



Coventry Health and Well-being Board

Time and Date

11.00 am on Monday, 4th October, 2021

Place

Council Chamber - Council House

Please note that in line with current COVID regulations, there will be limited public access to the meeting to ensure social distancing. If you wish to attend in person, please contact the Governance Services Officers indicated at the end of the agenda.

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 18)
 - (a) To agree the minutes of the meeting held on 12th July, 2021
 - (b) Matters Arising
4. **Chair's Update**

The Chair, Councillor Caan, will report at the meeting

Development items

5. **Covid-19 Winter Preparedness**
 - (a) NHS Capacity
Presentation by Phil Johns, Coventry and Warwickshire CCGs
 - (b) Covid Defences
Presentation by Liz Gaulton, Director of Public Health and Wellbeing
 - (c) Vaccinating Coventry
Presentation by Nadia Inglis, Consultant Public Health
 - (d) Key Public Messages for Residents: Self Care
Presentation by Dr Sarah Raistrick, Deputy Chair, Coventry and Warwickshire CCGs

- (e) Health and Wellbeing Test and Trace Sub Group Update

The Chair, Councillor Caan and Liz Gaulton, Director of Public Health and Wellbeing will report at the meeting

6. **Integrated Children and Young People's Strategy**

Update from John Gregg, Director of Children's Services

7. **CAMHS Local Transformation Plan: Year five refresh** (Pages 19 - 116)

Report of Matt Gilks, Coventry and Warwickshire CCGs and Richard Limb, CAMHS Programme Manager

8. **Coventry as a Marmot City - Update** (Pages 117 - 120)

Report of the Chair, Councillor Caan and the Deputy Chair, Dr Sarah Raistrick, Coventry and Warwickshire CCGs

9. **Refresh of the Health and Wellbeing Strategy**

Report of Liz Gaulton, Director of Public Health and Wellbeing (to be circulated)

Governance Items

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

Report of Liz Gaulton, Director of Public Health and Wellbeing (to be circulated)

11. **Integrated Care System/ Integrated Care Partnership Development Update**

Presentation by Phil Johns, Coventry and Warwickshire CCGs

12. **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

Julie Newman, Director of Law and Governance, Council House Coventry

Friday, 24 September 2021

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), M Coombes, Cllr G Duggins, P Fahy, L Gaulton, J Grant, J Gregg, A Hardy, P Henrick, P Johns,

R Light, S Linnell, C Meyer, Cllr M Mutton, M Price, G Quinton, S Raistrick and Cllr P Seaman

Public Access

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<https://www.coventry.gov.uk/publicAttendanceMeetings>

Liz Knight

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 12 July 2021
This meeting was not held as a public meeting in accordance with the Local
Government Act 1972

Present:

Board Members: Councillor J Blundell
Councillor K Caan
Councillor G Duggins
Councillor M Mutton
Councillor P Seaman

Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Andy Hardy, University Hospitals Coventry and Warwickshire
Philip Johns, Coventry and Warwickshire CCGs
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Other representatives: Alison Cartwright, Coventry and Warwickshire CCGs
Professor Sir Chris Ham, Coventry and Warwickshire Integrated Care System
Richard Hale, Coventry and Warwickshire LEP

Employees: V Castree, Law and Governance
V De Souza, Public Health
L Knight, Law and Governance
T Richards, Public Health

Apologies: Julie Grant, NHS England
John Gregg, Director of Children's Services
Professor Caroline Meyer, Warwick University
Mark Price, West Midlands Fire Service

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. Minutes of Previous Meeting

The minutes of the meeting held on 19th April, 2021 were agreed as a true record. There were no matters arising.

3. **Chair's Update**

The Chair, Councillor Caan, reported that Monday 5th July, marked 73 years since the birth of the National Health Service, and the country marked the anniversary by celebrating NHS, Social Care and Frontline workers. There was a national two-minute silence. He expressed the Board's thanks for the amazing work of the many key workers and unsung heroes who had put the safety of others first since the Covid crisis first began. He also remembered those who had lost their lives to the virus during the course of their work.

Councillor Caan also reported that on Monday 5th July, the Government had set out the five-point plan regarding if, and when, the move to step 4 of the Covid roadmap would happen. A final decision was expected today. This would no doubt bring its many challenges, but representatives would continue to work and plan together as a collective showing the power of partnership

Councillor Caan reported that there had been good uptake of the vaccination programme. However, he took the opportunity to encourage people across the City to be vaccinated when they were offered an appointment. He also placed on record his thanks to all colleagues for working so hard to rollout vaccinations to the city's residents. The work of the Vaccinating Coventry Group was particularly important to tackling some of the inequalities in vaccination take-up in communities within the city.

Councillor Caan congratulated Phil Johns in his new executive leadership role of the Coventry and Warwickshire Integrated Care System (ICS). Phil joined the CCG in December and was now preparing for the ICS to become a statutory body under proposals put forward by the government. This included establishing a shadow ICS NHS Board and working with colleagues in local government and beyond in the development of the Health and Care Partnership. The Chair informed that Health and Wellbeing Boards would remain in place and would continue to have important responsibility at Place level to bring partners together as well as developing JSNAs and HWB Strategies.

Councillor Caan informed of his position as a member of the City of Culture Trust and how he was using this as an opportunity to raise the health and wellbeing of Coventry residents. He also referred to the benefits of the Wellbeing for Life initiative.

4. **Covid Defence and Vaccination Programme - Public Health Update**

The Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing and Alison Cartwright, Coventry and Warwickshire CCGs on the current Covid situation, including the Covid defence and vaccination programme.

