it takes to complete a coroner’s inquest. It can take months or even years for a suicide to be registered.

<table>
<thead>
<tr>
<th>Period</th>
<th>Coventry Count</th>
<th>Value Lower CI</th>
<th>Upper CI</th>
<th>West Midlands region</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 - 03</td>
<td>69</td>
<td>9.1</td>
<td>7.0</td>
<td>11.5</td>
<td>10.5</td>
</tr>
<tr>
<td>2002 - 04</td>
<td>69</td>
<td>9.0</td>
<td>7.0</td>
<td>11.4</td>
<td>9.9</td>
</tr>
<tr>
<td>2003 - 05</td>
<td>84</td>
<td>11.0</td>
<td>8.8</td>
<td>13.7</td>
<td>9.7</td>
</tr>
<tr>
<td>2004 - 06</td>
<td>91</td>
<td>11.9</td>
<td>9.5</td>
<td>14.6</td>
<td>9.2</td>
</tr>
<tr>
<td>2005 - 07</td>
<td>84</td>
<td>11.0</td>
<td>8.8</td>
<td>13.7</td>
<td>8.5</td>
</tr>
<tr>
<td>2006 - 08</td>
<td>78</td>
<td>10.2</td>
<td>8.0</td>
<td>12.8</td>
<td>8.7</td>
</tr>
<tr>
<td>2007 - 09</td>
<td>93</td>
<td>11.7</td>
<td>9.4</td>
<td>14.4</td>
<td>8.9</td>
</tr>
<tr>
<td>2008 - 10</td>
<td>98</td>
<td>12.3</td>
<td>9.9</td>
<td>15.0</td>
<td>9.5</td>
</tr>
<tr>
<td>2009 - 11</td>
<td>103</td>
<td>13.0</td>
<td>10.6</td>
<td>15.9</td>
<td>9.2</td>
</tr>
<tr>
<td>2010 - 12</td>
<td>89</td>
<td>11.4</td>
<td>9.1</td>
<td>14.1</td>
<td>9.2</td>
</tr>
<tr>
<td>2011 - 13</td>
<td>90</td>
<td>11.2</td>
<td>8.9</td>
<td>13.8</td>
<td>9.3</td>
</tr>
<tr>
<td>2012 - 14</td>
<td>83</td>
<td>10.1</td>
<td>8.0</td>
<td>12.6</td>
<td>10.2</td>
</tr>
<tr>
<td>2013 - 15</td>
<td>83</td>
<td>10.1</td>
<td>8.0</td>
<td>12.6</td>
<td>10.3</td>
</tr>
<tr>
<td>2014 - 16</td>
<td>68</td>
<td>8.4</td>
<td>6.5</td>
<td>10.7</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Annualised trends: 🔴 Similar to benchmark 🔴 Higher than benchmark
### 4.2 Health and Care Partnership (HCP) NHSE funded suicide prevention programme

**4.2.1 In 2018 the partnership received NHSE funding of £352,000 per year for two years as one of 8 wave one sites identified due to prevalence rates (Warwickshire’s rates have been consistently above the national average). The programme has included several proof of concepts projects and programmes, these have been incorporated into our delivery plan this year and cover:**

- Multi-Agency Training
- It Takes Balls To Talk and Public Campaigns (Year of Wellbeing)
- Support for individuals with concurrent mental health and substance misuse issues
- Secondary and Primary Care pathways and training; risk management and safety planning
- Digital developments – public facing apps, stakeholder and staff resources
- Bereavement support research
- Real Time Data & monitoring; multi-agency surveillance
- Safe Havens (crisis support)

**4.2.2 The HCP are part of a nationally commissioned evaluation of the NHSE funding which is in the early stages of reporting. Interim findings from the 8 sites show that:**

- There is a clear need emerging for more relationship-based services, and services which tackle loneliness and isolation.
- New skills may be needed to work most effectively with local businesses and small community organisations, for example local sports clubs, as this has been a new experience and requirement for many.
- Communications materials should be future proofed, where possible, so they can be used in future campaigns (for example not using dates on printed material that could be used again).
- There is a need for clarity, when implementing training, as to why sites are targeting the people they are targeting and being clear about what they expect from them afterwards.
- For projects using non mental health workers to support people at risk of suicide – services should ensure good staff training, staff supervision and ongoing support is in place.
- Good and ongoing marketing and publicity will be needed to ensure people are aware of new/pilot services.
- Suicide prevention services should consider the relevant age range for referrals.
- Projects should consider being more proactive when deciding who to work with, for example by looking at how they could respond to specific local issues such as businesses who are making large scale redundancies.

**4.2.3 The HCP are currently considering the findings of the pilots, exit strategies and the national evaluation. The ambition is that the learning and interventions developed are included in local plans going forwards. The programme contributes to the health and**
wellbeing strategy priorities around mental health, loneliness and social isolation and working differently with communities which will be developed through the forward plan.

4.3 Coventry suicide prevention plan update 2019

4.3.1 The key highlights from the year two strategic priorities are as follows:

- Action plan refresh and alignment with Warwickshire and HCP joint priorities
- PHE approval of Coventry HWBB Prevention Concordat for Better Mental Health
- Joint coroners audit process developed and undertaken with Warwickshire
- Real Time Surveillance system planning initiated
- Coordinated comms campaign including the launch of the stay alive app across the HCP area. CCC workforce wellbeing comms programme launched by Martin Reeves
- Multi-agency training on suicide prevention commissioned and delivered with training forum being established.
- Co production projects; men’s sheds and Coventry University research: survivor stories
- Mindspace group work pilot (CGL/Mind codelivery) trialled in Coventry
- Partnership learning event/programme feedback for world suicide prevention day
- HCP partners have presented the programme at a number of national events and will be running a workshop at the national Suicide Prevention Alliance Conf in January 2020

5. Forward Plan 2020 -21

Please see attached Appendix which provides an overview of the local plan under our 7 strategic goals;

- Reach High risk Groups: Target our approach to focus on inpatient safety and vulnerable groups
- Improve Mental Health: Build our community assets, workplace health offer and VCSE support networks
- Manage Access to Means: Identify and address our environmental, social and clinical risks
- Reduce Impact: Develop our bereavement and workforce support offer
- Improve Data: Embed our partnership plans for systematic reporting and analysis
- Adopt a Safe Media Approach: Communicate our support offer and manage local and national messaging
- Work Together: Invest in learning, development and partnership activities

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Name and Job Title: Juliet Grainger, Public Health Programme Manager
Directorate: People

Telephone and E-mail Contact: Juliet.Grainger@coventry.gov.uk Tel: 024 7697 6822

Enquiries should be directed to the above person.

Appendices
Appendix 1: Strategic Statement and Legacy Plan 2020 -2021
Appendix 2: Coventry Suicide Prevention Strategy 2016 - 2019
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Suicide Prevention Framework at a glance

Core national priorities
(Cross Government Suicide Prevention Plan: 2019 – 2021)

Implementation, Governance and Accountability
Reducing suicide in high risk groups – men, mental health patients, criminal justice, specific occupations, history of self harm
Tailoring approaches to improve mental health in specific groups;
Children and Young People
Reducing Access to Means
Providing better information and support to those bereaved or affected by suicide
Supporting the media to deliver sensitive approaches to suicide and suicidal behaviour
Supporting research, data collection and information

Coventry and Warwickshire Heath and Care Partnership Suicide Prevention Programme 2018 – 2020

Multi Agency Training
ITBTT and Public Campaigns (Year of Wellbeing)
Support for individuals with concurrent mental health and substance misuse issues
Secondary and Primary Care pathways and training; risk management and safety planning
Digital developments – public facing apps, stakeholder and staff resources
Bereavement support service development
Real Time Data & monitoring; multi agency surveillance
Safe Havens (crisis support)
## Vision

**Death by suicide is preventable.** Each life lost is a tragedy. One suicide will always be one too many.

## Goals 2020 - 21

<table>
<thead>
<tr>
<th>[Reach High risk Groups]</th>
<th>[Improve Mental Health]</th>
<th>[Manage Access to Means]</th>
<th>[Reduce Impact]</th>
<th>[Improve Data]</th>
<th>[Adopt a Safe Media Approach]</th>
<th>[Work Together]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target our approach to focus on inpatient safety and vulnerable groups</td>
<td>Build our community assets, workplace health offer and VCSE support networks</td>
<td>Identify and address our environmental, social and clinical risks</td>
<td>Develop our bereavement and workforce support offer</td>
<td>Embed our partnership plans for systematic reporting and analysis</td>
<td>Communicate our support offer and manage local and national messaging</td>
<td>Invest in learning, development and partnership activities</td>
</tr>
</tbody>
</table>

## Outcomes

- Reduced suicide rate in the whole population and among particularly vulnerable groups
- Reduced stigmatised attitudes to mental health and suicidal behaviour at population level and across vulnerable groups
## Goal One Reach High risk Groups

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Outcomes</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on inpatient safety and vulnerable groups</td>
<td>Safer Services Quality Standards (NCISH Toolkit) Implementation</td>
<td>CWPT Working Group Inpatient – action plan including out of area pathway and monitoring. Safe wards project.</td>
</tr>
<tr>
<td>Establish Safe Haven Pilots Warwickshire (Coventry) 2 years</td>
<td>Warwickshire services live Nuneaton and Leamington open 6-12pm, 7 days over 2 sites Cov safe Haven by Jan 2020</td>
<td></td>
</tr>
<tr>
<td>Cascade It Takes Balls to talk (Campaigns)</td>
<td>Training targets set via HCP</td>
<td></td>
</tr>
<tr>
<td>Develop Coproduction storytelling (Mens experiences)</td>
<td>Projects underway. Materials developed by March 2020</td>
<td></td>
</tr>
<tr>
<td>Develop a Self Harm working group/harm reduction plan</td>
<td>WCC working group in place with CCC representation. HCP Population health management programme - suicidal ideation and CYP acute presentations</td>
<td></td>
</tr>
<tr>
<td>Strategic Direction</td>
<td>Outcomes</td>
<td>Delivery</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Build our community assets, workplace health offer and VCSE support networks</td>
<td>Community Resilience delivery programme established</td>
<td>Mapping work underway via JSNA, networking groups, and comms campaigns plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social prescribing programme development; scoping pathways and funding for mental health and therapeutic intervention.</td>
</tr>
<tr>
<td>Pilot and evaluate a Dual Diagnosis Service</td>
<td></td>
<td>Mindstance project piloted in Cov. Group work delivered by CGL and Mind (Coproduced content). Warks pilot now being developed. Dual diagnosis policy in place with a series of quality reviews planned.</td>
</tr>
<tr>
<td>Workplace Wellbeing policies – THRIVE, mental health and suicide training and awareness offer available</td>
<td></td>
<td>STP suicide training delivered across the partnership 2019. Training forum hosted Fire and Rescue Services. ITBTT workplace training ongoing. THRIVE workplace wellbeing sign up across the region</td>
</tr>
</tbody>
</table>
### Goal Three Manage Access to Means

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Outcomes</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and address our environmental, social and clinical risks</td>
<td>Network Rail escalation plan in place</td>
<td>Local community action plan in place - escalation lite (identified Cov sites) Signage now in place.</td>
</tr>
<tr>
<td>Polypharmacy – review and training (Primary Care)</td>
<td></td>
<td>Local snapshot review of O/D deaths undertaken. Engagement with CCG pharmacy and GP leads</td>
</tr>
<tr>
<td>Safety Planning – services and public facing activities mapped</td>
<td></td>
<td>Stay alive app launched September 2019</td>
</tr>
<tr>
<td>Strategic Direction</td>
<td>Outcomes</td>
<td>Delivery</td>
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<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>Develop our bereavement workforce support offer</td>
<td>Bereavement and postvention support services developed</td>
<td>KPG research and evidence review. Real Time Surveillance project in development. NHSE funding all areas by 2022.</td>
</tr>
<tr>
<td></td>
<td>Develop proposal for Trauma training and mental health interventions for professionals</td>
<td>TRIM training being delivered at CWPT. GP training suicide prevention training delivered and being evaluated.</td>
</tr>
<tr>
<td></td>
<td>Develop a (virtual) one stop shop/directory of services</td>
<td>HCP Digital and comms platforms in development</td>
</tr>
<tr>
<td>Strategic Direction</td>
<td>Outcomes</td>
<td>Delivery</td>
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<tr>
<td>Communicate our support offer and manage local and national messaging</td>
<td>Develop an annual comms plan and events calendar</td>
<td>Coventry PH Comms leads now in post &amp; suicide lead based in Warwick Comms team. MH comms group/network established. Comms Workshop in Jan 2020</td>
</tr>
<tr>
<td></td>
<td>Work with the Samaritans on any media activity/incident management</td>
<td>Rail escalation and media support in place.</td>
</tr>
<tr>
<td></td>
<td>Develop an alerts system to frontline staff to factually advise on media/social media reporting around suicide</td>
<td>Under review across Coventry and Warwickshire</td>
</tr>
<tr>
<td>Strategic Direction</td>
<td>Outcomes</td>
<td>Delivery</td>
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<tr>
<td>---------------------</td>
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<tr>
<td></td>
<td>Annual Coroners audit (shared process Coventry and Warwickshire)</td>
<td>Joint audit process in place. Merge into RTS 2020 21</td>
</tr>
<tr>
<td></td>
<td>Real Time Surveillance(RTS) System established. Response pathway mapped</td>
<td>Joint steering group. LGA peer support programme</td>
</tr>
<tr>
<td>Strategic Direction</td>
<td>Outcomes</td>
<td>Delivery</td>
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<tr>
<td>-----------------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Invest in learning, development and partnership activities</td>
<td>Multi agency steering group and action plan delivery monitored quarterly</td>
<td>Quarterly Cov meetings are in place and to continue. Organisational MH and wellbeing strategies aligned and reviewed for common themes</td>
</tr>
<tr>
<td></td>
<td>Establish joint Coventry and Warwickshire Forum (Bi annual)</td>
<td>Met in June, next session being planned for new year</td>
</tr>
<tr>
<td></td>
<td>Workforce Training – Establish Competency standards</td>
<td>ITBTT/Cov Uni accredited training developed – University staff and students</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Listening Mate training evaluation underway – WM Pol</td>
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<td></td>
<td></td>
<td>Papyrus £10k 2020 for assist training across Cov and Warks VCSE</td>
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</tbody>
</table>
One suicide//One too many

A Suicide Prevention Strategy for Coventry
2016 - 2019
One Suicide // One Too Many

1. Our Vision

Death by suicide is preventable. Each life lost is a tragedy. One suicide will always be one too many.

Coventry City Council and its partners will oversee the establishment of robust networks and clearly defined processes to reduce suicides in Coventry. Citizens will be in a stronger position to realise options for long term wellbeing and improved quality of life. Suicidal behaviours will be minimised through the availability of timely and effective support that is accessible to people in personal crisis. We propose a focused approach towards zero suicides in our city, an approach which has been shown to effective in significantly reducing suicides.

2. Introduction

Across the UK it has been a clear priority in recent years to end the disparity between physical and mental health with ‘no health without mental health’ becoming the mantra of reform for our health system\(^1\). A vital part of this agenda is recognising suicide as a major public health problem. The majority of those who die by suicide are not in contact with mental health services when they make the decision to end their life and so our strategy must reach beyond specialist services and take account of the broad range of societal and individual factors that lead to a person dying as a result of suicide. There is much more to be done across our whole community to prevent these unnecessary deaths.

This strategy was developed by Coventry Public Health to translate national guidance into local action. We talked to our local stakeholders in September 2015 (Appendix 2) then took the priorities they gave us and integrated them with our research into the national and international experience of suicide prevention. We worked closely with our colleagues in Warwickshire so that the plan we put forward provides a joint strategic vision. Our objectives have been mapped to the same seven priority areas identified by the Warwickshire Suicide Prevention Strategy 2016-20 and our actions will be shared wherever possible.

This strategy is one example of how we plan to work collaboratively with Warwickshire in the future. The NHS Five Year Forward vision has tasked the health and care system to work across a Coventry and Warwickshire footprint to produce a Sustainability and Transformation plan (STP)\(^2\). The STP necessitates our two areas work in unison to provide the best possible services for our local populations. Many of our services already work across the footprint and we hope that the closer relationship between Coventry and Warwickshire at the strategic and commissioner level will yield positive results.

3. Our Aims

This strategy has three key aims to help us achieve our Zero Suicides vision:

1. Raise the level of understanding and awareness across Coventry of suicidal ideation, behaviours, acts and the impact of suicidal acts across our communities.
2. To highlight key areas of service development and demonstrate ways forward to assist services in supporting Coventry to be ‘Suicide Safer’.
3. To set out a clear action plan to mobilise all sectors to reduce suicidal behaviour across the city.

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\(^1\) Department of Health, *No Health without Mental Health: a cross-government mental health outcomes strategy for all ages*, February 2011.

We have worked closely with our colleagues in Warwickshire in developing this strategy to provide a joint strategic focus for our services. With this in mind we will achieve our aims by focusing our efforts in line with the same seven priority areas developed in the Warwickshire Suicide Prevention Strategy 2016-20:

1. Reducing the risk of suicide in key high risk groups.
2. Tailoring approaches to improve mental health in specific groups.
3. Reducing access to the means of suicide.
4. Reducing the impact of suicide.
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Improving data and evidence.
7. Working together.

This strategy will outline the scale of the problem and why we believe suicide prevention is a vital component in improving wellbeing in our city. The deliberate similarities with Warwickshire allow us to put forward an action plan (see Appendix 1) that is coherent across the region whilst taking account of the particular challenges faced within Coventry’s population.

4. Facts and Figures: The Bigger Picture

4.1 The United Kingdom

It is important to know the scale of an issue before we try to tackle it. Suicide has consistently been the leading cause of death for adults under the age of 50. The Office of National Statistics (ONS) composes annual reports on death by suicide that demonstrate why suicide prevention needs to be a priority on a national and local level. The figures from the latest report are summarised below.

In 2014, a total of 6,122 suicides of people aged 10 and over were registered in the UK, 120 fewer than in 2013. Historically, a generally downward trend in suicide rates was observed between 1981 and 2007, with a decrease from 14.7 to 10.0 deaths per 100,000 population (see Figure 1). Sadly, coinciding with the global economic downturn, suicide rates began to increase in 2008 – peaking at 11.1 deaths per 100,000 in 2013, before dropping slightly in 2014 to 10.8 deaths per 100,000.

Of the total number of suicides registered in 2014 in the UK, 76% were male and 24% were female. Although suicide rates fell significantly for both sexes between 1981 and 2007, the fall was more pronounced among women. Consequently, the proportion of male to female suicides has increased since 1981 when 63% were male and 37% were female.