The presentation set out the current national situation indicated that the increase in Covid rates in the North West had now levelled off – but rates in the North East continues to increase. The West Midlands continued to remain in the middle with the fourth highest rate of Covid of all nine English regions.

The key metrics on Covid-19 in Coventry, as at 11 July 2021, highlighted 328 cases of Covid per 100,000 residents, up from 54 cases on 7 June. The Board

were informed that most cases were occurring in the 18-21 year olds, then the 11-17 year olds. There had been 65 cases in the 60 plus category. The daily numbers of people being tested had been increasing and was now 527 per 100,000. There were currently 14 patients with Covid in UHCW. The Board were also updated with the latest vaccination rates, to date 67.7% of residents had received their first vaccination, with 48.7% having had both doses. Further details were provided of the first dose coverage across the city by age and ward. It was noted that Foleshill and St Michael's had the lowest uptake and resources were being targeted in these areas.

The presentation set out the national and local principles for managing the Covid defence from 19th July, the local being:

- i) Take up vaccine offer including second dose and booster.
- ii) Maintain hands face space where it made sense or you were requested to do so
- iii) LFT regularly and take a PCR test when symptomatic or requested to do so
- iv) Isolate when required by NHS T&T to do so.
- v) Continuation of Covid secure / infection prevention measures in settings.

Reference was made to the Phase Four roadmap for 19th July and 16th August. The Covid restrictions expected to end on 19th July were detailed, although these were subject to Government review. In addition, from 19th July there was to be no quarantine for the double-vaccinated or under 18s from amber list countries returning to England with testing remaining in place. From 16th August, close contacts who were double-vaccinated or under 18 would be advised to test but would not have to isolate unless positive.

The Board were advised of the key messages including that the vaccine had weakened the link between illness and severe illness; the rate of those with antibodies could be lower in Coventry than elsewhere; and that Covid case rate would continue to increase over the forthcoming weeks. Members noted that there had been 1 Covid death in Coventry in the last 10 weeks.

Additional information was provided on the Public Health priorities to reduce Covid transmission.

Reference was made to the vaccination roll out with all over 18s now being offered the vaccine. There were now multiple settings in the city where residents could access the vaccine. Attention was drawn to the Grab a Jab Coventry and Warwickshire initiative which involved a number of venues where residents could just turn up and be vaccinated without the need for an appointment. Communications, engagement and access push centred on the younger cohort, geographies with the lower uptake and ethnic communities. NHS planning was now underway for an autumn booster programme. The Board noted that there had been no decision yet on vaccinating under 18s.

Members asked for clarification/ further information on a number of issues including the location of pop up clinics in Wards where vaccine take up was low; the situation regarding Covid tests when returning from countries on the amber list; the autumn booster programme; whether there had been any Covid deaths involving patients who had received both vaccinations; and the effectiveness of the vaccine on different cohorts.

RESOLVED that the current Covid defence and vaccination programme update be noted.

5. Restoration of non-COVID Services in Coventry

The Board considered a report of Phil Johns, Coventry and Warwickshire CCGs which provided an update of the monitoring, recovery and restoration plans for non-Covid-19 services in Coventry.

The report indicated that in the first half of 2021 there had been two events which had had a significant impact on our restoration of services, firstly, the second wave of Covid cases over December to February, and, secondly, the increasing Covid cases in the last few weeks in June related to the Delta variant. The system had been selected as a pilot site for NHS England's "Accelerator" programme which aimed to accelerate the restoration of elective care services. The expectation of this programme was for pilot sites to undertake additional activity and transformation of services so that by the end of July 2021, elective care activity, as measured by value, reached 120% of what it was in July 2019. To support this pilot, the system had received £10m to support the expansion of capacity to deliver elective care. This was supported by the national Elective Care Recovery Fund (ERF) which provided additional revenue to systems who achieved delivering over 85% of activity levels seen in 2019-20. Associated with this, the system had developed expansion plans for increasing diagnostic activity through community diagnostic hubs.

The Board were informed of the key areas of activity/focus as follows:

- i) Recover the maximum elective activity including increasing electives including outpatients to at least 120% of 2019-20 levels by the end of July 2021.
- ii) Cancer delivery to restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- iii) Restoration of service delivery in primary care and community services, including backlog of childhood immunisations and cervical screening, programme of structured care home reviews, and all GPs to continue to offer face to face appointments as well as remote triage and video.
- iv) Expanding and improving MH/LD services including increasing investment in line with the Mental Health Investment Standard; allocation of funding to core Long Term Plan (LTP) priorities.
- v) Preparation for management of any Covid resurgence and preparedness for general increase in emergency activity. In addition, preparing for winter, with activities being detailed in the report.
- vi) Reflecting on Covid lessons-learnt and embedding positive change and continuing to support staff, and continued action on inequalities and prevention: a People Plan 2020/21 had been published with some specific objectives to address inequalities.

The report provided an overview of the restoration of services indicating that services were recovering well, and, as of week of 21st June 2021, the majority of services were at or above the levels from the same period in 2019-20, which was well above the activity seen last year during the first Covid surge. Examples highlighted included almost 1.1million Covid vaccinations being given across Coventry and Warwickshire by the end of June 2021; levels of diagnostic activity were back at or exceeding levels normally expected for this time of year, and

referrals had returned to previous pre-Covid levels; all outpatients services and elective planned surgery had been restarted and were increasing in line with provider operational plans to support the elective accelerator programme; and GP appointment levels were back at and exceeding levels seen in 2019-20.

The Board were informed that A and E attendances were lower than this time last year but there were high numbers of attendances at the main casualty sites, and there was an increase in admissions above numbers experienced pre-Covid. In relation to cancer, the 2 week wait referral was at 170% of the level reported in the same week in June 2019-20 pre-Covid and the 62 day week pathway referrals were at 100% of pre-Covid levels.

The report set out further details of outpatient, day-case and electives activity.

The report also included an update on restoring and supporting access to GP services including setting out how the primary care model was rapidly adapted, in line with national guidance, to safely deliver services to patients in Coventry and Warwickshire. Further information was provided on the current situation. All practices were open across Coventry. For those patients who needed to be seen face to face, and were not potential Covid-19 positive or confirmed positive, face to face appointments were available at all practices in Coventry, following the initial telephone triage. GP appointments were back at or exceeding pre-Covid levels. Increased numbers of patients were having appointments on the day or the day after, with 63% occurring on the day or the day after, which was well above the national position of 55%. Appointments were primarily during the working week (Monday to Friday). 50% of these appointments were face-to-face and 61% of the appointments were with GPs rather than other clinical staff, compared to a national position of 52%.

The Board noted that General Practice was continuing to deliver the vaccination programme in addition to seeing patients and restoring services.

“Hot Hubs” were still being used for potential covid-19 or confirmed positive patients to ensure that patients were still able to seek the treatment they needed or referred onward if urgent treatment was required. Transport for those unable to make their own way to the Hub was also in place. Surge and escalation plans were in place to ensure appropriate capacity and capability in order to respond to the current pandemic demands.

Members informed of concerns of residents about the availability of face to face GP appointments. Concerns were raised about patients were attending A and E because they were unable to get a face to face GP appointment. It was suggested that additional communication was required for patients on waiting lists, including prevention measures that could be undertaken to prevent an escalation of problems prior to treatment. It was clarified that when patients presented for vaccination, the opportunity could be taken to discuss any wider health issues. Members also asked for examples of the additional activity and transformation of services under NHS England’s Accelerator programme.

RESOLVED that:

(1) The contents of the report be noted.

(2) Consideration be given to communications concerning prevention measures, where people are on long waiting lists for treatment to provide help to support the patients and, if possible, prevent / reduce deterioration.

(3) Details of the situation at A and E and walk in centres where patients are turning up because they can't get a face to face appointment with their GP be sent to members.

6. Understanding the Health of Our City

The Board received a presentation from Valerie De Souza, Consultant Public Health on the work being undertaken to understand the changes to the health and wellbeing of Coventry residents over the past twelve months as a result of Covid-19.

Reference was made to the colour coded population health model. Work was based on the following four quadrants: wider determinants of health; health behaviours and lifestyles; integrated health and care system; and places and communities.

The presentation set out an alphabetical approach to a list of issues which included the direct and indirect impacts of lockdown and the short and long term implications of each matter, also including the relevant quadrant ie – alcohol, business, children, death, education etc. As an example, under alcohol, the following were listed:

- Alcohol and drug misuse increased during lockdown
- National surveys suggests greater alcohol use amongst health staff
- Drug offences increased by 41%.
- Reduced services meant less opportunity for prevention/early intervention.

A number of benefits introduced during the pandemic were highlighted along with the importance of continuing to build on successes. Reference was made to the sources used to populate the document.

In relation to Education and the disruption to pupils' education, members enquired about the arrangements to be put in place because of Covid for the new school year.

RESOLVED that the contents of the presentation be noted.

7. Coventry Health and Well-being Strategy Refresh

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the process for refreshing the short-term priorities of the joint Health and Wellbeing 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 (JSNA). The aim of this 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 this 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 Health and Wellbeing Strategy was approved in 2019, following consultation and engagement with key stakeholders and members of the public.

The report detailed the three strategic ambitions of the current Strategy as follows:

- (i) People are healthier and independent for longer
- (ii) Children and young people fulfil their potential
- (iii) People live in connected, safe and sustainable communities.

The current short term priorities were:

- (i) Loneliness and social isolation
- (ii) Young people's mental health and well-being
- (iii) Working differently with our communities.

As part of the development of the Health and Well-being Strategy, it had been agreed to review and refresh the short-term priorities every 12 to 18 months to ensure that these still reflected the key issues and challenges facing Coventry residents. The impact of the Covid-19 pandemic on the city and residents and the proposed changes within the health and social care system had further strengthened the need to refresh the Health and Well-being Strategy to ensure the priorities contained within it remained relevant.

The Board were informed that the starting point in developing the revised Strategy would be to look at the impact of the existing three priority areas, by using available data, including a number of assessments and the findings from the place-based JSNA, that had been completed over the last few months. A number of stakeholder workshops were planned to understand what the impact had been so far and prepare a light touch stocktake of key outcomes for each of the three priorities and recommended next steps, to inform the revised Strategy. Wider lessons learnt about the format and implementation of the Strategy within an evolving health and social care context would also be identified.

The Board had adopted the Kings Fund framework for population health as part of the Strategy. This framework still remained integral to the Strategy and it was not intended to change this approach to delivering the priorities.

The Board noted that a workshop for Health and Wellbeing Board members and other senior partners was being planned for the Autumn to understand how the population health framework had worked so far in Coventry and to review the value of the existing activity and identifying gaps and priorities.

Regarding consultation, it was intended to use the recent extensive engagement activity and to carry out a light touch public consultation process on the strategy priorities. It was also intended to consult with the Council's Health and Social Care Scrutiny Board (5). The timescales for the process were detailed.