The male suicide rate increased significantly between 2007 and 2013. It peaked at 17.8 deaths per 100,000 population in 2013, before falling to 16.8 deaths per 100,000 in 2014. In the same year as male suicides fell, 2013-14 saw UK female suicide increase by 8.3%. However, since 2007, the female suicide rate has remained relatively constant and throughout the whole time period covered by the data, female rates of suicide have been consistently lower than in males, currently standing at 5.2 deaths per 100,000 in 2014.

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3 Suicide data is based on coroners’ records – the inquest causes a delay between the death occurring and the date the death is registered; ‘Difficult to code’ coroners’ verdicts can skew data e.g. an area with a high proportion of narrative verdicts may falsely appear to have a lower suicide rate because of difficulties in coding those verdicts as suicide.
4.2 England

There were 4,882 suicides among people aged 10 and over registered in England in 2014, 155 more than 2013 (a 3% increase). This increase appears to have been driven by an increase in the number of female suicides, with 14% more suicides in females in England in 2014 than in 2013. In contrast, male suicide rates have remained stable.

The increase in the suicide rate for all persons in England in 2014 contrasts with the rest of the UK as suicide rates fell in Wales, Scotland and Northern Ireland in the same period. Overall, the age-standardised suicide rate increased slightly, from 10.1 deaths per 100,000 population in 2013 to 10.3 in 2014, equal to the previous highest suicide rate in recent times recorded in 2004.

Research by the Samaritans provides greater detail on the age of those who die by suicide. Their 2016 report uncovers a peak in rates for people aged 45-54 and again at age 80-85 years. As can be seen from the figure below, whilst this true for both sexes, it is a trend much more pronounced for men:

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This demonstrates that middle age is a high risk time for suicide in both men and women, but that coupled with a greater number of men dying by suicide overall leads us to the conclusion that men in mid-life are the group at highest risk.

5. Facts and Figures: The Local Picture

The national figures produced by the ONS look at suicides in 3 year aggregates. This is broken down into locality specific data. From this we can see that Coventry had 83 deaths by suicide in the 2012-14 period, which equates to an age-standardised rate of 10.1 per 100,000 population. This continues a downward trend from high of 103 deaths in 2009-11. More recent figures that suggests this downward trend may be continuing with 18 deaths receiving a verdict of suicide following coroner’s inquest in 2015 – although this number should be viewed with caution as it is likely to be an under-estimate given that a proportion of suicides do not receive this verdict at inquest.

The table below shows the number of people who died by suicide in Coventry each year between 2005 and 2014; 300 lives were lost prematurely during this time period.

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of deaths</td>
<td>36</td>
<td>26</td>
<td>22</td>
<td>30</td>
<td>41</td>
<td>27</td>
<td>35</td>
<td>27</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: Office of National Statistics, Suicide Registrations by Local Authority (February 2016)

Public Health England publishes data that allows us to compare Coventry with both national and regional rates. The table below (Figure 3) shows that, overall, Coventry does not have statistically significant differences in

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7 Figure taken from Elizabeth Scowcroft (Samaritans), Suicide Statistics Report 2015, March 2015. Although not the most recent report, there was no change in the age distribution apparent in the updated 2016 report.  
8 ONS, Table 2: Suicide Registrations by Local Authority, February 2016. Available from:  
suicide rates to the West Midlands or England. We appear to follow the national trend which puts those in middle age, and particularly men in this stage of life, at the greatest risk of death by suicide.\footnote{University of Manchester, The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20 year Review: England, Northern Ireland, Scotland and Wales, October 2016. The data used to calculate these rates is not age standardised and includes deaths by those aged 10-14 which are excluded from ONS figures. Furthermore the two differ in that this report uses date of death rather than the date death is registered, as such they include estimated figures in 2013/14 to account for those inquests which have yet to be included.}

**Figure 3: Public Health England Suicide Profile for Coventry**\footnote{Public Health England, Public Health England Suicide Profile for Coventry [Accessed 21/09/2016]}

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Coventry</th>
<th>Region England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide age-standardised rate: per 100,000 (3 year average) (Persons)</td>
<td>2012 - 14</td>
<td>83</td>
<td>10.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Suicide age-standardised rate: per 100,000 (3 year average) (Male)</td>
<td>2012 - 14</td>
<td>68</td>
<td>16.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Suicide age-standardised rate: per 100,000 (3 year average) (Female)</td>
<td>2012 - 14</td>
<td>15</td>
<td>*</td>
<td>4.2</td>
</tr>
<tr>
<td>Years of life lost due to suicide: age-standardised rate 15-74 years, per 10,000 population (3 year average) (Persons)</td>
<td>2012 - 14</td>
<td>79</td>
<td>31.1</td>
<td>33.0</td>
</tr>
<tr>
<td>Years of life lost due to suicide: age-standardised rate 15-74 years, per 10,000 population (3 year average) (Male)</td>
<td>2012 - 14</td>
<td>64</td>
<td>51.5</td>
<td>53.4</td>
</tr>
<tr>
<td>Years of life lost due to suicide: age-standardised rate 15-74 years, per 10,000 population (3 year average) (Female)</td>
<td>2012 - 14</td>
<td>15</td>
<td>10.9</td>
<td>12.6</td>
</tr>
<tr>
<td>Suicide crude rate 15-34 years: per 100,000 (3 year average) (Male)</td>
<td>2010 - 14</td>
<td>24</td>
<td>8.9</td>
<td>12.3</td>
</tr>
<tr>
<td>Suicide crude rate 15-34 years: per 100,000 (3 year average) (Female)</td>
<td>2010 - 14</td>
<td>-</td>
<td>3.0*</td>
<td>3.0</td>
</tr>
<tr>
<td>Suicide crude rate 35-64 years: per 100,000 (3 year average) (Male)</td>
<td>2010 - 14</td>
<td>71</td>
<td>25.5</td>
<td>20.5</td>
</tr>
<tr>
<td>Suicide crude rate 35-64 years: per 100,000 (3 year average) (Female)</td>
<td>2010 - 14</td>
<td>-</td>
<td>5.7*</td>
<td>5.7</td>
</tr>
<tr>
<td>Suicide crude rate 65+: per 100,000 (3 year average) (Male)</td>
<td>2010 - 14</td>
<td>18</td>
<td>17.1</td>
<td>13.1</td>
</tr>
<tr>
<td>Suicide crude rate 65+: per 100,000 (3 year average) (Female)</td>
<td>2010 - 14</td>
<td>-</td>
<td>4.2*</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Source: Public Health England, Suicide Prevention Profile

The latest publication from the National Confidential Inquiry has stratified their data across the Coventry and Warwickshire STP footprint – worryingly, this has shown the footprint’s suicide rate to be in the upper quintile of English footprints.\footnote{Lorant V et al, Socio-economic inequalities in suicide: a European comparative study, British Journal of Psychiatry (June 2005) 187 (1) 4954.} This gives a different picture to the PHE data, suggesting that our population is more prone to suicide and should serve to emphasise the need to take co-ordinated action across the region.

Reducing suicide requires understanding the underlying causes that pre-dispose to suicidal action. Taking into account the wider determinants that place people at higher risk of suicide, we know that Coventry has high levels of deprivation and that this effects the number of people in our population at higher risk of suicide. Using the Public Health England fingertips data tool referenced above, compared to national figures Coventry has higher rates of homelessness, long term unemployment, children currently in care and consequently high numbers of care leavers in the city. Rates of hospital admissions related to alcohol and self-harm are higher than those for other areas in the West Midlands and nationally. These are areas we can work to understand and improve on, to make a real difference to the risk of suicide within the Coventry population.

The Coventry Mental Well-being and Mental Health Assets and Needs Assessment, completed in 2015, recognises that increasing health inequalities have a detrimental effect on mental health and well-being. There is evidence that suicide risk in men has a linear relationship with socio-economic position, with those who have stable employment, higher educational attainment and higher economic achievement at lowest risk.\footnote{It is interesting to note that this gradient does not clearly occur in all countries, and that the correlation is not as}
strong for female suicides. Understanding the role of these factors is vital; suicide prevention needs to be an integral part of the wider public mental health and wellbeing agenda to reduce suicidal behaviour across all groups.

The good news is that Coventry has some positives to build on - the Public Health data suggests that mental wellbeing in the city is higher than the national average, with fewer people reporting high anxiety or low happiness scores. We want Coventry to build on this and become a city that promotes mental wellbeing and emotional resilience for all.

6. What factors do we need to consider?
6.1 Gender and Suicide

As we have seen above, men are more likely to die by suicide - three quarters of deaths by suicide in England are men, with those in middle age at particular risk. This is typically a hard to reach group and it is vital that our strategy involves services that men are both able and willing to access.

However, it would be wrong to say that suicide is a male problem; whilst less likely to die by suicide, more women than men attempt to take their own lives each year. This gender paradox was demonstrated in the 2007 household survey of adult psychiatric morbidity which highlighted:

“Women are more likely to experience suicidal thoughts - 19% of women had considered taking their own life. For men the figure was 14%. And women aren’t simply more likely to think about suicide – they are also more likely to act on the idea. The survey found that 7% of women and 4% of men had attempted suicide at some point in their lives.”

This incidence of suicidal ideation highlights the imperative that we take a holistic, person-centred approach to suicide prevention. Whilst identifying and protecting vulnerable groups is important, if our focus is only on these groups we will miss opportunities to save many others at risk of death by suicide.

6.2 Other Risk Factors

Many people who take their own life are known, or have been known, to mental health services, and as such the quality of their care is a vital aspect of any strategy to reduce suicide. The relationship between self-harm and suicide is complicated and far beyond the scope of this strategy to investigate in full, but it is know that people who self-harm have a significantly increased risk of suicide, particularly in the 12 months following initial presentation.

It is crucial to recognise that the right support at the right time for those who present with mental health problems or self-harm could make all the difference to that individual. However, it cannot be forgotten that figures suggest that only 28% of people were in contact with mental health services in the year leading up to their death.

A number of other factors increase the likelihood of someone taking their own life. As well as younger men and those with a history of mental health problems or self-harm, the 2012 National Suicide Prevention Strategy identifies those in contact with the criminal justice system and specific occupational groups such as doctors, nurses, vets, farmers and agricultural workers as being at higher risk. We know that people who have adverse childhood experiences, or who have themselves been bereaved by suicide are also at increased risk.

Certain groups have specific mental health needs that in turn require specific service responses. The 2012 national strategy suggests nine groups that represent particular points of concern:

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13 Adult psychiatric morbidity in England: Results of a household survey, (2007), The NHS Information Centre For Health and Social Care.


15 The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Annual Report 2015: England, Northern Ireland, Scotland and Wales, July 2015, University of Manchester.
1. Children and young people – especially those currently in the care system, recent care leavers and those in contact with the criminal justice system.

2. Survivors of domestic and sexual abuse
3. Veterans
4. People with long term physical health conditions
5. People with untreated depression
6. People who misuse drugs and alcohol
7. Lesbian, Gay, Bisexual and Transgender (LGBT) people
8. Black, Asian and other minority ethnic groups and Asylum Seekers
9. Those who are especially vulnerable due to socioeconomic conditions.

Some of these groups featured in the Warwickshire suicide audit, for example the coroner highlighted in one case that provision of high quality mental health care for military veterans needed to be addressed. We know from Coventry’s demographics that a higher than average proportion of our population fits into one or more of these vulnerable groups. A particular challenge will be addressing suicide in our migrant and refugee communities, where we will need to address different cultural understandings of suicidal behaviour and mental ill health. This means it is vital that our strategy reaches beyond health services and has a truly multi-sector approach. We must address the barriers faced by these groups that prevent them from seeking and accessing help.

6.3 The Wider Determinants of Health
Suicide is about crisis, a sense of hopelessness and often a lack of purpose. When wider socioeconomic factors bring about negative circumstances, these added pressures, often outside of the control of the individual, can increase the likelihood of suicidal ideation and behaviours. We have seen above that these wider determinants have a significant impact on the likelihood of someone taking their own life. We must fully consider the wider negative socioeconomic determinants and how they can be addressed when developing and implementing our plan for suicide prevention.

6.4 Missed Opportunities
Effective suicide prevention across the public sector is crucial to saving lives. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2014) highlighted that increased regularity in attendance at GP practices was evident for many people who took their own lives. As the inquiry stated:

“Suicide risk increased with increasing number of GP consultations, particularly in the 2 to 3 months prior to suicide. In those who attended more than 24 times, risk was increased 12-fold.”

Every contact can be seen as an opportunity to change the outcome for a person considering suicide. This ethos stretches across primary and secondary care services and wider still in respect of culture, attitude, responses and practice regarding suicide prevention. There is good evidence that investing in GP suicide prevention training makes real differences to reduce the incidence of suicide.

As previously discussed, suicidal behaviour is influenced by a vast number of factors and people can come into contact with a wide variety of agencies. Although there was a correlation between suicide and frequent attenders to GP services, the same inquiry evidenced that 37% of the people who had died by suicide had not seen their GP at all in the previous year. The burden cannot solely be placed on health services to recognise warning signs of suicidal ideation and signpost people to help.

Prison suicides are at the rate of 0.7 per 1,000 and there is a considerable rise in apparent suicides within two days of release from police custody. Furthermore, in 2014 there were 84 self-inflicted deaths in prisons in

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England and Wales compared to 75 in 2013. Suicide is not just an issue for health services, it must be addressed across the board if we are to see real differences to people’s lives.

6.5 Far-reaching Consequences
Suicide is a major social and public health issue. The impact of suicide is devastating and far reaching, affecting not just the individual and those that knew them, but the community as a whole. It carries a financial burden for the local economy and contributes to worsening inequalities. Work done in support of the Scottish suicide prevention strategy looked at the overall cost of suicide – when taking into account direct, indirect and intangible costs arising from the premature loss of life and the impact it has on those who survive them, each life lost carries a potential cost of £1.29-1.67million. Based on the average number of deaths from suicide in Coventry this equates to an annual loss of at least £38.7million.

For family and friends, losing a loved one to suicide can be devastating; they are up to three times more at risk of taking their own lives and can experience severe effects on their health, quality of life, ability to function well at work and in their personal lives. This strategy considers the effect of suicide on people of all demographics in recognition of the fact that one suicide has a much wider impact on their family and community.

7. Our Approach
A half day stakeholder event to drive forward plans for a Coventry City Council Suicide Prevention Strategy was undertaken in September 2015. This event highlighted key areas where it was felt there was an opportunity for change and positive development in respect of suicide prevention. This is outlined in Appendix 2 and reflected within our approach outlined below. Our strategy brings together these local priorities with the national and Warwickshire strategies to put forward an action plan reflecting our Zero Suicides vision.

7.1 National Strategies
In 2012 the government published Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives. The strategy identifies six key areas for action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

Following on from this guidance, an All-Party Parliamentary Group (APPG) was tasked with monitoring local authority responses. Their latest report in 2014 recommended that there are three elements vital to successful implementation of the national strategy:

a. Undertaking a ‘suicide audit’ to understand local risk factors for suicide.
b. Developing a suicide prevention action plan.
c. Establishing a multi-agency suicide prevention group to implement the plan throughout the local community.

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The advice of these two national documents, as well as the experiences of other local authorities and international developments in suicide prevention have been taken into account in the development of our Coventry strategy.

7.2 Coventry Stakeholder Event

Our stakeholder event in September 2015 looked at current gaps in provision of services for suicide prevention, the features of an ‘excellent’ community based suicide prevention programme and asked stakeholders to identify key priority areas. (Appendix 2). From this it was clear that our suicide prevention strategy needed to be rooted in our community with a focus on education and training. It also emphasised the importance of having all agencies working with a co-ordinated approach.

In the course of developing this strategy, as well as considering national guidance, research was conducted into strategies in place elsewhere, both in and outside of the UK, to reduce suicides. Of particular interest was the work carried out by LivingWorks to adapt the Canadian ‘suicide-safer communities’ model into a framework for action that can be applied internationally21. Their work reflected the priorities highlighted by our stakeholder group and provided a focus on which actions provide the greatest impact.

Some significant aspects of the LivingWorks model have been incorporated into our strategy. Firstly, their model relies on gatekeepers - peers or professionals trained in recognising and responding to potential suicidal behaviour. This focus on training and suicide awareness is clear priority for our Coventry stakeholders and our colleagues in Warwickshire, who have commissioned suicide awareness training for all GPs in their area.

Secondly, their model emphasises the importance of sustainable, whole community approaches and multiagency steering groups. This is an area where we will collaborate with Warwickshire to ensure congruity across the Coventry and Warwickshire region. We are acutely aware that improving mental wellbeing generally across the whole population is key protective feature against suicide and we plan to follow Warwickshire’s lead in working to achieve this. We also recognise that working collaboratively with multiple partners and local communities will help embed our strategy to promote long lasting positive change.

The other aspects of the ‘suicide-safer communities’ model (e.g. services for those bereaved by suicide, improved data collection and evaluation, accessible mental health support and intervention services) are explicit in the national strategies and thus are reflected in our seven ‘Warwickshire and Coventry Priorities’.

7.3 Warwickshire and Coventry Suicide Prevention Strategy Priorities

‘Joined up provision’ was a clear priority from our stakeholder event and many of our providers will work across both Coventry and Warwickshire. This is particularly key in the current climate with joint action occurring through the NHS-led Sustainability and Transformation plan (STP). We have worked closely with our colleagues in Warwickshire to ensure that this strategy mirrors the Warwickshire Suicide Prevention Strategy 2016-20.

Seven key priority areas were developed by Warwickshire Public Health with reference to the national strategies. These key priorities will provide the framework for our action plan. Below is an explanation of the seven key areas and what actions they entail within both the Coventry and Warwickshire areas:

1) Reducing the risk of suicide in key high risk groups

This includes efforts to reduce the stigma around suicidal thinking and seeking help, encouraging help seeking and ensuring services are responsive and offer appropriate support. The key high risk groups are identified as middle-aged men, those with known mental health issues especially those under Crisis Resolution/Home treatment plans, those with physical health problems (in particular chronic pain). Further to these key groups, there is an awareness of increased need for support to people in contact

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21 LivingWorks, Suicide-safer Communities, Available from: https://www.livingworks.net/community/suicide-safer-communities/
[Accessed 16/09/2016]
with the criminal justice system, certain occupational groups (doctors, vets, farmers, agricultural workers) and the LGBT community.

Both areas will commission suicide awareness training for groups best placed to provide support e.g. local GPs. Work with local GP practices will also aim to publicise the link between poor physical health and suicide. Providers often work across both Coventry and Warwickshire and we will work with them to improve care for those with mental health problems, particularly focusing on crisis care.

In recognition of the data around gender and suicide, we will both ensure services are accessible for men and provide appropriate support. This must also encompass addressing the stigma of suicide and help seeking in those not previously known to services. *It Takes Balls to Talk* has already begun tackling this issue with their successful campaign targeting men at sporting events in Coventry and Warwickshire; this strategy will support the continued promotion of their campaign message.

2) Tailor approaches to improve mental health in specific groups

Young people who self-harm were identified at being at particular risk of suicide and thus efforts will be made to provide services to improve emotional resilience and wellbeing services aimed at young people. In Coventry we have a wider strategic aim across our 0-19 services to provide early help to families and provide the conditions that will build emotional resilience in future generations of children born in the city. In the here and now, we are working to develop a separate strategy to address the mental health and wellbeing of our children and young people. We must also be aware of the needs of our student population and recognise the great resource we have in our universities to address issues in this group.

3) Reduce access to the means of suicide

Both areas aim to address overdose suicides by highlighting issues surrounding the prescription on opiate medication, particularly tramadol and codeine in view of the National Confidential Inquiry figures. We have a commitment from Network Rail to work with Coventry to support suicide prevention on railways. Furthermore, we know that suicidal behaviour correlates with substance misuse; tackling the harmful use of alcohol in our city is one approach we can take to reduce impulsive suicidal acts.

4) Reducing the impact of suicide

In recognition of the wider impact of suicide, both areas have identified a need to improve their bereavement services. In order to do this, both areas will work with local people affected by suicide and charitable organisations with experience in this area to develop more effective, timely and practical support. At present, support in Coventry is available through drop-in groups run by SOBS (Survivors of Bereavement by Suicide) and Facing the Future, run in partnership between the Samaritans and Cruse Bereavement Care, which provides a more structured form of group support. We will use our connections to improve access to these services where appropriate, and work with them to develop new ideas of how support can be provided. We recognise that people who have lost a loved one to suicide are themselves at high risk of suicidal behaviour and support must be made available to them. There is a commitment from both local authorities to utilise nationally produced material in their provider services, such as the ‘Help is at Hand’ booklet produced by Public Health England (PHE) and the National Suicide Prevention Alliance (NSPA).

5) Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Both areas have existing communications networks that can be used to disseminate national media guidelines to support the work the Samaritans are doing nationwide to address this. We also support

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22 The report suggests that, in 40% of mental health patient suicides by opiate overdose, the medication had been prescribed for the patient; where the fatal overdose was of codeine or tramadol (or a both in combination) 73% had been prescribed. Although this latter category represents only 16 deaths nationally, it provides a clear focus for preventative action through increased prescription awareness. Report can be found at: University of Manchester, The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20 year Review: England, Northern Ireland, Scotland and Wales, October 2016.
the work of local charitable organisations in publicising campaigns which align with our aims of
reducing suicide across the region.

6) Improving data and evidence
Having completed a local suicide audit, Warwickshire have a number of areas they plan to look into
more deeply. Namely, variations in suicide rates across the region and qualitative work around young
people and self-harm. We plan to undertake a similar piece of work in Coventry. Both areas also plan
to keep up-to-date with PHE national publications and guidance.

7) Working together
Working together encompasses professional partnerships both within each local authority and further
afield. There are plans to establish a multi-agency suicide prevention group with the potential to span
both Coventry and Warwickshire. Membership would potentially include input from: the three CCGs
in the area, Coventry and Warwickshire Partnership Trust (CWPT), Warwickshire County Council
People Group mental health commissioners, Coventry Public Health, Network Rail, Warwickshire and
Coventry Police, Coventry and Warwickshire Coroner’s office, National Suicide Prevention Alliance
(NSPA), Samaritans and other voluntary sector colleagues such as the Farming Community network,
service users and suicide survivors from Warwickshire Well-Being Hubs, co-production services and
families affected by suicide. This list is not exhaustive and we would encourage all interested partners
to have a voice.
Warwickshire’s Suicide strategy highlights the importance of sharing information and best practice
with the rest of the West Midlands and we are in agreement that Coventry and Warwickshire will work
together wherever possible.
Working Together also includes the need to foster closer working relationships with families,
particularly those affected by suicide, and to improve communication between families and services
around potentially suicidal individuals.

This strategy for Coventry will utilise these same seven priority areas and share actions where appropriate.
An initial action plan based around these priorities is available in Appendix 1. Although the ultimate aim is
to establish a suicide prevention group spanning Coventry and Warwickshire, it is recognised that achieving
this level of collaboration takes time to establish. Therefore, in the first instance it is proposed to set up a
Task and Finish Group of interested local partners in Coventry to convene in early 2017 so that action
against suicide is not delayed. This group will include representatives from local mental health
commissioners, providers and voluntary sector agencies. Through this group, it is envisaged that there will
be close collaboration with wider local authority departments, universities and business leaders to broaden
our reach beyond those already known to health services.

7.4 Our Potential Partners
In ‘Preventing Suicide: A global imperative’ the World Health Organization call for a systematic
response to suicide and making prevention a multi-sector priority involving not only health care but
education, employment, social welfare, the judiciary and others. The factors leading to someone
taking their own life are complex but they are amenable to change. This strategy works on the
assumption that every suicide is preventable provided that prevention measures address this
complexity.

No single organisation is able to directly influence all factors - services, communities, individuals and
society as a whole work together to help prevent suicides. Below are examples of areas we need to
engage in our work towards Zero Suicides:

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23 World Health Organization (WHO), Preventing Suicide: A Global Imperative, 2014. Available from:
### Arena for Action

<table>
<thead>
<tr>
<th>Arena for Action</th>
<th>Examples of groups to involve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wider Community</td>
<td>Community and voluntary sector organisations, sports clubs, educational establishments, faith</td>
</tr>
<tr>
<td></td>
<td>groups, retail organisations, housing trusts, prisons and probation services, workplaces, employment support</td>
</tr>
<tr>
<td>Health and Well Being Board</td>
<td>Local Authorities, Public Health, CCG, Police, Fire, Voluntary Sector etc.</td>
</tr>
<tr>
<td>Primary Care</td>
<td>GP Practices, Community Health Trusts, IAPT providers</td>
</tr>
<tr>
<td>Secondary Care</td>
<td>Mental Health Trusts, A&amp;E Departments, CAMHs Teams, Hospitals, Ambulance Trusts</td>
</tr>
</tbody>
</table>

#### 8. Accountability and Governance

From April 2013 the co-ordination of suicide reduction became a local authority responsibility, with guidance provided by Health & Wellbeing Boards, as set out in the government’s 2012 national strategy for suicide reduction “Preventing suicide in England - A cross government outcomes strategy to save lives”. The Task and Finish Group leading the work arising from this strategy will provide reports to Coventry Health and Wellbeing board so that progress can be monitored.

#### 9. How will we know when we have achieved our vision?

We will have achieved our overarching vision when we can demonstrate through an action plan that suicides in Coventry have reduced. We will strive to realise zero suicides in Coventry – some may say it is an overly ambitious aim but it is one that will always teach us lessons about where we can improve.

The action plan will be a practical tool for implementation and is intended to be updated regularly to reflect changing needs and demands.

#### 10. Acknowledgements

This document has been produced with significant supporting material from *Warwickshire Suicide Prevention Strategy 2016-20* produced by the Warwickshire Public Mental Health and Wellbeing Team, Warwickshire County Council. We must credit them for developing the seven priority areas on which our strategy relies.

Special thanks to Terry Rigby for his significant contribution in the development of this strategy and to Dr Charlotte Gath (Consultant in Public Health, Warwickshire County Council) for her support.
Appendix 1

DRAFT Action Plan

The following plan incorporates actions required to meet the nine pillars of a ‘Suicide Safer Community’ and aligns them to the priority areas produced by Warwickshire. It presents a clear, coherent approach to be applied across Coventry to reflect our vision of Zero Suicides. In the first instance, the Task and Finish Group will coordinate these actions and provide oversight between reports to Health and Wellbeing Board. It is expected that a more specific action plan will arise when this group convenes in early 2017.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Lead</th>
<th>Timescale</th>
<th>Target Group</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing the risk of suicide in key high risk groups</td>
<td>Support and commission accessible suicide intervention services e.g. improve crisis response, ensure services are responsive and offer appropriate support</td>
<td>CCG</td>
<td></td>
<td>Vulnerable groups, population at risk of mental ill health</td>
<td>Improved clinical intervention to reduce suicide rates</td>
</tr>
<tr>
<td></td>
<td>Support and commission proactive suicide prevention activities e.g. training of community gatekeepers, suicide awareness training for frontline staff</td>
<td>CCG/Public Health</td>
<td></td>
<td>General population/community services involved in preventing suicide</td>
<td>Reduce the risk of suicide in the population; improve communication around the issue of suicide so that people feel safe to seek help and that help is clearly signposted</td>
</tr>
<tr>
<td></td>
<td>Identify opportunities for establishing robust referral and support systems with the necessary training realised e.g. good links with substance misuse services, GP suicide prevention training.</td>
<td>CCG</td>
<td></td>
<td>Vulnerable groups, population at risk of mental ill health</td>
<td>Improve mental health services to allow early intervention to prevent suicide in those with mental health issues.</td>
</tr>
<tr>
<td>Review and improve discharge</td>
<td></td>
<td>CCG/Acute and Mental Health Trusts</td>
<td></td>
<td>Vulnerable groups at higher risk of</td>
<td>Vulnerable people feel supported when they are</td>
</tr>
<tr>
<td>Planning processes for vulnerable people e.g. people with known mental health problems, people with chronic illnesses</td>
<td>suicide</td>
<td>stepped down from secondary/tertiary services.</td>
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<tr>
<td>Build on the success of the It Takes Balls to Talk campaign by continuing to target the suicide awareness message at sporting events in the Coventry and Warwickshire area</td>
<td>It Takes Balls to Talk Steering Group</td>
<td>General population, particularly men</td>
<td>Reduce stigma surrounding suicide; increase help seeking behaviour with regards to mental and emotional health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tailoring approaches to improve mental health in specific groups</td>
<td>Public Health</td>
<td>General population/vulnerable groups</td>
<td>Improve overall public mental wellbeing to reduce the risk of suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within Public Health contracts ensure the promotion of mental health and wellness activities e.g. 0-19 services to increase emotional resilience in young people, reduce stigma around mental distress and suicide</td>
<td>Public Health</td>
<td>General population/vulnerable groups</td>
<td>Improve overall public mental wellbeing to reduce the risk of suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure active engagement with the Coventry and Warwickshire Mental Health Care Crisis Concordat to drive forward the aim of reducing suicides</td>
<td>CCG</td>
<td>Those with a known mental health problem who could be at risk from suicide</td>
<td>Reduce rates of suicide amongst those known to mental health services</td>
<td></td>
<td></td>
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<tr>
<td>Increase awareness of</td>
<td></td>
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</tr>
<tr>
<td>Reducing access to the means of suicide</td>
<td>overdose of prescribed opiates amongst GPs and hospital prescribers</td>
<td>CCG</td>
<td>Vulnerable groups</td>
<td>Reduce fatal suicide attempts</td>
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</tr>
<tr>
<td>Work with network rail</td>
<td>Samaritans</td>
<td>Ongoing</td>
<td>Vulnerable groups</td>
<td>Reduce fatal suicide attempts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reducing the impact of suicide</th>
<th>Support accessible suicide bereavement services e.g. improve communication between mental health/crisis services and families</th>
<th>Voluntary sector bereavement support providers</th>
<th>People affected by suicide</th>
<th>Reduce the impact of suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work in conjunction with existing services to develop support for those exposed to, bereaved by or affected by suicide and encourage the use of the 'Help is at Hand' booklet developed by PHE</td>
<td>Task and Finish Group</td>
<td>Individuals affected/bereaved by suicide</td>
<td>Reduce the impact of suicide; Standardise approach to supporting those bereaved by suicide</td>
</tr>
</tbody>
</table>

<p>| Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour | Support local initiatives through existing communications networks to increase suicide awareness e.g. It Takes Balls to Talk campaign | Comms teams (Public Health/Local Authority/CCG) | Ongoing | General Population/Vulnerable populations | Increase in help seeking behaviour; reduce stigma around talking about suicidal feelings |</p>
<table>
<thead>
<tr>
<th>Participate in World Suicide Prevention Day; as well as publicising events, send an annual reminder to local press about the importance of adhering to Samaritans Media Guidance</th>
<th>Comms teams (Public Health/CCC), Voluntary sector agencies</th>
<th>10th Sept (annually)</th>
<th>General Population</th>
<th>Communicate with the general public that suicide prevention is a priority in Coventry; show support for those in the city affected by suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather background information - incidence/prevalence of suicide in Coventry, awareness of current strategies in place</td>
<td>Public Health</td>
<td>October 2016</td>
<td>Local Authority, other members of the key partnership agencies</td>
<td>Provide knowledge base for interventions and baseline figures to measure improvement</td>
</tr>
<tr>
<td>Undertake a 'Suicide Audit' of coroner's records</td>
<td>Public Health</td>
<td>End of 2016</td>
<td>Board overseeing Suicide Strategy</td>
<td>Identify any vulnerable groups or means of suicide that are a particular risk in Coventry</td>
</tr>
<tr>
<td>Follow national publications, provide evidence for consultations where appropriate and discuss implementation of new recommendations as appropriate</td>
<td>Public Health</td>
<td>Ongoing</td>
<td>CCG/NHS Mental Health Trust, Board Overseeing Suicide Strategy</td>
<td>Coventry is in line with national strategies on suicide prevention</td>
</tr>
<tr>
<td>Working Together</td>
<td>Identify a multisector committee to oversee implementation of suicide prevention strategy and spearhead future initiatives.</td>
<td>Public Health</td>
<td>ASAP</td>
<td>Stakeholders, key partnership agencies</td>
</tr>
<tr>
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<tr>
<td></td>
<td>Identify organisations linking in with the Task &amp; Finish Group to support implementation and hold regular engagement events</td>
<td>Task and Finish Group</td>
<td>January 2017</td>
<td>Voluntary sector, national transport agencies, coroner's office etc.</td>
</tr>
<tr>
<td></td>
<td>Further develop long term opportunities for effective suicide/suicidal</td>
<td>Task and Finish Group</td>
<td>General population whose circumstances increase the likelihood of suicidal behaviour regardless of pre-existent mental illness</td>
<td>Reduce the chances of reaching the 'crisis point' which we know</td>
</tr>
<tr>
<td></td>
<td>behaviour reduction in the sectors of education, criminal justice, employment, housing, university, and public transport</td>
<td></td>
<td></td>
<td>increases the risk of suicide</td>
</tr>
<tr>
<td></td>
<td>Agree strategy and action plan priorities and monitor delivery of plan</td>
<td>Health and Well Being Board</td>
<td>December 2016</td>
<td>Vulnerable groups, population at risk of mental ill health</td>
</tr>
</tbody>
</table>
Suicide Prevention:
Overview of the stakeholder event to drive forward plans for a Coventry City Council Suicide Prevention Strategy // 22\textsuperscript{nd} Sept 2015

A Brief Background
In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact.
Figures released by the Office for National Statistics (ONS) in February 2015 showed that suicides in the UK had rose by four per cent in 2013.

In 2013, 6233 suicides were registered in the UK; a rate of 11.9 per 100,000 (19 per 100,000 for men and 5.1 per 100,000 for women).

The male suicide rate is the highest since 2001, and suicides among middle aged men aged 45-59 are at 25.1 per 100,000 which is the highest rate for this group since 1981.

*Preventing suicide in England: A cross-government outcomes strategy to save lives (2012)* stated

“**THERE ARE DIRECT LINKS BETWEEN MENTAL ILL HEALTH AND SOCIAL FACTORS SUCH AS UNEMPLOYMENT AND DEBT. BOTH ARE RISK FACTORS FOR SUICIDE. PREVIOUS PERIODS OF HIGH UNEMPLOYMENT AND/OR SEVERE ECONOMIC PROBLEMS HAVE BEEN ACCOMPANIED BY INCREASED INCIDENCE OF MENTAL ILL HEALTH AND HIGHER SUICIDE RATES.**”

*A recent British Medical Journal Study (published August 2012)* showed clear evidence linking the recent increase in suicides in England with the financial crisis that began in 2008 for both men and women.

English regions with the largest rises in unemployment have had the largest increases in suicides, particularly among men. Recent figures for the West Midlands showed that suicide rates have increased by 24 per cent, with 2007 data recording 245 deaths by suicide/undetermined deaths and the 2010 data showing the number of recorded deaths being recorded as 450.

The draft Coventry Mental Well-being and Mental Health Assets and Needs Assessment recognises that increasing health inequalities are having a detrimental effect on the mental health and well-being of the most vulnerable communities and there is a need to develop intelligence and establish a clear framework for ensuring that suicide prevention is realised strategically as an integral part of the wider public mental health and wellbeing agenda.

*ONS data 2011-13 highlights that although not statistically significant, suicide in Coventry was 10.0 deaths per 100,000 population, which was higher than both the regional and national estimates (8.3 and 8.8 deaths per 100,000 respectively).*

It is recognised by Coventry City Council that to have a real impact on suicide rates across Coventry, there is a need for the development of a City Wide Suicide Prevention Strategy that brings together a range of sectors and service providers across Health and Social Care and beyond.

The Suicide Prevention Stakeholder Event on the 22nd September 2015 brought together a range of organisations from across the city with the following intended outcomes:

> Awareness of the issue of suicide
> The start of a community approach to suicide prevention
> The development of a multi-agency steering group to inform a Coventry wide strategy
  > Knowledge of services, gaps, needs.
> Access to potential future learning opportunities
The Presentation

Based on the outcomes outlined above – An overview of suicide (internationally, nationally and locally), suicide prevention approaches and an opportunity to consider possible next steps was presented to delegates present.

The abridged version of this presentation can be found at the following link in PDF Format

Workshop Discussions:

Three key questions were asked of delegates, with an opportunity to discuss for a 30-minute period of time, before frank on key points. The questions were as follows:

Workshop Questions...

- What, in your opinion, are the key service gaps in current provision regarding suicide prevention across communities?
- What would excellent community based suicide prevention provision look like?
- Please provide 3 priority areas that you think should be included as an "absolute must" in a suicide prevention strategy for communities for Coventry.

Workshop Responses:

Question 1: What, in your opinion, are the key service gaps in current provision regarding suicide prevention across communities?