RESOLVED that the proposed approach to refreshing the short term priorities of the joint Health and Wellbeing Strategy be endorsed.

8. Domestic Abuse Act 2021

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing informing of the statutory requirements of the Domestic Abuse Act 2021 including the requirement to establish a new statutory board, the 'Coventry Domestic Abuse Local Partnership Board'.

The report indicated that the Domestic Abuse Act included a wide range of provisions and responsibilities to protect victims and children. It received Royal Assent on 29th April 2021. The Act created a statutory definition of domestic abuse, emphasising that domestic abuse was not just physical violence, but could also be emotional, controlling or coercive, and economic abuse. It established in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers.

The report highlighted the Local Authority duties as follows:

- Places a duty on local authorities in England to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation.
- Provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance.
- Ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy
- Create a Domestic Abuse Local Partnership Board.

The report also detailed the requirements of the Act in relation to the protection of victims in court and the police and criminal justice along with other provisions.

Under the Act, each relevant local authority in England must appoint a Domestic Abuse Local Partnership Board who would:

- a) assess, or make arrangements for the assessment of, the need for domestic abuse support for victims and their children in its area,
- b) prepare and publish a strategy for the provision of such support in its area, and
- c) monitor and evaluate the effectiveness of the strategy.

The Board was informed that an interim Board was established in May 2021. This Board was a statutory board of the Local Authority and would be chaired by Councillor P Akhtar (Deputy Cabinet Member for Policing and Equalities). The Act set out the minimum membership for the Board which included the local authority, police, health, domestic abuse voluntary organisations and organisations that represented the voices of victims and children.

The report also detailed the next steps to be undertaken at a national level along with the following at a local level:

- A needs assessment was currently being carried out within Coventry to inform development of the strategy for support to victims and their children
- The current Domestic Abuse Strategy for Coventry covered the period 2018-2023. Two addendums to the current strategy would be produced to cover the safe accommodation support requirements of the new Act and the impact of Covid19.
- Local Authorities must publish their strategies for providing support to victims and their children in safe accommodation by 31st October 2021.

In relation to funding, the government had provided the City Council with a £50,000 Capacity Building grant to prepare for the Domestic Abuse Bill requirements. This would be used for the needs assessment and strategy, and training to ensure services were fully aware of their duties under the Act. The Council also had a grant of £849,930 in 2021/22 to fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing within safe accommodation. No funding had been provided beyond 2021/22 although it had been stated that any further funding would be confirmed as part of the Governments Comprehensive Spending Review.

A request was made for Members to receive copies of the Terms of Reference and the membership of the Partnership Board.

RESOLVED that:

(1) The requirements of the Domestic Abuse Act 2021, the creation of a Domestic Abuse Local Partnership Board and the planned next steps be noted.

(2) Copies of the Terms of Reference and membership of the Domestic Abuse Local Partnership Board be e-mailed to Members.

9. Joint Coventry and Warwickshire Place Forum and Health and Care Partnership Update

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of Joint Place Forum and Health and Care Partnership meeting held on 17 June, 2021.

The report indicated that the over 60 partners attended the virtual meeting which was the fourth joint meeting held during the Covid-19 pandemic. The meeting continues the focus on addressing health inequalities and exploring opportunities for collaborative action in response to the pandemic.

The report set out the meeting items and detailed the key themes emerging from the meeting which included:

- The local outbreak management response has highlighted the importance of data in driving targeted action, and the strength of local, place-based approaches. The pandemic has created new partnerships with local communities which must be sustained if we are to tackle inequalities and address the impact of the pandemic from a population health perspective.

- There are real opportunities to tackle inequalities in health outcomes through the Coventry UK City of Culture 2021 programme, by increasing cultural participation in all neighbourhoods. Partners have a collective responsibility to support communities to engage with the programme, drawing on learning from the COVID response to support this.
- Anchor organisations could have particular impact in addressing inequalities in employment and skills by connecting with education institutions and providing employment and training routes for those who leave school with no qualifications, and opportunities for those with lived experience.
- The business community has a key role to play in tackling inequalities as the economy recovers and the Call to Action provides an important mechanism for businesses to understand their role and sign up to practical actions to help make a difference.
- The transition to a statutory Integrated Care System should help align national and local priorities for population health and build on existing partnerships. It is important that discussions about governance do not distract from the core business of restoration, improving health outcomes and tackling inequalities

The report also set out the key actions and next steps that were proposed as follows:

- Reflect and build on learning to date from COVID-19 outbreak management and, as partners, seek opportunities to support the next phase of COVID defence
- Commit as organisations to support and promote the Wellbeing for Life campaign and in particular to progress Thrive at Work commitments
- Harness opportunities arising from the UK City of Culture 2021 to work together to address inequalities and improve health outcomes
- Demonstrate leadership in championing the Call To Action to address health inequalities and support the economic recovery
- Work together to ensure that the Health and Care Partnership places action to tackle inequalities and improve population health at the centre of recovery plans.

Members were reminded that the next Place Forum meeting was scheduled to take place on 17 November, 2021 and that this would be a joint meeting with the Health and Care Partnership Board.

RESOLVED that the contents of the report and the next steps and actions resulting from the Joint Place Forum and Health and Care Partnership Board meeting held on 17 June 2021 be noted.

10. **Coventry and Warwickshire CCG Clinical Commissioning Update**

The Board received a presentation from Phil Johns, Coventry and Warwickshire CCGs which provided an update on the current position.