The responses have been grouped according to key areas of commonality24:

A) Time:
   - Time – not enough of this is spent or available, trying to get to the root of problems/issues
   - Waiting time for counselling/other services
   - GP’s – time/approach

B) Knowledge:
   - Lack of in depth information only stats
   - Stigma of suicide, how it is managed in agencies – recognition not stigma
   - Lack of knowledge about organisations/lack of links between organisation

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24 Please note responses have been duplicated where it is felt they fit into more than one category.
* Links to other areas of wellbeing and support
* Need to have a clear action plan when someone presents suicidal thoughts. This takes the responsibility away from you as you know you have done everything you can to offer support.
* Lack of clarity around responsibility
* Gaps in information for public

C) Resources/Services

* 16-18 years’ gap – No adults /Children
* Links to other areas of wellbeing and support
* Lack of prevention support prior to “crisis”
* Lack of knowledge about organisations/lack of links between organisation
* Lack of peer mentoring
* GP’s – time/approach
* Out of hours’ services / crisis team
* Mental health leads at GP surgeries
* Lack of services for isolated people
* Support for children /teenagers
* Advice for teachers
* Gaps in intervention in general

D) Financial:

* Funding

E) Training:

* Training/reflection upon ability to have difficult conversations or offer help
* Need to have a clear action plan when someone presents suicidal thoughts. This takes the responsibility away from you as you know you have done everything you can to offer support.
* GP’s – time/approach
* Advice for teachers
* More training in general

F) Planning:

* Lack of clarity around responsibility
* Gaps in intervention in general

Question 2: What would excellent community based suicide prevention provision look like?

A range of ideas were supplied in respect to “Community Facing” suicide prevention provision. Many of these areas require little investment but would reap great rewards including the development of network opportunities and building on intelligence through improved information.

There appears to be a range of options to be considered further in respect of providing opportunities for upstream engagement in accessible, community based locations – For most of these areas proposed, there is a relatively strong evidence base regarding suicide prevention including GP Training, Buddy Services, Outreach work, Peer support and social media/technology development.

* Develop inclusion in communities
* Things to do – places to go
* Build resilience
* Develop areas where people feel they can share information – have trust
• Training to identify and support (signs – symptoms and behaviour)
• A place/ someone to listen
• Multi agency working
• More outreach work e.g. Schools
• Improve drop in services – more accessible with shorter waiting times
• Services available to get people involved in activities which will support their wellbeing e.g. home visits to support people to take part
• More services for isolated people
• Buddy services
• Better information
• GP training/awareness
• Less onus on drugs
• Better communication between services (consistency)
• On-line support
• Peer support
• Directory of resources
• Appropriate training – for frontline staff
• Challenging ideas of suicide
• Early intervention
• Using different forms of media/tech to cascade messages
• Peer support/group support

Question 3: Please provide 3 priority areas that you think should be included as an “absolute must” in a suicide prevention strategy for communities for Coventry.

The responses have been grouped according to key areas of commonality:

Education and Awareness Raising

• Educating young people – schools etc.
• Education for people with responsibility i.e. teacher / community leaders etc.
• Training
• Awareness Campaigns (inclusive, not “mental Healthy” responsible reporting – pressure on media)

Young People

• Support for children and young people
• Educating young people – schools etc.
• Education for people with responsibility i.e. teacher / community leaders etc.
Community Facing

- Community based projects
- Increased outreach work

Joined Up Provision

- A clear formalised referral pathway to specialised services and support meeting the clients need
- Multi agency network which is accessible and communicates effectively
- Joined up (unified response from all services – coordinated approach)
- Clear strategy for information sharing – multi-agency working  Better packages of care following first attempt

Funding

- Proper funding with infrastructure to support your clients

Risk Minimisation

- Alcohol abuse

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25 Please note responses have been duplicated where it is felt they fit into more than one category.

Appendix 3

References and Supporting Material

Data Sources

Updated annually unless otherwise stated.


University of Manchester, The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Annual Report 2015: England, Northern Ireland, Scotland and Wales, July 2015. (N.B. 2016 annual report has been published since the strategy was written)


### Guidance Documents


### Other Resources

University of Manchester: Centre for Mental Health and Safety [http://research.bmh.manchester.ac.uk/cmhs/](http://research.bmh.manchester.ac.uk/cmhs/) Useful resource for publications related to mental health and Suicide. Responsible for the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report.


risks groups, sensitive journalistic approaches and public awareness campaigns provided there is access to support available are all potentially effective.


**Important National Groups**
The following groups produce evidence and guidance that have informed the development of this strategy.


National Suicide Prevention Alliance [http://www.nspa.org.uk/](http://www.nspa.org.uk/)

Survivors of Bereavement by Suicide (SOBS) [http://uk-sobs.org.uk/](http://uk-sobs.org.uk/)

Support After Suicide Partnership (SASP) [http://www.supportaftersuicide.org.uk/](http://www.supportaftersuicide.org.uk/) Available from here is the ‘Help is at Hand’ the booklet created in conjunction with DoH, PHE, NSPA and TASC to support anyone bereaved by suicide.
1 Purpose
1.1 To brief the Health and Well-being Board on the Local Safeguarding Children’s Board (LSCB) annual report in relation to activity of the LSCB April 2018- March 2019.

2 Recommendations
The Health and Well-being Board is asked:
1. To note the contents of the annual report.
2. To note the contents of the Coventry Safeguarding Children’s Partnership Business Plan and for agencies of the Health and Well-being Board to support the completion of this plan.

3 Information/Background
Working Together 2015 states that, ‘The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies’ planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.’

Working Together 2018 states that, ‘In order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.’

Safeguarding partners should make sure the report is widely available, and the published safeguarding arrangements should set out where the reports will be published. A copy of all published reports should be sent to the Child Safeguarding Practice Review Panel and the What Works Centre for Children’s Social Care within seven days of being published.

This report therefore comes to the Health and Well-being Board in-line with the statutory duty under Working Together 2015.

The LSCB had 5 priorities for 2018-2019:
- Children and young people who are looked after have equal opportunities to other children and young people.
• Early help services, including mental health support, are available to children and young people and are resulting in positive outcomes.
• Missing children and young people, and those at risk of child exploitation, are protected by effective multi agency arrangements.
• The profile of understanding of emotional abuse and neglect, including domestic abuse, is raised, that abuse is identified as early as possible, and that appropriate interventions are provided to prevent further abuse and harm.
• To work towards developing the partnership and continue to look forward and improve in light of the Wood Report and Children and Social Work Act 2017.

4 Highlights
• Coventry Safeguarding Children Board has now transitioned to Coventry Safeguarding Children’s Partnership and have made the decision to recruit a Joint Chair to oversee the work of both the Coventry Safeguarding Children’s Partnership and Coventry Safeguarding Adults Board to improve joint working and to look at improving the transition between Children’s and Adult’s services.
• Coventry has moved to an early help model and eight family hubs have opened which are leading to positive results for children and families.
• Signs of Safety training has been rolled out across the Partnership. There has been a strong commitment from agencies to release staff to this training.
• In 2018 the response to missing children in Coventry was improved by the launch of the Vulnerable and Missing Persons Operational Group, which is a multi-agency group that leads, reviews and recommends actions in relation to children that are missing and at risk of exploitation.
• Partners have demonstrated that they are delivering improvements in relation to looked after children and in some areas, such as school attendance, looked after children are achieving better outcomes than their non looked after peers.
• Across the City there is both a political and senior officer commitment to protecting children and young people from exploitation. Partners recognise that there are strong multi-agency outcome focused systems in place for identifying and responding to child sexual exploitation (cse) and they are now beginning to apply these to the complex issue of wider exploitation.
• The LSCB has developed low risk CSE guidance which is a significant step in responding to the fact that children and young people can move very quickly between the levels of risk and that all practitioners working with young people must be equipped with the knowledge and skills to both identify children at risk and intervene at the earliest opportunity to prevent the risks from escalating.
• The Board is assured that across the City there are good policies, procedures and training in place to ensure that Domestic Abuse is identified at the earliest opportunity across agencies. There is also a clear recognition that tackling domestic abuse requires a focus on the behaviour of the perpetrator and there are some examples of agencies working together to respond to this need.

5. Priorities for 2019-2021
The following have been agreed as the priorities for 2019-2021:
• Neglect
• Making the system work
• Contextual safeguarding

Report Author(s):
Name and Job Title: Rebekah Eaves, Coventry Safeguarding Children’s Partnership and Coventry Safeguarding Adults Board

Directorate: People Directorate

Telephone and E-mail Contact: Tel: 024 76976827 or e-mail Rebekah.eaves@coventry.gov.uk

Enquiries should be directed to the above person.

Appendices
Coventry Safeguarding Children’s Partnership Business Plan on a page.
Coventry Local Safeguarding Children Board Annual Report
April 2018 to March 2019
I am pleased to introduce the Coventry Safeguarding Children Board (CSCB) Annual Report covering the period from April 2018 to March 2019.

The CSCB is required to publish an Annual Report on the effectiveness of safeguarding in its area, including an assessment of local safeguarding arrangements, achievements made and the challenges that remain.

This report sets out the work of The Board and its understanding of the effectiveness of safeguarding arrangements across Coventry. The report also aims to give those people who live and work in Coventry a greater understanding of the way agencies work together and individually to keep children safe from harm and abuse.

The board continues to rise to meet new challenges with a strong commitment by our partners to the CSCB’s work. We have been able to have frank and strong discussions on a wide range of issues. This has been vital in keeping our safeguarding system as strong as possible.

The report contains a lot of detail, facts and figures which help us to understand how well we are doing. We continue to work to ensure the data we do collect will help us to understand progress against our priority areas of work and against the performance of other areas in England.

Some highlights from this year’s work:

- The roll out of various levels of training for the Signs of Safety model of working with children and families. This has needed a strong commitment from agencies to release staff to this training.

- Family Hubs are now integrated into communities, and this is providing a clear pathway into early help for children and families.

- A multi-agency survey completed at the end of the year asked partners about their experiences with family hubs: 80% of respondents said they had used a family hub, and all but one reported a positive outcome.

- In 2018 the response to missing children in Coventry was improved by the launch of the Vulnerable and Missing Persons operational group, which is multi-agency group that leads, reviews and recommends actions in relation to children that are missing and at risk of exploitation.

- Finally the board members have been working to implement the changes in legislation, this will see a new way of doing business. That said our core work and reason for working in partnership remains the same, to challenge and support all agencies in Coventry to safeguard and promote the welfare of our children.

This will be my last report having completed three years in the role of Independent Chair. A new independent chair and scrutineer will be taking over from August 2019 as the new legislation and arrangements are taken forward.

I would like to thank all the Board staff, for their continued support over those three years in the smooth functioning and promotion of the CSCB. I would also like to thank members
of the Board, from across the partnership of our voluntary, community and statutory
services and all the frontline practitioners and managers for their commitment, hard work
and effort in keeping children and young people safe in Coventry.

David Peplow
Independent Chair

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Introduction
Introduction

This report outlines the achievements and challenges of Coventry Local Safeguarding Children’s Board (LSCB) from April 2018 to March 2019, using both quantitative and qualitative information about safeguarding activity in Coventry. It evaluates the impact of Coventry’s services on outcomes for children and shows how the work of the Board has contributed to improving outcomes for Coventry children. It also details the Board’s progress in implementing its current priorities.

The objectives of an LSCB are clearly set out within Section 14 of the Children Act 2004:

a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

b) To ensure the effectiveness of what is done by each such person or body for those purposes.

In order to fulfil its statutory functions under Regulation 5 of the Local Safeguarding Children’s Board Regulations 2006 as a minimum an LSCB should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

For 2018-2019 the LSCB priorities were:

Children and young people who are looked after have equal opportunities to other children and young people.

Early help services, including mental health support, are available to children and young people and are resulting in positive outcomes.

Missing children and young people, and those at risk of child exploitation, are protected by effective multi-agency arrangements.

The profile of understanding of emotional abuse and neglect, including domestic abuse is identified as early as possible, and that appropriate interventions are provided to prevent further abuse and harm.

The Board to work towards developing the safeguarding partnership and continue to look forward and improve in light if the Wood Report and Children and Social Work Act 2017.
Local context
Local background and context

Coventry population

Total Coventry Population is £366,800. It is the 14th fastest growing local authority area out of 381 nationally.

School pupils on roll known to be eligible and claiming free school meals in 2018 are 4081 in Coventry, which is 6% of the Total Coventry Population.

The latest population projection suggests an estimate for 2018 of looked after children in Coventry is 703.

At the end of the year, there were 703 looked after children in Coventry.

In 2018, 90.24% of looked after children had up-to-date immunisations.

Population projections for 2015 and 2021 are as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015</th>
<th>2021</th>
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<tbody>
<tr>
<td>0-4</td>
<td>23,573</td>
<td>26,000</td>
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<tr>
<td>5-9</td>
<td>22,973</td>
<td>24,000</td>
</tr>
<tr>
<td>10-14</td>
<td>18,971</td>
<td>22,000</td>
</tr>
<tr>
<td>Total 15s</td>
<td>65,517</td>
<td>72,000</td>
</tr>
</tbody>
</table>

The latest population projection shows a higher proportion of households with children aged under 18 in Coventry compared to England, with 21.54% of households being lone parent households, which is 10% higher than the national average.

<table>
<thead>
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</tr>
<tr>
<td>Total 15s</td>
<td>65,517</td>
<td>72,000</td>
</tr>
</tbody>
</table>
Children aged 0-15 show that increases across all age ranges are predicted:

In 2018, 100% of children in special schools, 15.5% of children in primary schools and 13.8% of children in secondary schools had a statutory plan of Special Educational Needs (statement or EHC plan) or were receiving SEN support.

25.30% of children are in relative poverty and living in low income households.

19,785 children in Coventry have a first language other than English

11,170 households do not have a person in the home who speaks English as a first language.

The main 3 non-English languages spoken in Coventry schools are Punjabi, Polish and Urdu.
Outcomes for Coventry children
Outcomes for Coventry children

Summary

2018-19 has been a year of change for the Coventry Safeguarding Children Board, and the partners have worked hard together to manage the impact of new legislation without losing sight of its day to day business. Family Hubs are now integrated into their communities, and this is providing a clear pathway into early help for children and families. Coventry’s Local Authority received a focussed visit from Ofsted in March 2019 on the theme of looked after children and permanence and received positive feedback. Ofsted said that:

• A strong political commitment to looked after children is in place.
• Workers will ‘go the extra mile’ to make sure that the needs of children are met.
• All children were in placements that met their needs.
• Leadership understand the service and know what good looks like.

Within safeguarding specifically, outcomes for children have remained positive overall although Coventry saw, over the middle of the year, an increase in the number of children being taken into Local Authority care.

Figure 1: Children starting care 2018-19

The section below provides more detail on the progress being made on outcomes for children.

Early Help

In 2018 Coventry moved from the Common Assessment Framework (CAF) to an Early Help model, opening 8 family hubs across the city to ensure children and families could access the correct support to prevent risk escalating. If more structured support is required, Early Help staff refer into the Multi Agency Safeguarding Hub (MASH) to ensure children are protected; over the last year this took place in 26% of cases indicating clear risk management within Early Help. A multi-agency survey completed at the end of the year asked partners about their experiences with family hubs: 80% of respondents said they had used a family hub, and all but one reported a positive outcome.

Figure 2: Early Help Open cases 2018-19
Children in Need

At the close of the year there were 1705 open Children in Need cases in Coventry, a reduction from 2225 at this time last year.

<table>
<thead>
<tr>
<th>Month</th>
<th>March 15</th>
<th>March 16</th>
<th>March 17</th>
<th>March 18</th>
<th>March 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2319</td>
<td>2292</td>
<td>2175</td>
<td>2225</td>
<td>1705</td>
</tr>
</tbody>
</table>

52% do not yet have a plan and whilst this is potentially because they are still in the early stages of assessment it is important to avoid delay and the escalation of risk, and Children’s Social Care monitor cases regularly to ensure timeliness of work. Positively, just under 100% of children in need had their plan either enacted or updated in the last 6 months and 76% of children were visited in the last 4 weeks showing that Coventry practitioners understand the importance of maintaining positive relationships with children and families and are actively and regularly reassessing risks and positive factors for each family they work with.
**Child Protection**

Over the year the number of children subject to a child protection plan has reduced significantly.

*Figure 4: Child Protection Plans open at 31 March (rate per 10,000 children)*

- Coventry: 60
- Statistical Neighbours: 94
- England: 67

The number of new Child Protection plans started across the year has been steadily reducing in Coventry since 2016 and this year continues that trend, bringing Coventry below its statistical neighbour per 10,000 children and more closely in line with the England average.

*Figure 5: Child Protection Plans started in the year (rate per 10,000 children)*

- Coventry: 76
- Statistical Neighbours: 85
- England: 112
- Statistical Neighbours: 101

If child protection measures are required to safeguard a child this continues to happen in a timely way: 80% of initial child protection conferences take place within 15 working days and 94% of those result in a formal Child Protection Plan which generally indicates that the correct cases are being sent to conference.

The number of Child Protection plans being reviewed within timescales in Coventry has reduced over the last 5 years, in line with a decrease in timeliness across statistical neighbours and the national average. This indicates some work to be done in ensuring that plans continue to be dynamic documents which fit the lives of children and young people and are flexible in safeguarding them in accordance with their individual need.

*Figure 6: CP plans reviewed in timescales*
The number of repeat referrals into Child Protection at year’s end is 26%, slightly decreased from last year’s position of 27% but above statistical neighbour and England averages in this area. This indicates that there is still some work left to do in Coventry to ensure professional judgement is being exercised appropriately, and cases only being closed when the risk has been effectively reduced and children are safe in the long term.

**Looked After Children**

The picture across the year of children in local authority care reflects the theme of more children and young people taken into care compared to the preceding year, but broadly stable with little significant fluctuation month on month.
However, Coventry remains stubbornly above the regional and national averages for the number of episodes of care started per annum. This may represent the levels of poverty and deprivation in the city: the most recent statistics from the National Office for Statistics and End Child Poverty Coalition (last updated 2017) shows that 32.77% of Coventry children are in poverty. In this instance, poverty is defined as the number of families with children on out of work benefits and children in families on tax credits whose reported family incomes are below 60 per cent of the median.

There are no particular trends to consider in this area; the ages of looked after children in Coventry during the year remain generally comparable to those over the previous two years.
The health care offered to looked after children continues to be a focus for partners. Statutory guidance indicates that all children receive a comprehensive health assessment and health care plan to address their health needs within 28 days of coming into care (commissioned by the CCG and delivered by LAC Health team Paediatricians at CWPT), and every 6 months for children under 5 and annually for 5-18 year olds throughout the duration of their time in care. DfE monitors the percentage of review health assessments/health care plans for children who have been in care over 1 year. The 2018-19 data on this cohort indicated that 79% of looked after children received a review assessment, which is a drop in performance from last year. School Nursing/Health Visiting commissioned by LA Public Health completes 200 review assessments and the remainder are completed by CWPT LAC Health service. Both the Clinical Commissioning Group (CCG) and Public Health LA monitor the local performance in relation to initial (CCG) and review health assessments (CCG and LA PH) through a contractual KPI and work continues to improve the timeliness and quality of the statutory health assessments and care plans of looked after children.

The education of looked after children is also an area of interest for the Board, and indicators show a good level of achievement with the % of looked after children excluded from school holding generally steady at 12%, up 2% from 2017/18. Overall, 48 Looked After Children were excluded across the year totalling 248 days.

During the year the Effectiveness and Quality Subgroup completed an audit on the theme of looked after children which found areas of good practice and areas for development. Further detail of the audit and its results can be found in the ‘Quality Assurance and Audits’ section of this document.

**Domestic Violence**

Coventry has a higher rate of domestic abuse than the national average but is similar to its neighbours within the West Midlands region. Domestic abuse is a priority for the Board because of its prevalence (the Coventry Domestic Abuse Strategy 2018-2023 states the annual cost of domestic abuse in the city is estimated to be £34.8 million) and it is recognised that so-called honour based violence and forced marriage are taking place in the City and so are part of this area of risk and need. In 2018 Coventry
Coventry Local Safeguarding Children Board

Published its multi-agency Domestic Abuse strategy 2018-2023 which contains strategic priorities and proposed outcomes; the Board is conducting a multi Agency Enquiry Panel focussed on domestic abuse in May 2019 and will view the outcomes in the context of the strategy to obtain assurance around how partners are working to identify and manage issues of domestic abuse in the city.

Early Years and Educational Attainment

There continues to be improvement in the early years of children’s lives in Coventry. 67.75% of children aged 5 are assessed as having a good level of development as opposed to 65.4% last year, and whilst this is lower than the national average it is still an improvement for Coventry and is comparable to local areas with similar levels of need and deprivation.

For all school age children eligible for free school meals, the proportion achieving good development is lower than the average for all children, but Coventry’s children receiving free school meals are performing better than their West Midland counterparts in every area except Birmingham.

Education, children’s services and schools are regulated and inspected by Ofsted. Coventry’s primary school performance in the Ofsted league tables of local authorities indicates that overall, 62% of pupils are meeting the expected standard (compared to 64% nationally) and 5% achieving at a higher standard (compared to 10% nationally).

Missing Children

Missing children are a Board priority as they can be increasingly vulnerable to abuse and exploitation. In 2018 the response to missing children in Coventry was improved by the launch of the Vulnerable and Missing Persons operational group, which is a multi-agency group that leads, reviews and recommends actions in relation to children that are missing and at risk of exploitation. Whilst Coventry recorded 1027 missing episodes across the year, these related to 194 children and young people, evidencing a pattern of a core group of young people responsible for a high number of episodes.

Young people who go missing are offered a Return Home Interview (RHI) once they are found to try and ascertain the reason for their missing status, and to see whether any intervention could prevent a recurrence of the behaviour. Over the year, 36.7% of these interviews were completed with nearly 50% of young people declining an interview after a missing episode.

This raises concerns that the triggers to some young people going missing may not be captured, and therefore work cannot focus on identifying and managing the causes thus preventing a further episode. It is clear that in Coventry there is still work to be done to prevent children going missing so frequently and to ensure that the information obtained from return home interviews is used effectively.
Whilst RHI completed figures appear low, it is noted that in almost 50% of cases the young person refused to engage with the interview, and in 11% of cases they were unavailable. Unavailable, in this context, can often include ‘not applicable’: for example, young people from other local authorities placed in Coventry are not applicable for a Coventry RHI as their home area should complete this work. Unfortunately recording systems mean they appear on Coventry statistics. Positively, the overall data evidences that approximately only 3.5% of RHIs are not completed without a defensible reason.

Child Exploitation (CE)

Agencies across Coventry have continued to develop the support they are able to offer to children who are at risk of or experiencing exploitation; over the year, this support has extended from solely supporting children at risk of sexual exploitation (CSE) into identifying and supporting those at risk of or experiencing wider exploitation. This contextual safeguarding includes children who may be involved in ‘county lines’ – couriering money or drugs for criminal organisations.

As wider exploitation is a new theme which has emerged for the partnership over the last 12 months, work is being undertaken to consider a city-wide response to this kind of abuse and harm and Coventry will seek to publicise is approach as soon as referral and support pathways have been formally agreed.

The Coventry Horizon team have continued to complete significant pieces of prevention work with suspected perpetrators and with known locations including private homes and hotels in the city. The Horizon team works with young people who are being targeted for the purpose of sexual exploitation and those who are fully entrenched and unable to recognise their abuse. Horizon is a statutory social care team that consists of Social Workers, Youth Workers, a Children and Families Worker, a Health Worker and a Police Officer. Young people who are in need of support from the Horizon team are usually supported via the Child In Need or Child Protection processes. The Youth Workers also support those who are in Local Authority care. The team will support young people to recognise their abuse by working with them around understanding healthy and unhealthy relationships, grooming, online safety and sexual exploitation.

The CE Subgroup, a multi-agency Board group regularly considers information on CSE across the city, including the numbers of children at risk of CSE and the numbers of children missing, 53.1% of whom are at risk of CSE. Currently 294 children in Coventry are experiencing or at risk of sexual exploitation, 236 of whom are female. These young people are being supported by services and are therefore likely to have significantly better outcomes.

Crime and Young People

The number of first time entrants into the criminal justice system has remained slightly higher than last year in the aged 10-17 population. However, Coventry’s Youth Offending Services has demonstrated a general pattern of lower first time entrants than its family group average since 2014-5:

![Figure 10: % of return home interviews completed](image-url)
The number of young people re-offending presents a positive picture with Coventry again below its family group average, indicating effective intervention by Coventry’s Youth Offending Services. There is also an evident trend of fewer young people receiving custodial sentences: at year’s end there were a significantly lower number of young people sent to custody than the comparative quarter, and after a rise in quarter 2 earlier in the year the number of custodial sentences imposed steadily reduced. 

Figure 11

Overall, we have seen a steep decline in the use of custody for 2018/19, recording the lowest rate on record for the city, meaning that more young people are receiving community sentences or remaining crime free.

Health

Children in Coventry continue to experience mental health concerns with 88.9 hospital admissions per 100,000 children per year (72 in the previous year). Given that the world Health Organisation states half of mental illness begins before the age of 14 years, this indicates that a high number of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

Obesity in children and young people in Coventry remains broadly in line with national averages, as does hospital admissions for unintentional and deliberate injuries for those aged 15-24. However, children between the ages of 0-14 in the same hospital admission category is significantly higher, at 203.7 children per 100,000 than the regional comparator of 103.4 and the national comparator of 96.4. The immunisation rate in Coventry continues to be close to or above the 90% target for childhood vaccinations.
The teenage conception rate has been reducing significantly over the past few years in Coventry, but the rate of teenage pregnancy (26%) remains above both the regional (20%) and national (18%) averages. The percentage of teenage mothers has reduced and is now only 0.3% above the regional average and 0.5% above the national average.

Female Genital Mutilation is a complex subject and one that is of concern to the Board as it is known that between 2016-17 health agencies recorded 60 instances of FGM. In 2017, West Midlands Police recorded 153 referrals in the region with 32 of those being in Coventry. As FGM is a criminal act, the Board understands that these figures only represent the tip of the iceberg and that there will be many more instances of FGM taking place in the city which go unreported. Coventry has commissioned a specialist FGM support service which has run an awareness campaign and empowered front line professionals to identify and support those who have suffered from and those at risk of FGM, and this work continues to protect vulnerable children and young females within the City from harm.
Progress against priorities
Progress against priorities

<table>
<thead>
<tr>
<th>Children and young people who are looked after have equal opportunities to other children and young people.</th>
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</thead>
<tbody>
<tr>
<td><strong>What's working well?</strong></td>
</tr>
<tr>
<td>Partners have demonstrated that they are delivering improvements in relation to looked after children and in some areas, such as school attendance, looked after children are achieving better outcomes than their non looked after peers.</td>
</tr>
<tr>
<td>Coventry City Council continues to be committed to its looked after children. There has been an increase in the numbers of looked after children in the last 6 months. This has meant that additional resources have had to be made available to maintain outcomes for our children. Outcomes for children are improving. For example, more children are being placed in internal placements and a review of the service has noted that workers are now better able to meet the needs of children.</td>
</tr>
<tr>
<td>The looked after children’s multi agency case file audit found that children are involved in plans and can contribute to them. The Board feels that this demonstrates the partners commitment to ensuring that children are at the heart of services that are delivered.</td>
</tr>
<tr>
<td>The Board has received a vast amount of information in relation to looked after children’s health and also been provided with updates against an action plan designed to ensure improvements in this area. The Board has been assured that all health assessments now come out as good or excellent and if they do not they are repeated.</td>
</tr>
<tr>
<td>The Board has worked closely with the Improvement Board to monitor the attendance of looked after children in education. 86% of all Coventry looked after children are in schools which are rated ‘good or better’ in their next inspection.</td>
</tr>
<tr>
<td>UHCW receive notifications for looked after children from Coventry Local Authority and the CCG. An alert is added to the internal electronic records system which identified them as being looked after, providing the relevant social workers details. Communication is then encouraged with the allocated social worker to advise of attendances, admissions and was not brought.</td>
</tr>
</tbody>
</table>
The Board has developed a One Minute Guide on both diversity and the voice of carers in response to the multi-agency looked after children audit.

Coventry and Rugby CCG commission in partnership with the LA Public Health commissioners health providers to deliver its statutory duties to meet the physical, emotional and mental health needs of Looked after children originating from and those placed in Coventry. The LAC Health Team at CWPT and the School Nursing/Health Visiting teams deliver the statutory health assessment component, and the CCG has jointly with the LA commissioned and introduced a LAC CAMHS service to address the emotional and mental health needs of this vulnerable group. In addition, the CCG has commissioned CWPT to complete Leaving care health summaries for all care leavers aged 16-17 years to prepare young people for adulthood and furnish them with knowledge about their health throughout their childhood and its impacts to their future health needs.

South Warwickshire Foundation Trust (SWFT) NHS provide a Coventry Family Health and Lifestyle Service (0-19 years) incorporating 7 services to improve health outcomes for families in Coventry. The service is designed to assess the health needs of the community, planning and implementing programmes that promote and protect Public Health. As well as completing a number of statutory review health assessments and updated health care plans, Looked After Children (LAC) are offered an appropriate Universal Service support package to ensure they are given opportunities to reach their full potential.

Ofsted undertook a Focused Visit in February 2019. This considered permanence arrangements for children. The outcome of the visit was positive and gave some positive comments:

- A strong political commitment to looked after children is in place.
- Workers will ‘go the extra mile’ to make sure that the needs of children are met.
- All children were in placements that met their needs.
- Leadership understand the service and know what good looks like.

Looked after children and care leavers are at the very heart of practice in Coventry City Council. This will continue in the future.

All UHCW training includes an awareness of the term looked after children and their increased needs and vulnerabilities to abuse.

The CCG Designated LAC Nurse has been strengthening relationships with Residential Care Homes and Supported Housing providers in the City to ensure that health pathways are in place between Primary Care to access health provision for children placed into Coventry by other Local Authorities.

The CCG Designated LAC nurse has been working in partnership with Looked after Children and Care Leavers on a NHS England/Improvement funded project across Coventry and Warwickshire to promote health seeking behaviour for Looked after Children aged 15-18 years to produce 4 Grab Guides and animated information related to registration and attendance at the GP’s, Dentist and the Opticians, as well as getting their immunisations up to date.
What are we worried about?

Multi – agency case file audits have shown that objectives and actions in plans are not always SMART leading to a lack of clarity around outcomes.

There is evidence that there are not always clear pathways in place for young people transitioning from children’s services to adult services meaning that there is potential for young people to be exposed to increased risk at this stage.

What needs to happen?

The Board, that will now transition to the Safeguarding Children’s Partnership, have made the decision to recruit a joint Independent Chair to oversee the work of both the Safeguarding Children’s Partnership and the Safeguarding Adults Board to improve joint working and look at improving the transition between Children’s and Adult Services.

The Board needs to improve communication with frontline staff to disseminate key messages from audits and learning and to achieve this a Relevant Agency forum, made up of frontline managers, has been written into the new arrangements. The Board will also aim to increase the use of other methods of sharing learning with the frontline such as One minute guides and virtual learning.

Clear guidance around escalation needs to be continually promoted within the partnership.

Case Study - The following case study has been provided by the Local Authority.

Children’s services has a robust monthly audit activity programme in place as part of its Quality Assurance and Continuous Improvement Framework. The following examples are drawn from the findings of Looked after children/ young people themed case file audits.
Child C; Age 13

C is subject to a Care Order for Neglect and has been in care since 2009. He has benefitted from placement stability with his siblings and supported to maintain contact with his mum which he enjoys and helps with his sense of identity and understanding of his story. There is clear evidence of his wishes and feelings being taken into account and direct work with him using Signs of Safety. A strong multi agency approach has ensured his needs at home, school and in the community are met and is helping progress access to more specialist support from CAMHS and the NSPCC regarding his emotional well-being and protective behaviours work. This is assisting his healthy and appropriate development as he moves through his childhood into independence and adulthood.

The multi-agency planning is dynamic, responding to C’s changing needs and the challenges that come with this. C is firmly at the centre of this and even when placement at home and in school has been vulnerable, the commitment from the multi-agency team has meant C continues to have people that stick by him and see him through the tough times, maintaining his security and stability.

The auditor notes:
“...the social worker has a positive working relationship with C and the professionals supporting him and is striving to meet his individual holistic needs, ensuring they are recognised and met appropriately.”
Child J; Age 12

J is subject to a Care Order and has been in care since 2015 when she was 8. She and her brother were exposed to parental domestic abuse and substance misuse at home; it is evident they experienced trauma in their home life and positive that they are placed together and able to maintain their sibling relationship. J is settled with her foster carers and has experienced placement stability and security with this being clearly identified as her long term placement. The auditor notes, “...they are long term linked and appear to be making progress.”

There are clear plans for J to continue to be supported into adulthood by her carers with Staying Put arrangements to be explored – this is aiding her aspirational plans and considerations about next steps in her education, including going to University.

The auditor notes:
“J is in a safe and secure environment with security that plans are being made and explored for her future. She is not only making progress in respect of being settled at home. She is achieving well academically and as such is part of the University Go project which takes place at Warwick University. This is for children who have the potential to go onto university.”

Overall, the outcomes for J so far are positive and there is evidence of good social work and partnership practice supporting this.

Practitioners across the City have demonstrated a genuine commitment to helping children, young people and their families at the earliest opportunity. The Family hub model continues to embed and affords communities a genuine opportunity to receive early help in a joined up way.

The members of the Board have developed and implemented an Early help assessment and partners are now being trained to record these on the Early help module to enable effective information sharing across the partnership. An Early help handbook has also been produced to guide front line practitioners and their managers across the city in undertaking Early Help work to support children and families.

SWFT NHS School Nursing Service offer a Chat Health Texting Service. Chat Health is a free service that enables 11-18 year olds across Coventry to send confidential SMS text messages to School Nurses who will provide advice and support and sign post to specialist health topics such as contraception, mental health, drugs and alcohol.

In the City West Midlands Police continue to support the street triage mental health function and have recently increased the hours of coverage. This is a police officer, mental health nurse and paramedic working together to provide a service to people in crisis. This is a 7 day a week service and has involved a significant financial commitment from all services involved.
Public Health Coventry and Warwickshire co-chair the community resilience workstream of the STP Mental Health and emotional wellbeing programme. In terms of the CYP programme element.

- There is a relationship with the CAMHS transformation plan to maximise opportunities to align Rise and early intervention/prevention developments with a broad range of programme support. Coventry and Warwickshire CAMHS leads with support from partners are in the process of submitting a bid to be a wave 2 trailblazer in the implementation of new Mental Health Support Teams (MHST’s) in schools and colleges as set out in the ‘Transforming children and young people’s mental health provision’ Green Paper.
- A self-harm working group has been established led by Warwickshire to respond to their local needs assessment and higher than national rates of admission for self-harm in YP 10-24 years.

A CAMHS liaison nurse is employed by UHCW to ensure a co-ordinated provision of service between the Acute Liaison Team (CAMHS) and young people presenting following a mental health episode. This post holder also encourages screening for CSE.

The Family Health and Lifestyle Service has been recommissioned by Public Health bringing together seven services; Health visiting, Stop Smoking in Pregnancy, MAMTA (Supporting mothers from BME backgrounds), Infant Feeding, School nursing, Family Nurse Partnership and Family Weight Management services. The new service will improve the cohesiveness of parenting support in the city through integration.

SWFT Family Nurse Partnership (FNP) is a programme for young first time mothers from pregnancy to early years that use self-efficacy to build strong relationships which is evidenced to improve outcomes. The FNP programme improves outcomes by supporting young parents to give their children the best start in life and improve family aspirations by supporting parents in securing employment or returning to education.

Public Health contracts ensure the promotion of mental health and wellness activities e.g. 0-19 services to increase emotional resilience in young people, reduce stigma around mental distress and suicide.

The CCG commissions a dedicated LAC CAMHS service for Looked after children that provide outreach up to 20 miles and a waiting time of 3 weeks. This pathway has been shared across the Residential Children’s Homes and their preferred GP.

The Local Authority have undertaken audit activity on a monthly basis over 2018/2019 to assess the outcomes of Early help service provision. Audits are identifying areas for improvements alongside examples of good practice which evidence good outcomes for children and families. Those areas requiring improvement are being addressed with the Children’s Services Continuous Improvement Plan.

SWFT Family Nurse Partnership (FNP) is a programme for young first time mothers from pregnancy to early years that use self-efficacy to build strong relationships which is evidenced to improve outcomes. The FNP programme improves outcomes by supporting young parents to give their children the best start in life and improve family aspirations by supporting parents in securing employment or returning to education.
What are we worried about?

Across the partnership there are still high numbers of referrals being referred into the MASH for statutory intervention which do not meet the threshold and are more appropriate for an early help response. There are also too many referrals received where families have not been engaged prior to referral or early help interventions attempted to prevent escalation.

There is some evidence that there needs to be further consideration about the space within the Family hubs and how this works for the multiple agencies who are using the space.

The Board is concerned that there is a lot of good early help work going on across the City but this is not always being captured.

What needs to happen?

The next steps are to increase the confidence of all agencies to take the lead in early help in order to ensure that children, young people and their families receive the right help at the right time but also from the right person. Training sessions in respect of the threshold document Right help, right time, the Early Help Assessment and the Early Help module will continue over 2019/2020 to ensure that all professionals are equipped with the tools that they need in order to lead the Early help work.

The Safeguarding Children Partnership will offer agencies who have not traditionally been involved in Board or sub-group meetings an opportunity to engage with the Board in order for the Board to better understand the work that is being undertaken with children and families by other agencies.

Case Study - The following case study has been provided by UHCW

Early help
A single mother of 4 children was admitted to General Critical Care following an emergency admission to hospital; she was fully sedated and ventilated and hence lacked capacity. She had a 21 year old daughter and 3 younger children under the age of 5 years old. The older daughter was reportedly looking after her younger half siblings while her mother was in hospital. She had shared with staff in GCC that she was unable to visit her mother due to financial difficulties (unable to fund bus fare). The hospital provided funding for the daughter to visit over the weekend.