The presentation set out the approach for 2021/22 which was a year of transition moving from three Clinical Commissioning Groups to one and moving forward

from Clinical Commissioning to Integrated Care Systems. “Business as Usual” was being prioritised along with restoring services and ensuring they were accessible, in addition to continuing to deal with the pandemic. The Board noted that transition needed to happen in conjunction with this work, not instead of it.

Reference was made to the national priorities from NHSE as follows:

- Supporting our people
- Continuing to deal with demands related to Covid-19
- Focus on population health, prevention and keeping people well
- Restoring elective services, managing increasing mental health demand and delivering key Long Term Plan commitments
- Preventing inappropriate admissions to hospital and maintaining reduced length of stay
- Delivering these priorities via collaboration at system level.

The emphasis of continuing to work with partners was highlighted.

The presentation concluded by referring to the local Health and Care Partnership vision: To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life. Reference was made to the CCG strategic themes of creating value, building capacity and delivering at place. Additional information was provided under the following three key focuses for the current year of performance and restoring services; staff wellbeing and system and place.

In response to a question, the Board were informed of the substantial financial challenges faced by the organisation.

RESOLVED that the contents of the presentation be noted.

11. **Integrated Care System Development - Role of Partners and Role of the Board**

The Board received an update from Gail Quinton, Deputy Chief Executive and Philip Johns, Coventry and Warwickshire CCGs on the Integrated Care System (ICS) development, with particular reference to the role of partners and the role of the Health and Wellbeing Board.

Gail Quinton reported that work was being undertaken preparing for the ICS to become a statutory body under proposals put forward by the government. The importance of working with the City Council and other partners in the development of the Health and Care Partnership was highlighted. Reference was made to the work being focused on the four places that make up Coventry and Warwickshire and the joint partnerships working to improve the health and wellbeing of local people. She informed of legislation removing barriers for an integrated care system. The Board could add value to what was being done at a local level. Reference was made to aligning with the Health and Wellbeing Strategy. Attention was drawn to the governance arrangements.

Gail informed of the need to determine the Board’s involvement, suggesting two development sessions: (i) Discussion for Board members and (ii) Discussion with Board members and colleagues from Warwickshire and wider partners.

Philip Johns referred to the establishing a shadow ICS NHS Board. He highlighted the intention to continue as much as possible with the current arrangements ie working closely with and involving both officers and Councillors from the City Council and Warwickshire Council. The intention to keep a place based focus was reiterated. He highlighted the successful partnership working of the previous twelve months, wanting this to continue and develop. He also referred to the question of the Board's involvement, in particular what level of development and learning session was required for members.

Sir Chris Ham, Chair, Coventry and Warwickshire Integrated Care System stated Coventry and Warwickshire was in a strong starting position with the two very effective Health and Wellbeing Boards and the successful Joint Place Forum, meaning foundations were already in place.

Members expressed support for the development sessions involving all partners, highlighting that it was important to see this as a real opportunity. The importance of understanding partners expectations for the new ICS Board were mentioned along with what difference members wanted to see for their local population. Other issues outlined included the importance of the involvement of the community and voluntary sectors and hearing the patients' voice. Members also highlighted the importance of the strong partnerships that exist in the city and the need to put people at the heart of everything as the way to bring about change.

RESOLVED that arrangements be put in place for a development session to take place in the autumn on the Integrated Care System development with the aim of embedding collaboration to support improvements in the system.

12. **Better Care Fund Requirements 2020/21**

The Board considered a report of Pete Fahy, Director of Adult Services, which informed that the conditions of the 2020/21 Better Care Fund programme required CCG's and Local Authorities to confirm compliance with the four national conditions to Health and Wellbeing Boards. The report asked the Board to note that these four conditions had been met.

The report indicated that the Better Care Fund programme was designed to support local systems to successfully deliver the integration of health and social care in a way that supported person-centred care, sustainability and better outcomes for people and carers. Due to the pandemic, a decision was taken nationally that 2020/21 policy and planning requirements would not be published and the prioritisation would be on continuity of provision, social care capacity and system resilience based on local agreement, with no requirement to submit plans to NHS England and NHS Improvement for approval. An end of year reconciliation per Board was required to be completed which included confirmation that the following four national conditions had been met:

- National Condition 1 – Plans covering all mandatory funding contributions have been agreed by HWBB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).

- National Condition 2 – The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
- National Condition 3 – Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National Condition 4 – The CCG and LA have confirmed compliance with these conditions to the HWBB.

The report set out how the first three conditions had been met, thus confirming compliance to the Board.

The report also detailed the financial allocations to the Better Care Fund programme for 2020/21 including a comparison with the previous year.

RESOLVED that it be noted that the four national conditions have been met.

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

There were no additional items of public business.

(Meeting closed at 3.30 pm)

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 04 October 2021

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

Richard Limb, CAMHS Programme Manager, Coventry City Council and Coventry and Warwickshire CCG

Title: CAMHS Local Transformation Plan: Year five refresh

1 Purpose

- 1.1. The purpose of the report is to seek endorsement from the Coventry Health and Wellbeing Board for the year five refresh of the CAMHS Local Transformation Plan (LTP).

2 Recommendations

- 2.1. It is recommended that Coventry Health and Wellbeing Board:
 - Endorses the Coventry and Warwickshire CAMHS (Child and Adolescent Mental Health Services) Local Transformation Plan refresh for year five.