The Consultant in GCC contacted the Safeguarding Team at UHCW concerned that the family may need some financial support however the daughter was adamant that she didn’t want Social Care intervention.
The daughter was contacted by the Safeguarding Team to discuss ‘early help’ which she consented to – the families local Family Hub were then contacted and the duty worker within the hub visited the older daughter that afternoon and ensured that the family were supported with food bank vouchers etc until benefits were received. There was also liaison with universal services who also offered support, that is the nursery who were able to provide nappies.

Case Study - The following case study has been provided by UHCW

**M’ Family**
Three children aged 6, 8 & 10, living with dad. Dad struggles with low mood and at times the care of the children. Children have contact with mum who raised concern about their presentation and dad not coping. Early Help support offered and accepted by dad.

Evidence of timely and effective use of Signs of Safety methodology to engage dad and children from the outset with clear worry statements and safety goals drafted. Early direct work identified what the children wanted to see changed and was shared with Dad to help him focus on what needed to happen. Use of words and pictures was effective at sharing the ‘children’s voice’ with Dad which in turn has led to the recognition (& action) that things need to be done differently for the children’s care. With support, the children were able to let dad know that they wanted his shouting and slapping to stop and dad was able to take this on board.

The auditor notes,
“Dad and children have remained central to the Early Help process. Any concerns have been shared with Dad promptly – and due to the positive relationship with the Family Support worker – a plan has swiftly been put into place to address the issue. Dad and children have developed outside links with the community and the Family Hub meaning that if they hit further difficult times they are more likely to seek support. The children have learnt that if they share worries with significant adults that they should be acted upon and they will be listened to - which increases the protective factors around them if Dads mental health deteriorates in the future.”

Dad fed back the following regarding the help he and the children received:

**Without Hub help** – we would have really struggled with everything that has happened over the last year.”

**He described the help as**, “Excellent - really supportive especially when health (mental) was not good.”

**Wayne is really pleased with Hub support and what else he has done through the Hub**, “activities, like food group and especially the trip (residential) away with kids...help from school walking bus, school give kids breakfast and offer activities, and Cubs / Beaver groups in community all helping to be a better Dad...not sure what (we) would have done without this kind help.”
Missing children and young people, and those at risk of child exploitation, are protected by effective multi agency arrangements What’s working well?

Across the City there is both a political and senior officer commitment to protecting children and young people from exploitation partners recognise that there are strong multi agency, outcome focused systems in place for identifying and responding to Child Sexual Exploitation and they are now beginning to apply these to the complex issue of wider exploitation.

Missing children and young people are highlighted daily on the Children’s Services Dash Board enabling oversight of any missing children/ young people. The Missing Co-ordinator sits within the Child sexual exploitation which ensures there is a multi agency approach.

Training has been given to GP’s, Nurses and Named Safeguarding Professionals to promote the needs of missing children. GP practice staff have been advised of the risks and that missing children may be victims of Child sexual exploitation and other forms of exploitation and grooming. Children deemed at risk would be discussed within the Multi Disciplinary Team’s or with local schools and escalated to Multi Agency Safeguarding Hub where appropriate.

West Midlands Police’s dedicated missing team continues to evolve and work closer with partners. Learning from feedback the team is increasing its focus on early intervention and prevention.

Child sexual exploitation continues to be a focus on internal level 3 child protection training at University Hospital Coventry and Warwickshire and all other training includes indicators of exploitation.

Horizon team, in which the Child Sexual Exploitation team sits, is looking to develop into a Child Exploitation team over the next 12 months but initially will be focusing on Youth Violence. Additional resources will be placed into this team during 2019-2020.

The multi-agency arrangements to track high-risk Child Sexual Exploitation cases remain robust and these are tracked on a daily basis. There remains a reduction in their Child Sexual Exploitation risk.

At University Hospital Coventry and Warwickshire the use of the Child sexual Exploitation Health questionnaire is continually encouraged where necessary, particularly throughout paediatrics. Paediatric casualty paperwork also contains a safeguarding tool helping to identify indicators of exploitation. Information from the Child Sexual Exploitation Operational Group is inputted into the electronic system which identifies the young people as being high risk of Child Sexual exploitation and the contact number for the relevant worker.

The Local Authority Child Exploitation Co-ordinator continues to deliver targeted awareness raising sessions that are informed by risk. Over the past 12 months these sessions have been delivered to taxi drivers, to fast food restaurants, in licensed premises and in Shisha bars.
See me hear me – We have been continuing to take a partnership approach to Child Sexual Exploitation communications through the regional See me Hear Me communications group. Messaging has taken place throughout the year with highlights including targeting teachers, putting out ‘Gaming with AJ’, a male Child Sexual Exploitation product, and specific communications on Child Sexual Exploitation Day on 18th March.

The Child Exploitation Operations group has undertaken an exercise looking at gaps in respect to agencies response to wider exploitation and this information will be used to feed into a wider strategy.

The Clinical Commissioning Group has been working in partnership with the Police and Local Authority to provide Child Sexual Abuse (CSE) awareness training opportunities. A Child Sexual Abuse conference has taken place that provided additional information and learning across the partnership in respect of Child Sexual Abuse. The key note speakers were videoed and the resource captured as training material that has been shared across the Safeguarding partnership.

The members of the Board have worked together to develop a resource which is aimed at supporting practitioners providing early help support to children at low level of Child Sexual Exploitation risk. This guidance has been launched in a number of forums including early help hubs, Police and Schools panels and Designated Safeguarding Leads meetings.

St Giles Trust will commence at University Hospital Coventry and Warwickshire in May 2019. The aim of the intervention service is to offer timely and tailored support to young people under the age of 25, who have been victims of a violent attack (youth, gang and domestic violence) and have been admitted to Coventry Emergency Department and Major trauma centre, supporting them to establish lifestyles that move them away from gang activity, violence, crime and victimisation.

West Midlands Police are supporting the creation of a youth violence reduction team. This team will look to take a public health approach to youth violence. Commitment has been given for both a Sergeant and a young person’s officer, to be co-located with the Youth Offending Service and the Horizon team. Two university gap year students have also been recruited to assist with providing support to the team.

Agencies have used techniques which have yielded proven results in Child Sexual Exploitation, to include disruption, mapping and multiagency strategic oversight and applied these to case of Child Exploitation to ensure that the risks around young people are reduced.

Coventry has recently experienced an increase of young people at risk of criminal exploitation linked to violence, knife crime, criminality, county lines and potential concerns around young people with gang / post code affiliation.

The Board has seen that young people involved in exploitation have often witnessed extremely traumatic effects and require significant support and interventions in relation to this trauma.
The Board has seen some evidence that Return home interviews are not always being used to inform planning and interventions.

What needs to happen?

There is a need to develop increasing methods of intelligence sharing to ensure that all practitioners and agencies are able to recognise, understand and respond to the risks of exploitation to children. The contextual safeguarding framework provides a model for which extra-familial and peer on peer risks can be recognised and responded to, in recognition that young people are vulnerable to abuse in a range of social contexts. The Board recognises this as a significant priority for safeguarding agencies across the City and therefore has chosen Contextual Safeguarding as a priority for 2019-2021.

The Board recognises that children and young people do not always recognise that they may be in an exploitative or abusive situation. Coventry has successfully implemented a whole systems approach to Child Sexual exploitation. Across the agencies, as well as wider partners and community organisations, training has taken place aimed at ensuring that individuals are equipped to identify and respond to Child sexual exploitation. Emphasis is placed in the shared responsibility of all agencies, communities and individuals to identify children at risk and to intervene at the earliest opportunity to prevent risks from escalating. This approach now needs to be replicated in relation to wider exploitation.

The low risk CSE guidance is a significant step to responding to the fact that children and young people can move very quickly between the levels of risk and that all practitioners working with young people must be equipped with the knowledge and skills to both identify children at risk and intervene at the earliest opportunity to prevent the risks from escalating. There is further work to be done to promote this guidance throughout the partnership.

The profile of understanding of emotional abuse and neglect, including domestic abuse, is raised, that abuse is identified as early as possible, and that appropriate interventions are provided to prevent further abuse and harm.

What's working well?

The Board is assured that across the City there are good policies, procedures and training in place to ensure that Domestic Abuse is identified at the earliest opportunity across agencies. There is also a clear recognition that tackling domestic abuse requires a focus on the behaviour of the perpetrator and there are some examples of agencies working together to respond to this need.

The LSCB Neglect Audit November 2018 identified that Neglect is identified early and interventions are used to prevent escalation.

The early help request form has clear sections where families and professionals can identify what they are worried about (emotional abuse, neglect etc) which helps in early identification and the case coming into early help. The new early help assessment which is built around signs of safety also supports the early identification of needs.
In Coventry we have been one of the first authorities within the region to have project Encompass running. This is the sharing of domestic violence incidents where children are present, with the children’s school the next school holidays.

Emotional abuse, neglect and Domestic Violence and Abuse (DVA) has been incorporated into all the internal safeguarding training at UHCW. Maternity services continue to screen women for DVA twice during pregnancy and there are regular audits undertaken to ensure that this is happening.

DA ODOC in Coventry is a Multi-agency forum held monthly, where the panel coordinate activity and provide appropriate support and enforcement that seeks to prevent DA offenders from re-offending to safeguard the victim and their family. The panel consists of representation from Women’s/DA victim support services, Police, Probation, Children’s social care, Housing, Drug/alcohol abuse, and other specialist providers (ie mentoring scheme and Domestic Violence Perpetrator Programme providers).

In a project led by the Named GP for Safeguarding, the Clinical Commissioning Group have trained and commissioned Named Safeguarding Professionals in primary care to not only contribute MASH agency checks, collate case conference reports for analysis by the Safeguarding Lead GP, but in addition, schedule monthly regular vulnerable family meetings in partnership with midwife and Health Visitor/ School Nurse. This assists with recognising patterns of abuse and neglect through robust information sharing.

Barnados are the current provider of services to children who are affected by domestic abuse. Following a recent procurement process a new service delivered by Haven, Relate and Panahghar will commence. The new service, Victims and Children’s Services for information, advice and community-based support, is part of a suite of service. The children’s and young people’s element of the service will provide support including one to one and group emotional support and safety planning, build self esteem and deliver joint sessions with the nonabusing parent to re-establish their relationship and increase the ability of the non-abusing parent to support the child and meet their needs.

Coventry is part of a pilot project to embed two members of West Midlands Police into family hubs to improve the early help offer. One of the key focuses of this work will be identification of children who are subject to multiple disadvantages using the ACES model. One significant area of ACES is children who have witnessed domestic abuse.

All South Warwickshire Foundation Trust staff are given training and advice from the Safeguarding Team to ensure they recognise the risk of abuse and are able to support families appropriately. South Warwickshire Foundation Trust Safeguarding Team provide Domestic Abuse Stalking & Harassment (DASH) training for staff.
There is a harm reduction worker and domestic abuse officer sat in the MASH, their roles have been further defined and will ensure a focus on domestic abuse across the City. These roles over the next year will ensure awareness raising around what support and resources are available and to develop work undertaken relating to domestic abuse.

The IRIS (Identification and Referral to Improve Safety) Domestic Violence Programme commenced in June 2018. It provides training to GP practices with a direct referral pathway to a domestic abuse specialist. In 2018-2019, 25 Coventry practices have participated in training resulting in 80 referrals 95% of these referrals are new to Domestic Abuse Services.

All Children’s Services staff are trained in signs of safety, this enables early identification of the needs and risks. The aim is to undertake training on the graded care profile across the City for all workers during 2019-2020 which will support further identification of neglect.

At UHCW the internal safeguarding intranet site provides useful support and guidance for staff who may be dealing with suspicion of DVA or disclosures as well as signposting to services. The trust ran a spotlight on DVA throughout November and December 2018.

Advanced practitioner leads are in Children’s Services area teams for DV to raise awareness.
Public health is establishing a monthly panel to discuss the referrals to the domestic abuse children’s service and the perpetrator service. The panel will determine the referrals that are accepted for each service element and will triangulate risks and review outcomes to ensure that effective pathways are maintained and risks and feedback is received.

Workers within the family hubs workforce have attended a range of training courses that have increased their understanding of DVA, neglect and emotional abuse.

Public Health have commissioned an 18 week perpetrator service ‘Choose to change’ that will be delivered by Relate.

UHCW Safeguarding Team are now liaising with the Named Safeguarding Professionals (GP practices) to communicate and share information where there are concerns, for example when children are not brought to appointments.

The Board Training Officer has good links with the Voluntary action and faith forums and has covered domestic abuse within Level 1 sessions.

The designated doctor for child protection and named GP have developed a ‘Stop Neglect tool’ and a training package for front line practitioners to enhance recognition of adolescent neglect.

Partners supported Public Health’s 16 days of action against Domestic Abuse in November. This campaign was also supported by local press and social media sites.

What are we worried about?

The multi-agency Neglect Audit showed that:

- The voice of the child was still absent in some assessments.
- There is a need to develop the confidence of practitioners to challenge one another and to ensure that all agencies are contributing in meetings.
- There is a need for greater inclusion of diversity needs, and more awareness of the signs of adolescent neglect is needed.

What needs to happen?

The Board needs to ensure that guidelines are made available in respect of Chairing Core Group Meetings specifically requiring Chairs to ensure that the voices of all practitioners are heard and that agencies have understood and agreed the plan.
The next steps are for agencies to ensure that the work being undertaken in their agencies is leading to improvements in outcomes for children and families. There have been some positive steps in this area, for example the Local Authority have created a monthly panel to evaluate the impact of services being delivered to children who are experiencing domestic abuse on a Child Protection Plan.

The Board recognises that Neglect is a complex issue and that practitioners need further support to ensure that they are identifying and responding to it to ensure that it leads to better outcomes for children. The Board have therefore chosen neglect as a priority for 2019-2021.

To work towards developing the safeguarding partnership and continue to look forward and improve in light of the Wood Report and Children and Social Work Act.

What’s working well?

The 3 ‘Safeguarding partners’ as named in Working Together 2018 have met on a regular basis over 2018-2019 to examine what the new arrangements might look like. The partners are committed to putting children, young people and their families at the heart of everything we do and to ensure that they work together to achieve better outcomes for children.

Consultations, including a consultation event, have taken place with wider partners to seek their views around the new arrangements. Coventry has developed strong partnerships under the auspices of the LSCB and it is hoped that these partnerships will form strong foundations for the Coventry Safeguarding Children’s Partnership moving forwards.

Coventry has supported Birmingham LSCB in the Early adopters pilot around Rapid Reviews and Safeguarding Practice reviews.

Coventry Safeguarding Children’s Partnership publish the new arrangements in June 2019 and implement by September 2019. Details regarding the new arrangements can be found here https://www.coventry.gov.uk/downloads/file/30429/coventry_safeguarding_children_partnership_-_safeguarding_arrangements

The Board is aware that new approaches are needed to ensure that the views of children and young people are captured within the Board’s activity.

The Board has heard from partners that, at times, agencies are put under pressure due to the large governance structures which they are required to service often duplicated across other geographical regions that their agency covers.
The Board needs to ensure that learning from audits and local and national learning reaches frontline staff in a more effective way, **What needs to happen?**

The Coventry Safeguarding Children’s Partnership (CSCP) will attempt to engage children and young people in an innovative way by setting up one off panels from schools at different geographical locations across the City. These panels will be made up of children who both have and have not engaged with statutory agencies to seek their views around agenda’s and services.

The CSCP has proposed a 12 month review of the new arrangements to ensure that they are streamlined wherever possible.

The CSCP has included a new Relevant Agency Forum in the new arrangements which will be aimed at frontline managers who are best placed to disseminate messages from learning to frontline staff.
Statutory responsibilities
Quality Assurance and Audits - Statutory

Over the last year the rolling audit programme has included thematic audits and examinations of how Board produced guides have been disseminated and understood.

Section 11

All agencies were asked to audit their performance against legislative requirements of the Children Act 2004. This audit comprises of key lines of enquiry developed by a West Midlands regional Board working group. Ensuring that emergency services (who usually service several Boards at any one time) are able to respond and be involved in the assurance process. All key partners’ agencies responded to the audit, including all emergency services, as required by legislation. The only partner who failed to respond to contact by the Board was the Police and Crime Commissioner. The findings were:

- The audit was overwhelmingly positive, with the majority of partners reporting good adherence to requirements and able to give excellent evidential examples of good practice.
- No single area came out as ‘requiring improvement’ across the audit as a whole, evidencing generally high levels of work with children and families in Coventry.
- The audit evidence that partners are clearly confident in their systemic and strategic work and planning; policies and procedures were by far the highest scoring criteria across the partnership.
- The weakest scores were visible in person-centred areas of work such as partners incorporating the voice of the child into their work. However, it should be noted that this was a high scoring audit overall, and therefore these scores were only weak comparatively. There were no low scoring areas identified and no immediate action required by any agency across the partnership.
- The only development identified was that partners should focus on ensuring staff, children and young people are able to shape and influence partnership culture and practice.

As there were no specific recommendations or concerns raised as a result of the work, no actions are required in respect of this audit.

Section 175/157

All schools in Coventry including maintained, private, special and academies were asked to participate in the S175 audit and all completed except for one. This work assessed school compliance with the Education Act 2002 and the Keeping Children Safe in Education guidance. The audit is updated annually to ensure any changes in statute and guidance are included for response. A significant amount of good practice was identified, and overall this was a positive audit which reflected the high performance of Coventry schools.

The recommendations were:
- Independent schools may need further investigation/support to be compliant; this is being overseen by the Safeguarding in Education Advisor (ongoing by the local authority).
• Designated Safeguarding Leads (particularly Head Teachers) need more access to regular, formal supervision to allow them to undertake this role in a thorough and supported way. The DSL meetings are being used as a forum to suggest and trial ways of achieving this (ongoing).

• The questions for next year’s audit need to be reviewed to take into account new legislation and to ensure that schools have an opportunity to represent themselves and their work more clearly – particularly around use of the LSCB escalation policy (fully completed).

• Post-audit feedback to the DSL group should include an overview of the LSCB escalation policy including its salient points, appropriate use and location (fully completed).

• The good practice identified within this audit should be shared at the following DSL meeting.

• The Safeguarding in Education Advisor will write a child friendly and age appropriate safeguarding policy to share with schools (fully completed).
Child death overview panel
Child death overview panel

The Child Death overview panel (CDOP) enables the Coventry Safeguarding Children’s Board to carry out its statutory responsibilities in relation to child deaths.

The summary is: Coventry had a total of 33 child deaths reported this year, 26 deaths were reviewed at panel within this reporting year. This data and panel examination fits well within the median of expected and historical reporting of annual deaths.