3 Information/Background

- 3.1. There is a requirement from NHS England (NHSE) for Clinical Commissioning Groups to develop a CAMHS Local Transformation Plan, working with their 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 2015-2020.
- 3.2. Clinical Commissioning Groups are required to refresh the plan on an annual basis to demonstrate progress and outline priorities for the forthcoming year.
- 3.3. This is the fifth year of the CAMHS Local Transformation Plan refresh, highlighting progress against the priorities for 2019/20 and further progress planned for 2020/21.

- 3.4. This year's refresh, which was due to be published in March 2021, has been delayed due to Covid-19 pandemic. Refreshed plans are reviewed by NHS England. 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 CAMHS Board and delivered by the Transformation Operation Group (TOG). The CAMHS Board is chaired by Matt Gilks, Director of Commissioning, Coventry and Warwickshire Clinical Commissioning Group (CWCCG) and includes representation from Coventry City Council, Warwickshire County Council, and provider organisations such as CWPT, CW Mind.
- 3.5. Appendix 1 is the year five refresh of the Local Transformation Plan for 2020/21.

4 Progress in 2019/2020 and priorities for 2020/2021

- 4.1. Since the last LTP refresh in October 2019 focus has been on the response to Covid-19 pandemic. The system has had to make significant changes in order to adapt the emotional wellbeing and mental health offer to ensure our local children and young people's needs are met. Table 1 below outlines the key progress against 2019/20 priorities:

	2019/2020 progress
1	<p>Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 - 25;</p> <ul style="list-style-type: none"> • Kooth was commissioned in Warwickshire on 29 March 2021 and Coventry on 12 April 2021. Service offer provides emotional wellbeing and mental health support to children and young people to 11 – 25 year olds. • A multi-agency Project Working Group has been developed along with a project plan to expand the CAMHS offer from 18 to 25. The modelling for the service will be co-produced with young people. • Planning requirement funding has been received to develop a Peer Mentoring Project, which will be led by a Voluntary Sector Organisation, for young adults aged 16 – 25. This service will offer one to one peer mentoring support to: <ul style="list-style-type: none"> ○ Young adults 16 - 18 transitioning from children and young people’s mental health services to adult mental services ○ Young adults aged 17 – 25 who have never accessed mental health services but are at risk of needing an intervention ○ Young adults leaving care at risk of accessing mental health services • Funding has been identified in 2021/22 to extend the Intensive Support Service (IST) to young adults aged 18 to 25. The IST provides support to children and young people with learning disabilities and/or autism and aims to keep CYP in the family / care setting to avoid unnecessary hospital admissions. • Coventry and Warwickshire are one of 13 sites participating in a national pilot as part of the NHS Long Term Plan to develop a keyworker role for young people aged 0-25 with autism and/or learning disabilities who are in hospital or at risk of admission.
2	<p>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;</p> <ul style="list-style-type: none"> • Coventry and Warwickshire successfully launched the Year of Wellbeing campaign to raise awareness to improve physical and mental health across the sub-region. The Year of Wellbeing was led by both Coventry and Warwickshire's Health and Wellbeing Boards, who developed a unique partnership – the first of its kind in the country • Coventry and Warwickshire developed respective system wide working group, known as the mental health surge working group, to monitor and review referral data into mental health services. The purpose of the group is to ensure a co-ordinated system wide response to supporting children and young people with emotional wellbeing and mental health issues. The working group provides an opportunity for services to come together to build working relationships, understand each other services, and to help avoid duplication across the system. • In September 2020, the Government launched a Wellbeing for Education return training programme as a response to providing mental health and emotional wellbeing support to schools and colleges. Coventry and Warwickshire hosted a number of webinars with schools and college to roll the training programme out, utilising the CASCADE model of delivery. • Coventry and Warwickshire have continued to implement the Mental Health Support Teams within schools. Warwickshire were successful in securing additional funding for a further 2 MHST in Nuneaton and Bedworth which will commence from September 2021. • As outlined in Priority 1 above, Kooth has also been launched across Coventry and Warwickshire.
3	<p>Continue to develop the eating disorder pathway and services;</p> <ul style="list-style-type: none"> • The CCG have invested additional recurrent funding to expand the eating disorder workforce to support the critical growth needed in the service to