The majority of deaths reviewed in Coventry were from neonatal cases. Smoking was identified as the most
common modifiable factor within child death for Coventry CDOP.
Local Authority designated officer
Local Authority designated officer

Working Together 2018, sets out the duty of the local authority to, ‘designate a particular officer’ to be involved in the management and oversight of allegations against people who work with children.

Headlines from the 2018/19 LADO report include:

- A dedicated part time LADO post has been created to work with the Risk Management Coordinator in delivering a comprehensive allegation management response.
- There is an increase locally and nationally in the complexity of LADO cases for advice, guidance and full position of trust processes. The reason for the increase in complexity is unclear however, the regional LADO network is collating information in an endeavour to understand why there has been this significant increase in the complexity of the workload. There has also been an increase in the number of historical allegations being referred to LADO, this is in part linked to several high-profile national investigations and reviews in particular the safeguarding review completed by the Catholic Church.
- The total number of captured e mail contacts where LADO provides solely advice and guidance was 605 in 2018/19. Of these, 339 (56%) initial contacts were converted to referrals. Contacts converted into referrals are those where the risk was such that it could not be safely managed without advice and oversight by the LADO. This compares with 386 referrals in 2017/18.
- The number of Initial Position of Trust (POT) meetings held in 2018/19 is 42 with a referral to POT conversion rate of 12% this is stable when compared with 48 meetings in 2017/18 which also had a conversion rate of 12%.

Figure 12: 2018-19 LADO Contacts

Figure 13: 2018-19 Category of harm

- Across 2018/19, the main category of harm is physical, this mirrors the regional and national picture. The main reason for this is the relative
ease of identifying, reporting and confirming physical harm coupled with the close physical proximity that some professionals have to children by virtue of their roles.
Signs of safety
Signs of safety

In 2017-2018 the Board agreed that Signs of Safety would be the model in all agencies across the City. The Board continues to support this work and is assured that the roll out of the training has now exceeded the initial projections. The Signs of Safety Implementation Manager has worked in partnership with the Designated Nurse for LAC (Health Strategic Lead) to jointly develop the Early Help Assessment in partnership with Named Safeguarding Professionals to ensure that the Assessment incorporates the methodology. In addition, health providers across the city have identified Signs of Safety Practice leads and the CCG employed an Operational Lead to support providers and Primary Care. The CCG produced a one minute guide to Signs of Safety which has been used by the partnership to simplify the key messages and provide a resource across the system. Audit work is starting to evidence that the methodology is being applied across the partnership giving practitioners across the City a common language and framework. As the Board moves to the new partnership arrangements there is a commitment from the safeguarding partners to ensure that this approach continues to be embedded and Safeguarding Partnership Executive meetings will be examining areas of safeguarding using the methodology.
Right Help
Right Time
Right Help Right Time

The Right Help Right time guidance is aimed at assisting professionals to understand and assess risk appropriately so that children and families can receive the right help at the right time. The aim is to provide early interventions for children, young people and families that require support in order to prevent them moving towards higher levels of need, and to reduce the levels of need once they have been identified. The guidance is contained within the online procedures manual and can be found here.

Right help right time training sessions continue to be rolled out and sessions are planned due to the Spring 2020. As you will see detailed in the next section Coventry practitioners have told us that they welcome the opportunity to receive guidance in person with the opportunity for feedback and reflection.
Low risk child sexual exploitation guidance

Coventry Children Safeguarding Board together with Coventry Childrens Services have developed new guidance for front line professionals who work with children and young people deemed to be at low risk of Child Sexual Exploitation. The guidance includes contributions from agencies across the city, such as West Midlands Police, Health partners, and various voluntary services and organisations.
The guidance is designed to be a quick, easy to use first reference guide with information to assist practitioners from all agencies. The format of the guidance is designed to be portable, easy to read and above all, useful. It is free of jargon and unexplained acronyms making it accessible to professionals of differing experience from all agencies. The information within the guidance can be useful in other circumstances too, for example the information on how to start a difficult conversation can be used more widely outside the context of Child Sexual Exploitation.

The guidance has been shared with local safeguarding partners both in digital and print formats, the link has been promoted during a 10 working day Twitter campaign and is freely available on the LSCB website to all practitioners across Coventry including an accessible version for colleagues with visual impairments. Please find the links to follow:

https://www.coventry.gov.uk/downloads/file/30097/low_risk_cse_guidance

https://www.coventry.gov.uk/downloads/file/30139/accessible_low_risk_cse
Faith work
Faith work

Coventry and Warwickshire Safeguarding Children Boards have a joint Faith training session geared to the needs of their organisations. The plan is for Forum, meeting once per term and working to support Faith organisations, this support to be extended to further Sikh Temples and organisations in the around their safeguarding responsibilities. Support is given in the meetings, City. People from the Sikh community have also become part of the joint Faith sometimes with invited speakers, and there have been training events around Forum above. A range of topics such as basic safeguarding awareness, safer recruitment and domestic abuse. Information is also given about national and local Faith organisations in Coventry are given information about CSCB training and events giving specific support eg. conferences on domestic abuse within Faith organisations. The forum is currently involved in a project linking Faith organisations with the Family Hubs in their areas. This will give Hubs an awareness of the support that may be available in their areas and also give the Faith organisations a link to advice and support around safeguarding. Coventry Safeguarding Children Board is involved in an on-going project with Coventry Muslim Forum (CMF). A Level 1 course has been developed and key people within the Forum have been trained to deliver this to Madrasah teachers. The course covers basic safeguarding awareness and how to respond to concerns and includes information around situations where children may be more vulnerable such as domestic abuse and substance abuse. The trainers are kept up to date with safeguarding knowledge and the course reviewed each year. Each Madrasah within the Forum has Designated Safeguarding Leads (DSLs) and work has been done with them to develop their roles including attending a specific Level 2 DSL training and development session. A refresher Level 2 training will be provided. A member of CMF is also part of the joint Faith Forum above.

Work has been started by the CSCB to provide similar support to the Sikh community in Coventry. A Level 1 training session has been delivered to key people from several Temples and Sikh organisations. People who will be taking on a DSL role will attend the CSCB Level 2 training followed by a specific
Serious case reviews
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementation Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child F Recommendation 2:</strong> Request that children’s social care refresh its guidance on record keeping to ensure the accuracy and quality of chronologies maintained in case notes.</td>
<td>There are several streams of work within the Improvement Plan to improve the quality and accuracy of record keeping and the use of chronologies. Practice guidance about developing good practice chronologies is available for early help and social care practitioners. Workshops and formal training is available. Each team manager has developed an action plan to improve the quality and timeliness of chronologies being undertaken. The LSCB has developed a set of Key Lines of Enquiry (KLOE) for all multi-agency case file audit work. This includes specific KLOEs relating to record keeping and chronologies. Recent audit work on neglect shows continued improvement in the quality and accuracy of record keeping.</td>
</tr>
</tbody>
</table>
Serious case reviews

In August 2018 the Board published a Serious Case review into Baby F, a four week old baby boy who was admitted as an emergency to University Hospitals Coventry and Warwickshire (UHCW) NHS Trust with a serious and life threatening intracranial bleed in September 2015. He was resuscitated by senior medical and nursing staff. Following a head scan, the consultant leading his care reported this serious and non-accidental head injury to the police and children’s social care.

The overview report can be found [here](#).

The table below documents how the members of the Board have implemented the recommendations in relation to this review:

<p>| Child F Recommendation 1: Seek assurance that the recommendation for each GP practice to hold multi-agency safeguarding meetings involving midwifery and health visiting teams is implemented so that timely, accurate information regarding vulnerable families is appropriately shared. Where relevant, these meetings should also involve school nursing teams. | GP Surgeries across the city are now routinely holding multidisciplinary team meetings. All health visitors and midwives are expected to attend. In addition, the GP surgeries now have a Named Safeguarding Professional who leads on safeguarding issues and is able to ensure that information is shared in a timely and accurate way. |</p>
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementation Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child F Recommendation 3:</strong> Reaffirm the importance of the voice of the child in the work of all services, and in particular, within social care practice.</td>
<td>Within Children’s Services case file audits now routinely monitor how the voice of the child influences practice and decision making. Auditors have attended workshops to learn how to conduct child focussed, evidence and impact based and outcome focussed audits. These audits are then moderated and feedback provided alongside communication of any remedial action required. Messages emerging from audits are disseminated to staff via a range of mechanisms including, Improvement Forum, learning sets, formal &amp; informal training, and supervision. In order to ensure continuous improvement in this area the LSCB</td>
</tr>
<tr>
<td><strong>Child F Recommendation 4:</strong> Ensure that agencies requesting information from children’s social care are clear about why the information is sought, and for what purpose.</td>
<td>In December 2016 Children’s Services introduced the ability to seek telephone advice from the MASH without the need to make a referral. This enabled agencies to request information in a clear and purposeful way. Continued improvements have been made in this area with a single number to access the MASH, including a dedicated option to seek advice from a Social Worker. This is encapsulated and promoted within the new LSCB Right Help Right Time Guidance the impact of which will be evaluated through quality assurance audits in Autumn 2018.</td>
</tr>
<tr>
<td><strong>have developed a set of Key Lines of Enquiry (KLOE) for all multi-agency case file audit work. This includes specific KLOEs relating to the voice of the child. Learning from LSCB audit work is shared with frontline practitioners through learning events and briefing sessions.</strong></td>
<td><strong>Child F Recommendation 5: Seek assurance that there is a robust operational system in place to ensure that primary visits not performed in the 14 day timescale (where defined exceptions do not apply) are appropriately reviewed, responded to by the health visitor and appropriate actions taken.</strong></td>
</tr>
</tbody>
</table>

Quality assurance and audits - thematic
## Quality assurance and audits - thematic

### Looked after children

The LAC audit was a thematic case file audit which involved a deep dive into a random cohort of Coventry looked after children, both resident in the city and placed elsewhere. This audit included an observation of practice and the voices of looked after children and Coventry foster carers. The audit summary was:

<table>
<thead>
<tr>
<th>Positive findings</th>
<th>Areas for development</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Early warning signs of safeguarding concerns were identified, recorded, assessed, and responded to appropriately</td>
<td>• Staff supervision does not always take place within agency defined timescales</td>
<td>• The Local Authority to undertake a dip sampling exercise of the initial information provided to foster carers/private and voluntary providers by 11.04.2019</td>
</tr>
<tr>
<td>• Care assessment, plans and interventions are of high quality</td>
<td>• Objectives and actions in plans are not always SMART, leading to a lack of clarity around outcomes</td>
<td>• Policies and Procedures Subgroup to create a task and finish group to refresh the LSCB Escalation Policy and disseminate to partners by 05.12.2018</td>
</tr>
<tr>
<td>• Children are involved in their plans and can contribute to decisions made about them</td>
<td>• Drift can cause a delay in interventions for some children and young people, meaning an increased potential for them to be exposed to risk unnecessarily</td>
<td>• The LSCB to create a repository of guides on their website, including diversity guidance, and proactively seek information to link practitioners and service users to resources by 31.12.18.</td>
</tr>
<tr>
<td>• There is evidence of progress in understanding and responding to diversity needs</td>
<td>• Chronologies were not always up to date and did not accurately reflect significant events in a child/young person’s life</td>
<td></td>
</tr>
<tr>
<td>• Information sharing is happening regularly between agencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Positive findings**

- Case notes are generally concise and are child/young person focussed
- There is evidence of good multi-agency working benefitting children and young people

<table>
<thead>
<tr>
<th>Areas for development</th>
</tr>
</thead>
<tbody>
<tr>
<td>In some cases, permanence was not achieved quickly resulting in upheaval and stress for children</td>
</tr>
<tr>
<td>Transition work within children’s services was good, but from children to adult services less so and can be too hurried, leading to stress for young people.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Local Authority to report back to E&amp;Q with a summary of the results of their chronology audit activity on 11.04.2019</td>
</tr>
<tr>
<td>A multi-agency task and finish group to develop a Signs of Safety case recording template by 31.3.19</td>
</tr>
<tr>
<td>The LSBC to produce a ‘One Minute Guide’ focussing on the voice of carers by 05.12.2018</td>
</tr>
<tr>
<td>The E&amp;Q Subgroup to monitor the implementation of recommendations (a) and (e) from the CSE briefing report received at CSCB in June 2018, and to receive an action plan by 31.03.2019 from both Board Chairs</td>
</tr>
</tbody>
</table>

The recommendations are in progress, held in an action plan overseen by the Effectiveness and Quality subgroup.

**Neglect Strategy and Right Help, Right Time Guidance**

The Coventry Safeguarding Children Board business plan for 2018-19 tasked the Effectiveness and Quality (E&Q) Subgroup with understanding the dissemination and impact of both the Neglect Strategy and the Right Help Right Time new threshold document. Both documents were produced and published by the CSCB in 2018 and were designed to help professional colleagues, at all levels, in good decision making and management of risk.

The approach best designed to obtain the maximum amount of feedback, as agreed by the E&Q Subgroup, was a survey. 5 questions were drafted, which were designed to test colleagues’ knowledge of these documents across all agencies within the partnership and identify whether, and if so how improvement could be made. The survey was available online and promoted via email to all Board and E&Q members asking for it to be shared within their organisations by the closing date of 31st March. Paper copies...
were taken to the quarterly school Designated Safeguarding Lead (DSL) meeting in March 2019 to ensure that schools had a voice and were consulted as part of the evaluation.

The indicators from this survey were as follows:

- Guidance is not always reaching front line workers via email dissemination to Board members
- Staff are more likely to value guidance if it is presented with time for discussion and reflection rather than as an emailed document
- Schools would like regular updates at DSL meetings
- Right Help, Right Time has reached more colleagues than the Neglect Strategy

- Family Hubs are working well; the vast majority of partnership staff are finding them useful sources of help and support for families

The outcomes from this survey are useful to the Board in that they can help to shape future decisions about the way policies, procedures and updates are shared across the partnership to maximise their value.

The results of all audits are reported to Board and appropriate action plans agreed to implement any recommendations. The implementation of these is then monitored by the Effectiveness and Quality Subgroup. Our findings are also shared with frontline practitioners through dissemination via attending partners of the E&Q subgroup, and are published on our website. As a result of this work we now have a clearer understanding of how well we are safeguarding children in Coventry and are able to share the good practice and any learning that emanates from our audit activity.
Safeguarding training
safeguarding training

The LSCB quality assures single agency training and delivers a programme of specialist multi agency training and development. It has good information about agency participation in its multi-agency training and it regularly evaluates the impact of such training on practice.

Evaluating impact

Our multi agency training programme is regularly evaluated to ensure that the impact on practice is understood. The evaluation includes an analysis of end of course feedback specifically linked to impact on practice and evidence of how training has resulted in better outcomes for children.

There was an agreement by partners that for the period April 2018 to March 2019 evaluation would concentrate on Signs of Safety training

Signs of Safety training

Those who responded to the evaluation reported that they had increased confidence around the Signs of Safety approach and in using it, including for direct work with children and families and in contributing to meetings.

Examples of how they have used the approach include:

- Visual resources are good especially for children in a special school (School)
- Structuring conversations to empower families (School)
- Using tools when working with children on Children in Need and Child Protection Plans (School)
- Engaging a young person around thoughts, feelings and wishes (School)
- Using tools with children and supporting other staff (School)
- Embedding into the supervision process (CWPT)
- Using the approach and tools across all work (Social Care)
- Contributing to multi-agency meetings (Private Fostering Agency)
- Increased confidence when engaging with other agencies (Hub Worker)

One person gave an example of how using this approach was contributing to better outcomes for a young person:

In a situation where there was a placement disruption, all agencies were working together to give support. The placement, although fragile, is still going.

Managers comments included:

- The worker has shared learning within the team, assisted others and altered agency forms to incorporate Signs of Safety
- The worker is more confident using Signs of Safety in respect of disclosures and meetings
- The worker has used Signs of Safety in written recording, so it is clearly visible for the young person and other professionals. It also aids planning and mapping.

Evaluation of course impact on practice continues to consistently show that participants become more effective by drawing on what they have been taught in the Board’s multi agency courses.
Multi-agency training participation

Agencies provide some in-house single and multi-agency training of their own. Agencies are responsible for advising staff, depending on job role, on which courses they should attend. The training year runs from April to March. The table and charts below show the overall take up of LSCB provided training. A full breakdown of training participation can be found in Appendix 1.

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers trained 2017-18</td>
<td>271</td>
<td>157</td>
<td>366</td>
<td>794</td>
</tr>
<tr>
<td>Numbers Trained 2018-19</td>
<td>244</td>
<td>75</td>
<td>328</td>
<td>647</td>
</tr>
</tbody>
</table>

Figure 14: Comparison of numbers 2017-18 to 2018-19

In the last year 647 professionals attended multi-agency training. This is lower than last year but is due to multi-agency Signs of Safety training being delivered alongside this due to all agencies working in Coventry needing to incorporate the model into their work. As can be seen from the Signs of Safety information 647 professionals attended this training in the last year.
Governance and Accountability
Governance and Accountability

Board structure and membership

Coventry Safeguarding Children Board
Chair David Peplow

Business Management
Chair David Peplow

CSE and Missing Subgroup
Chair DCI Jo Floyd (WMP)
Child Death Review
Chair Liz Gaulton (Public Health)
Learning and Development
Chair Jayne Phelps (CCG)
Safeguarding Effectiveness and Quality
Chair Neil Macdonald (Children’s Services)
Policies and Procedures
Chair Andy Wade (Probation)
Serious Case Reviews
Chair Dr Karen McLachlan (UHCW)
MASH
Chair Rebecca Wilshire (Children’s Services)
Early Help
Chair Rebecca Wilshire (Children’s Services)
The Coventry LSCB sub-groups and panels have work plans which support those of the main Board and will be maintained to operate under the direction of the Coventry LSCB Business Management Group. Each subgroup has a distinct purpose and terms of reference.

**Effectiveness and Quality**

The effectiveness and quality subgroup is responsible for meeting the statutory function in monitoring and evaluating the effectiveness of single agency and inter agency safeguarding processes, assessing the quality of work undertaken and enabling learning to be shared with all relevant agencies.

**Child Death Overview Panel (CDOP)**

The panel investigates the deaths of children in the area and use the findings to take action to improve the health and safety of children and prevent other deaths.

**Child Sexual Exploitation and Missing**

This group ensures an effective response to children and young people who are missing from home or care; children and young people who are at risk of child sexual exploitation or those that are being abused via child sexual exploitation.

Policy and procedures

This group reviews and revises existing policies and procedures in the light of local and national priorities and changes; drafts new policies and procedures as required; and resolves issues arising in the day to day safeguarding processes.

**Serious Case Review**

This subgroup is responsible for ensuring the board meets the statutory functions, in relation to serious case reviews. This includes making recommendations to the Chair as to when a review should be carried out, carrying out reviews and ensuring the learning is shared across all partners, so that improved outcomes for children can be achieved.