	<p>respond to the pressures of demand for eating disorder services</p> <ul style="list-style-type: none"> • 'Think Family Outreach Team' has been developed utilising additional short-term investment. The service is a partnership model between health, social care (Coventry and Warwickshire LAs), and NHS Trust provider, that will deliver in-reach (to help support children and young people back into the community) and outreach support (to provide intervention within the community to help avoid hospital admission) to children and young people in crisis and with eating disorders across Coventry and Warwickshire. • Further additional investment has also been allocated to Eating Disorder service to further enhance the offer to meet the growing demand. This funding will be allocated to: <ul style="list-style-type: none"> ○ Expand the current Eating Disorder offer to young people up to 18 years and 364 days, with a view to further expand up to the age of 25 ○ Development of an Avoidant Restrictive Food Intake Disorder (ARFID) service to meet the growing demand seen locally and nationally ○ Recruitment to address workforce deficits which impact on the delivery of access and waiting times. Further recruitment to Third Sector staff to be embedded in the primary care and schools response to educate on Eating Disorders and the need for early help and access will aim to slow the urgent referral demand for late presentations.
4	<p>Strengthen the multi-agency approach to children and young people experiencing mental health crises</p> <ul style="list-style-type: none"> • 24/7 crisis line for children and young people and adults was developed and implemented in April 2020 following the first national lockdown. This includes the development of links to the Neurodevelopmental Team to provide a holistic offer of support. • Crisis and Home Treatment Team (CRHTT) was expanded during Covid-19 pandemic to respond to the increased demand on children and young people presenting in crisis. • Coventry City Council have deployed a social worker to University Hospital Coventry and Warwickshire (UHCW) to support discharge from acute settings, in particular for those open to social care. • PeopleToo, an independent voluntary sector organisation, was commissioned in January 2021 to undertake a review of the 24/7 crisis offer. Findings from this report will be used to further develop the offer across Coventry and Warwickshire.
5	<p>Further develop the CAMHS digital offer to increase access to services and support for children and young people;</p> <ul style="list-style-type: none"> • CWPT have continued to develop the Dimensions Tool working alongside Warwick University, which has undergone a refresh. • CWPT continue to roll out and expand the use of 'Attend Anywhere' (AA), the NHS digital consultation platform. RISE presented the use of AA as part of the Global Digital Exemplar programme, enabling continued support to children and young people while also working within the NHS and COVID safe guidance • RISE continue to partner with HEALIOS, (an online treatment service), that has been commissioned through CWPT ensuring children and young people have the best chance of achieving their goals to fulfil their life's potential through supporting mental health, emotional wellbeing and resilience. • As outlined in Priority 1 above, Kooth has also been launched across Coventry and Warwickshire. • Dear Life (http://dearlife.org.uk/) is a new suicide prevention portal for Coventry and Warwickshire which aims to reach people who are desperately seeking support and information, or, to provide support and information to anyone who is worried about a loved one or someone they know. • CW Mind have transitioned all their support services over to a digital format, following national lockdown, albeit face to face support is now starting to take place.

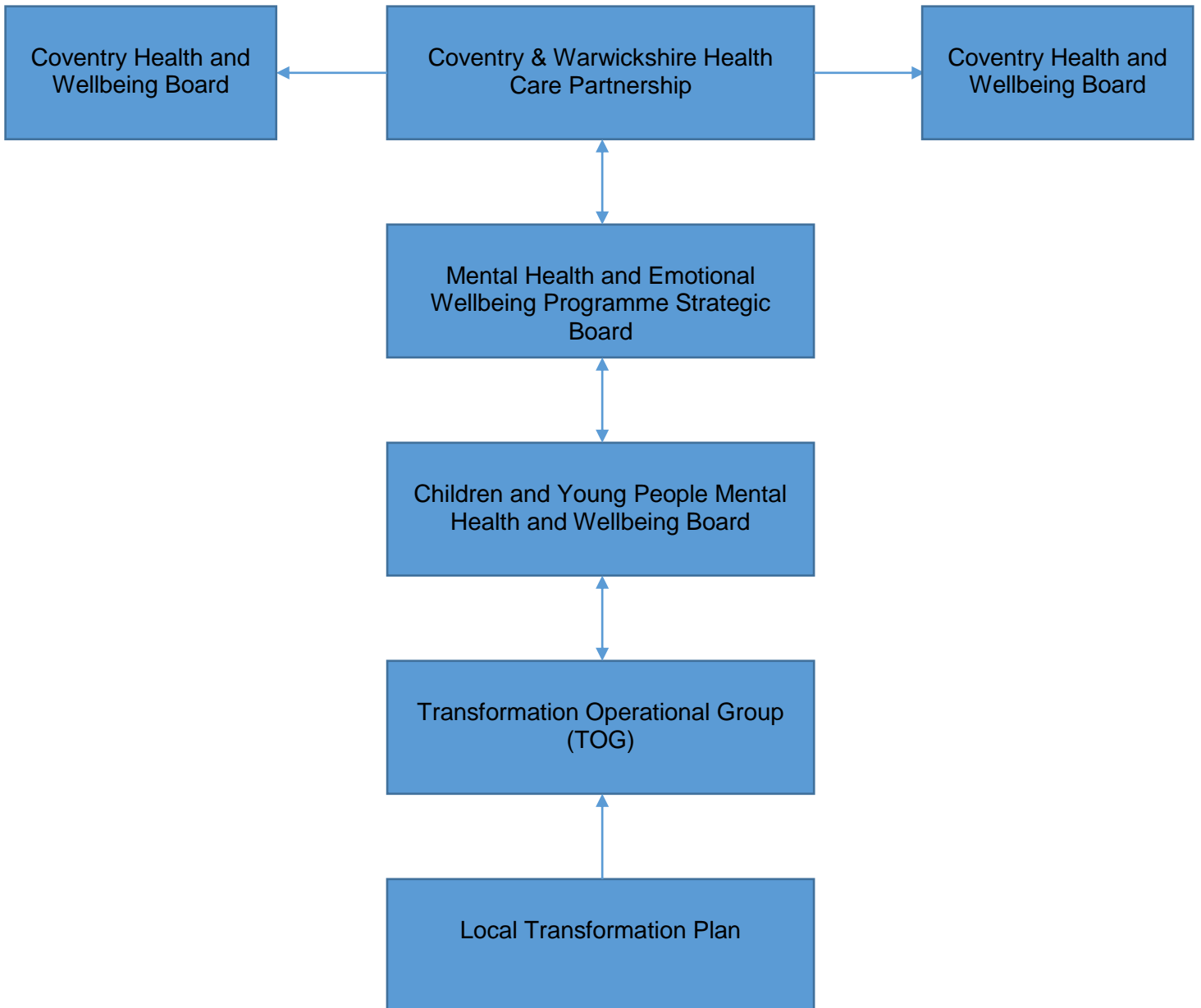
6	<p>Strengthen support for vulnerable children and young people;</p> <ul style="list-style-type: none"> • Coventry are undertaking a co-produced service development piece with the CAMHS LAC service, a dedicated mental health offer to LAC. Part of this work will explore the options of expanding the offer to care leavers up to the age of 25 and the development of support to create a clear pathway for Unaccompanied Asylum-Seeking children / young people. • Warwickshire have developed a delivery plan their vulnerable children’s offer and a multi-agency task and finish has been created to implement the actions. The plan will continue the work and delivery of support and intervention to support those children and young people where these are factors: <ul style="list-style-type: none"> ○ Those in the Youth Justice System ○ Children Looked After (CLA) and those in residential care in Warwickshire ○ Unaccompanied Asylum-Seeking children / young people
7	<p>Strengthen the approach to data collection and analysis</p> <ul style="list-style-type: none"> • During the Covid-19 pandemic NHS England paused all contract functions to allow a focus on the systems response to deal with the global pandemic. This priority will continue to be developed during 2020/21. • MHSDS data is being reviewed on a monthly basis to determine how Coventry and Warwickshire STP are performing against the NHS England CYP Access rate target of 35%. As of May 2021, the STP were achieving 37.9%. • Access and Waiting Times data for the Eating Disorder service is also being reviewed. The ‘Access and Waiting Time Standard for Children and Young People with Eating Disorders’ states that NICE concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and 1 week for urgent. The target is 95%. For 2020/21 40% of urgent cases were seen within 1 week and 48% seen within 4 weeks. Although the local performance is low the reality is there has been a significant increase in Eating Disorder referrals locally and nationally with children and young people presenting with more complex presentations. Of which some CYP have presented in crisis at acute settings. ED priority above outlines the work implemented to support this cohort of people.
8	<p>Ensure that the voices of children and young people are embedded in CAMHS development</p> <ul style="list-style-type: none"> • Peopletoo review, as outlined in the crisis priority, engaged with a wide range of stakeholders, including children and young people and their parent / carers. Feedback from this review has been used to develop a series of recommendations for Coventry and Warwickshire. • Coventry are in the process of recommissioning Tier 2 targeted services. Part of this recommissioning process engagement has taken place in a range of ways including surveys, workshops led by Commissioners, and children friendly workshops led by range of professionals including Councils Children Champion. The feedback will be used to develop a model. • Co-production is underway to seek views to develop an 18 – 25 CAMHS offer across Coventry and Warwickshire.