**The learning and development subgroup**

This group monitors the quality of multi and single agency safeguarding training and ensures that there is appropriate training available for, and accessed by, all staff who require it.

**Multi-Agency Safeguarding Hub (MASH)**

This group is responsible for the strategic management and review of the Coventry MASH and ensures that there are appropriate multi-agency arrangements in place for effective information collation and sharing, in relation to referrals to social care.

**EH subgroup**

This group is responsible for the strategic management, development and review of Early help across the City.

Coventry LSCB does not work in isolation in its aim to improve outcomes for children across the city. The work of other strategic boards also direct and influence the experience of children. There is a governance process between the LSCB, Coventry Safeguarding Adults Board (CSAB), the Police & Crime Board, the Health and Well-being Board, the Improvement Board and the Children and Young People Partnership Board to ensure effective working together. Lead officers for each board meet quarterly to support this. The chairs of each strategic board meet quarterly to discuss challenges in areas of mutual interest and to review reciprocal membership arrangements. This enables greater collaboration when there is a shared agenda.
Budget

The Board operates a joint budget supporting the work of the Coventry Safeguarding Children Board and the Coventry Safeguarding Adults Board.

Total expenditure for 2018-2019 was £481,427 less training income of £9,541 giving a total expenditure of £471,886. Agencies continue to contribute to the Board. 80% of the funding is provided by the Local Authority, 16% by Coventry and Rugby CCG, 3.2% by West Midlands Police and 1% from probation services. There is also a small contribution from CAFCASS. How this expenditure has funded the work of the Boards is detailed below.

Coventry Local Safeguarding Children Board
Appendices
### Level 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Total trained in 2018/19 April to March</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years Providers</td>
<td>135</td>
<td>55%</td>
</tr>
<tr>
<td>Vol/Independent/Private sector</td>
<td>22</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>67</td>
<td>27%</td>
</tr>
<tr>
<td>Private/Voluntary/Independent Schools</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Faith Groups</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Police</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Primary Schools/Secondary/Academies</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Early Help Hubs</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>CWPT</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>UHCW</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Coventry and Rugby CCG</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>WMAS</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>NHS England</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Public Health</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Youth Services/YOS</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>National Probation Service</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>CRC Probation</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>CAFCASS</td>
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<td>0%</td>
</tr>
<tr>
<td>Children &amp; Families First Team</td>
<td>0</td>
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</tr>
<tr>
<td>Children's Social Care</td>
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</tr>
<tr>
<td>FE Colleges</td>
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</tr>
</tbody>
</table>

**Total:** 244
## Level 2

<table>
<thead>
<tr>
<th>Category</th>
<th>Total trained in 2017/18 April to March</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Schools/Secondary/Academies</td>
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<td>44%</td>
</tr>
<tr>
<td>CWPT</td>
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</tr>
<tr>
<td>Early Help Hubs</td>
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<td>5%</td>
</tr>
<tr>
<td>Early Years Providers</td>
<td>11</td>
<td>15%</td>
</tr>
<tr>
<td>Private/Voluntary/Independent Schools</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>13%</td>
</tr>
<tr>
<td>National Probation Service</td>
<td>2</td>
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<td>Public Health</td>
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<td>Local Authority</td>
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<tr>
<td>Vol/Independent/Private sector</td>
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<tr>
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<td>0%</td>
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<tr>
<td>NHS England</td>
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<tr>
<td>Youth Services/YOS</td>
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<td>0%</td>
</tr>
<tr>
<td>Children’s Social Care</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Coventry and Rugby CCG</td>
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<td>Police</td>
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<tr>
<td>Faith Groups</td>
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<td><strong>Total</strong></td>
<td><strong>75</strong></td>
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<td>Total trained in 2018/19 April to March</td>
<td>%</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>CWPT</td>
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</tr>
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<tr>
<td>Other</td>
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<tr>
<td>Children &amp; Families First Team</td>
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<tr>
<td>Children's Social Care</td>
<td>41</td>
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<td>26%</td>
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<td>Coventry and Rugby CCG</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>328</strong></td>
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</tbody>
</table>
### Total Trained

<table>
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<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Schools/Secondary/Academies</td>
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</tr>
<tr>
<td>CWPT</td>
<td>57</td>
<td>9%</td>
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<tr>
<td>Early Years Providers</td>
<td>150</td>
<td>23%</td>
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</tr>
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</tr>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Coventry and Rugby CCG</td>
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<td>0%</td>
</tr>
<tr>
<td>FE Colleges</td>
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<td>0%</td>
</tr>
<tr>
<td>Childrens &amp; Families First Team</td>
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<td>0%</td>
</tr>
<tr>
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<td>0%</td>
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<tr>
<td>CRC Probation</td>
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<td>0%</td>
</tr>
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<td>0%</td>
</tr>
<tr>
<td>WMAS</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</tr>
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</table>
Appendix 2: Coventry LSCB board membership and attendance

The table below lists the current membership of the LSCB and is correct as of 26th April 2019.

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Title/Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Peplow</td>
<td>LSCB Independent Chair</td>
</tr>
<tr>
<td>DCI Jo Floyd</td>
<td>Detective Chief Inspector- West Midlands Police</td>
</tr>
<tr>
<td>Jeanette Essex</td>
<td>Head of Student Services-Coventry City Council</td>
</tr>
<tr>
<td>Dr Jo Gifford</td>
<td>Designated Doctor for Child Safeguarding Coventry, Coventry &amp; Rugby CCG</td>
</tr>
<tr>
<td>Lisa Pratley</td>
<td>Lead Professional, Safeguarding- UHCW</td>
</tr>
<tr>
<td>Alison Talbot</td>
<td>Head of Midwifery, Children and Safeguarding- UHCW</td>
</tr>
<tr>
<td>Andy Wade</td>
<td>Head of National Probation Service</td>
</tr>
<tr>
<td>Liz Gaulton</td>
<td>Director of Public Health- Coventry City Council</td>
</tr>
<tr>
<td>John Gregg</td>
<td>Director of Children Services- Coventry City Council</td>
</tr>
<tr>
<td>Jayne Phelps</td>
<td>Head of Safeguarding / Designated Nurse &amp; Prevent Lead (Coventry) Nursing, Quality &amp; Safety- CCG</td>
</tr>
<tr>
<td>Jo Galloway</td>
<td>Chief Nursing Officer NHS- CCG</td>
</tr>
<tr>
<td>Paul Green</td>
<td>Headteacher- Lyng Hall School</td>
</tr>
<tr>
<td>Rebecca Wilshire</td>
<td>Strategic Lead, Help &amp; Protection- Coventry City Council</td>
</tr>
<tr>
<td>Cllr Julia Lepoidevin</td>
<td>Shadow Cabinet Member- Coventry City Council</td>
</tr>
<tr>
<td>Janice White</td>
<td>Legal Services- Coventry City Council</td>
</tr>
<tr>
<td>Moira Bishop</td>
<td>Safeguarding Lead- SWFT</td>
</tr>
<tr>
<td>Linda Cane</td>
<td>Manager- CAFCASS</td>
</tr>
<tr>
<td>Gill Mulhall</td>
<td>Headteacher – Little Heath Primary School</td>
</tr>
<tr>
<td>Name</td>
<td>Title/Organisation</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Neil Macdonald</td>
<td>Strategic Lead, Quality Assurance- Coventry City Council</td>
</tr>
<tr>
<td>Martyn Hale</td>
<td>Director of Care and Supported Housing- WM Housing</td>
</tr>
<tr>
<td>Representative</td>
<td>West Midlands Ambulance Service</td>
</tr>
<tr>
<td>Melanie Kelsey</td>
<td>Assistant Principal- Coventry College, City Campus</td>
</tr>
<tr>
<td>Mike O'Hara</td>
<td>Chief Superintendent- West Midlands Police</td>
</tr>
<tr>
<td>Kirston Nelson</td>
<td>Director of Education and Skills- Coventry City Council</td>
</tr>
<tr>
<td>Cllr Patricia Seaman</td>
<td>Cabinet Member for Children and Young People- Coventry City Council</td>
</tr>
<tr>
<td>Peter Turgoose</td>
<td>Service Manager- NSPCC</td>
</tr>
<tr>
<td>Gail Quinton</td>
<td>Deputy Chief Executive, People Directorate- Coventry City Council</td>
</tr>
<tr>
<td>Cllr Tony Skipper</td>
<td>Deputy Cabinet Member for Children and Young People- Coventry City Council</td>
</tr>
<tr>
<td>Laura Davies</td>
<td>Community Lay Member</td>
</tr>
<tr>
<td>Beverley Green</td>
<td>Probation Officer- CRC</td>
</tr>
<tr>
<td>Tracey Wrench</td>
<td>Chief Nurse and Director of Operations-CWPT</td>
</tr>
</tbody>
</table>

**Officers to the Board**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Organisation</th>
</tr>
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<tbody>
<tr>
<td>Rebekah Eaves</td>
<td>Boards Business Manager- Safeguarding Boards Office</td>
</tr>
<tr>
<td>Abigail Jones</td>
<td>Quality Assurance Manager- Safeguarding Boards Office</td>
</tr>
<tr>
<td>Anne Pluska</td>
<td>Training Officer- Safeguarding Boards Office</td>
</tr>
<tr>
<td>Mandeep Grewal</td>
<td>Administration Team Leader- Safeguarding Boards Office</td>
</tr>
<tr>
<td>Becky Pearson</td>
<td>Business Development Officer- Safeguarding Boards Office</td>
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Board attendance is summarised in the table below. There is an agreement in place for NHS England and West Midlands PPU to attend as required.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>11/07/18</th>
<th>25/09/18</th>
<th>05/12/18</th>
<th>13/03/19</th>
<th>Meetings attended</th>
<th>Meetings expected</th>
<th>%</th>
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</tr>
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<td>25/09/18</td>
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<td>Meetings attended</td>
<td>Meetings expected at</td>
<td>%</td>
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<td>3</td>
<td>4</td>
<td>75%</td>
</tr>
<tr>
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<td>NA</td>
<td>0</td>
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<tr>
<td><strong>Officers to the board</strong></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Business Manager, LSCB</td>
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</tr>
<tr>
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<tr>
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<tr>
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<td>ATT</td>
<td>ATT</td>
<td>4</td>
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<td>100%</td>
</tr>
</tbody>
</table>
Vision: To work in partnership to ensure that children and young people are protected from harm and neglect and that their welfare is promoted.

**Neglect**

*We will:*
- Recognise- support practitioners to identify the sins of neglect when working with children, young people and their families.
- Respond- ensure that partner agencies provide appropriate responses to children, young people and their families that achieve long lasting change.
- Quantify- identify the extent and range of neglect in the City and use this information to improve practice.
- Evaluate- assure ourselves of the quality of our multi-agency response to demonstrate that our work has impacted on outcomes for children, young people and their families.

**Making the system work**

*We will:*
- Monitor the delivery of Right help right time and Signs of safety across the partnership.
- Support partners in understanding thresholds.
- Seek the views of children and young people and ensure that they inform our work.
- Seek ways of disseminating learning to frontline practitioners.
- Develop a Safeguarding Practice review toolkit.
- Monitor the implementation of Safeguarding practice reviews and rapid reviews under Working Together 2018.
- Raise awareness of the escalation procedure.

**Contextual safeguarding**

*We will:*
- Develop policies in respect of ‘Gangs and Youth Violence’ and ‘Child exploitation.’
- Raise awareness that exploitation is a safeguarding issue.
- Understand the local exploitation profile.
- Train practitioner to spot the early warning signs and respond effectively.
- Develop a whole systems approach to tackle exploitation.
- Understand and raise awareness of pathways for affected young people.
- Implement methods to disrupt offenders and locations.
- Make contextual safeguarding the focus of the annual conference.
- Raise awareness of contextual safeguarding with professionals, parents and young people.
- Understand where young people feel safe and at risk in the City.
- Seek to contextualise reporting and recording systems.
- Develop methods for analysing data across the partnership.
- Understand the local profile of contextual safeguarding.
- Work with partners to disrupt the social conditions of the environment where abuse has occurred.
- Evaluate whether improved methods lead to better outcomes for children.
1 Purpose

1.1 The purpose of this briefing note is to provide information regarding the forthcoming Adult Social Care peer challenge.

1.2 This is of relevance to the Health and Wellbeing Board as peer challenges are a key part of how social care continues to improve within the City.

2 Recommendations

2.1 HWBB are recommended to:

1. Note the content of this report and support the Key Lines of Enquiry (KLOE) for the peer challenge

2. Provide organisational support to engage in the peer challenge so that opportunities for system learning can be taken

3 Information/Background

3.1 Within Adult Social Care there is no formal regulatory or inspection framework. As an alternative the approach of sector led improvement is taken where Adult Social Care seeks to improve through learning from elsewhere and opening itself up to challenge in a manner that provides opportunities for improvement.

3.2 Peer Challenges are an important part of this approach, where at periodic intervals a peer challenge team, led by a Director of Adult Social Care from elsewhere within the West Midlands visits a local authority for a period of three days to undertake a peer challenge. The peer challenge process also includes a case file audit in which a team of three Principal Social Workers review 20 social work cases and social work practice. This case file audit takes place in advance of the peer challenge.

3.3 The peer challenge process requires a series of documents including a self assessment to be completed in advance then a series of meetings over the challenge period with staff and stakeholders, plus site visits where required.
3.4 The peer challenge focusses on Key Lines of Enquiry (KLOE) which are set by the host authority, these KLOEs usually relate to key challenges or issues on which we want to use the peer challenge as an opportunity for improvement. At the end of the peer challenge feedback is given to the host authority and partners on areas of strength and opportunity in respect of these KLOEs. Peer challenges do not provide an overall grade or score.

3.5 Six months following the peer challenge the lead director revisits the host authority to establish what has been done to make progress and there is an expectation that the findings from the review are made public with a corresponding set of actions where required to progress areas identified.

4 The Coventry Peer Challenge

4.1 The next Coventry peer challenge will take place from 3 to 5 March 2020. The case file audit took place in October 2018. The timescale between the case file audit and the peer challenge is longer than usual as Coventry offered to be first to trial a new methodology for the case file audit that took a more rounded view of social work practice than can be gathered from an isolated review of 20 cases.

4.2 In respect of establishing the KLOE reference was made to the core Adult Social Care objective of supporting people to be as independent as possible within their own homes and communities. This objective aligns with the system vision of:

“We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do”

4.3 Based on Adult Social Care performance data two areas where there may be potential to improve in order to further support the delivery of our core objective were identified from which two Key Lines of Enquiry were established. These are as follows:

1. Admissions to residential care
Very few people aspire to live in a residential or nursing care home. An indicator of our success in supporting people to live independently is the number of new admissions to residential care. For Coventry the number of admissions has increased for the previous three years for both adults and older people. This increase has not been matched by a similar rise in overall care home population indicating that people may be being admitted to care homes much later and therefore have a relatively short length of stay.

KLOE ONE
A number of changes have been made to how we support people at home in recent years. We want the peer challenge team to consider what else could be done in order to reduce our levels of residential admissions and support people in their own communities.

2. Effectiveness of promoting independence
There are times when opportunities exist to improve levels of functioning and work with people to support them to develop more fulfilling lives. This can be as a result of an acute episode, deterioration, or a change in life (which could be as simple as reaching adulthood with a disability). Taking a promoting independence approach at these points, and ongoing, is a key strategy to reduce demand for social care and improve outcomes for people. In Coventry we aim to give as many people that we work with as possible this opportunity. Our performance data indicates this wide usage of promoting independence (short term) services but that a relatively high proportion of people require ongoing support afterwards.
**KLOE TWO**
The work to develop on our promoting independence approach is ongoing, and this will always be the case. Can the peer challenge team advise how we might improve further in this area and what opportunities for improvement exist through working closer with internal and external stakeholders.

5 **Improvement work in Coventry**

5.1 Although we are keen for the peer challenge to identify areas of improvement against the above areas we are also continuing to make improvements ourselves. These improvements include:

- A new approach taken at our front door (first contact) which is Occupational Therapist led and seeks to provide interventions at first contact that prevent the need for further input from social care.

- Consolidating therapy support into discharge to assess pathways so that the City Council has responsibility for the totality of this as opposed to shared responsibilities with CWPT.

- Implementing initiatives to reduce risks of people living in their own homes including delivering mobile night response for telecare alerts as part of our internal social care provision

- A ‘two carers in a car’ programme where home care support can be provided at night, outside of normal operating hours

5.2 Further to this, over 2020 we will be:

- Increasing the availability of Promoting Independence support for Adults with Learning Disabilities and working with our partners in CWPT and wider stakeholders in respect of mental health to support peoples recovery.

- Developing and implementing a Promoting Independence toolkit for all providers following an initial project with Skills for Care.

- Engaging with organisations who are interested in developing Housing with Care and/or Supported Living in Coventry to ensure they are operating in a manner that supports our objectives

- Improving connectivity with the wider council on the role of other directorates and service areas in supporting people to be independent. This can include the role of housing, employment and skills and sport and leisure, all of which play an important role on supporting people to live independent and fulfilling lives

6 **Options Considered and Recommended Proposal**

There is no absolute requirement to participate in a peer challenge for Adult Social Care as the challenge team are essentially ‘invited’ to undertake the challenge. These processes do however provide valuable learning opportunities for Adult Social Care and often the wider system.
It is therefore recommended that the HWBB support the peer challenge as described in this report.

Report Author:

Name and Job Title: Pete Fahy, Director of Adult Services
Directorate: People
Telephone and E-mail Contact: 024 76977159 peter.fahy@coventry.gov.uk

Enquiries should be directed to the above person.
Appendix One: Data to support Key Lines of Enquiry

Admissions to Residential Care

Figure One: Long term support needs of adults aged 65+ who needs are met by admission to residential or nursing care (per 100k)

![Bar chart showing long term support needs of adults aged 65+ from 2015 to 2019.]

Figure Two: Long term support needs of adults aged 18-65 who needs are met by admission to residential or nursing care (per 100k)

![Bar chart showing long term support needs of adults aged 18-65 from 2015 to 2019.]

Table One: Population in local authority supported residential care as at 31 March

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
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<td>157</td>
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<th>Age 18-64</th>
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<th>2017</th>
<th>2016</th>
<th>2015</th>
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<td>Nursing total</td>
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<td>35</td>
<td>24</td>
<td>23</td>
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<td>Residential total</td>
<td>217</td>
<td>197</td>
<td>206</td>
<td>220</td>
<td>202</td>
</tr>
</tbody>
</table>

Effectiveness of Promoting Independence

Figure Three: Proportion of older people who received reablement/rehabilitation on discharge from hospital

![Bar chart showing proportion of older people who received reablement/rehabilitation from 2015 to 2019.]

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Figure Four: The outcome of short term services: sequel to services

Figure Five: Proportion of people aged 65+ who were still at home 91 days following discharge who received reablement/rehab services