4.2. A new set of priorities have been developed over the next 12 months, which are detailed below:

No.	Priority
1	Ensuring that the national and local priorities for children and young people’s mental health and wellbeing are fully integrated from a strategic through to an operational level.
2	Continuing improvements to the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 – 25 – focusing on peer development and support.
3	Strengthening approaches to resilience, early help and prevention through work, both with schools, family hubs and partnerships – utilising digital solutions.
4	The ongoing development of the eating disorder pathway and services.
5	Maintaining our strong multi-agency approach to supporting children and young people who are experiencing mental health crises and responding to emerging demands.
6	Responding to the needs of our most vulnerable children and young people; specifically, those within the Criminal Justice System, in crisis, or who self-harm and those who are in care.
7	Implementing innovative mechanisms of engagement to ensure that effective coproduction with children, young people, families and carers in relation to mental health and wellbeing is facilitated.
8	Seeking to integrate and align CYP mental health data recording, to create a system wide framework that can clearly demonstrate outcomes.
9	Responding to Covid recovery and addressing any system inequalities that exist.

5 Governance

5.1. 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 Warwickshire CCG
- Richard Limb, CAMHS Programme Manager, Coventry City Council and Coventry and Warwickshire CCG

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Appendices

Appendix 1: Coventry and Warwickshire Children and Young People's
Child and Adolescent Mental Health Services (CAMHS) Transformation Plan
2015-2020 – Year five refresh: September 2021



Coventry and Warwickshire's Child & Adolescent Mental Health Services (CAMHS) Transformation Plan

Year 5 Refresh: 2021/22

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1. Introduction

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 Health Care 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.

This plan provides information on mental health provision in Coventry and Warwickshire; the progress made over the last year, the governance arrangements, our ambition for 2021 onwards and future activities. In addition to this, it seeks to reinforce the system wide commitment to improving and transforming mental health and wellbeing services for children and young people. It 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 empathies with them
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

The plan also seeks to highlight the responses to the Covid-19 pandemic, demonstrating how services have mobilized and responded to the challenges presented.

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
- Supporting the person with self-management and recovery
- Recognising the role of the family and carers.

The Children and Adolescent Mental Health Service (CAMHS) offer, named locally as 'RISE' across Coventry and Warwickshire provides:

- 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

This plan will be published and made available on the Coventry and Warwickshire Clinical Commissioning Groups website.

2. Transparency and Governance

The oversight, governance and scrutiny of the Local Transformation Plan (LTP) outlined in figure one below (**Figure one: Children and Young People’s Mental Health and Wellbeing – Governance Structure**) is provided through the Children and Young People’s Mental Health and Wellbeing Board. Operationally, actions from the LTP are implemented via the Transformation Operational Group (TOG) and there are strategic links to the Health and Care Partnership’s Mental Health and Emotional Wellbeing Programme Strategic Board. In recent months there has been a greater alignment of system priorities across Coventry and Warwickshire and work is underway to develop a clear set of deliverables and objectives for 2021 onwards.

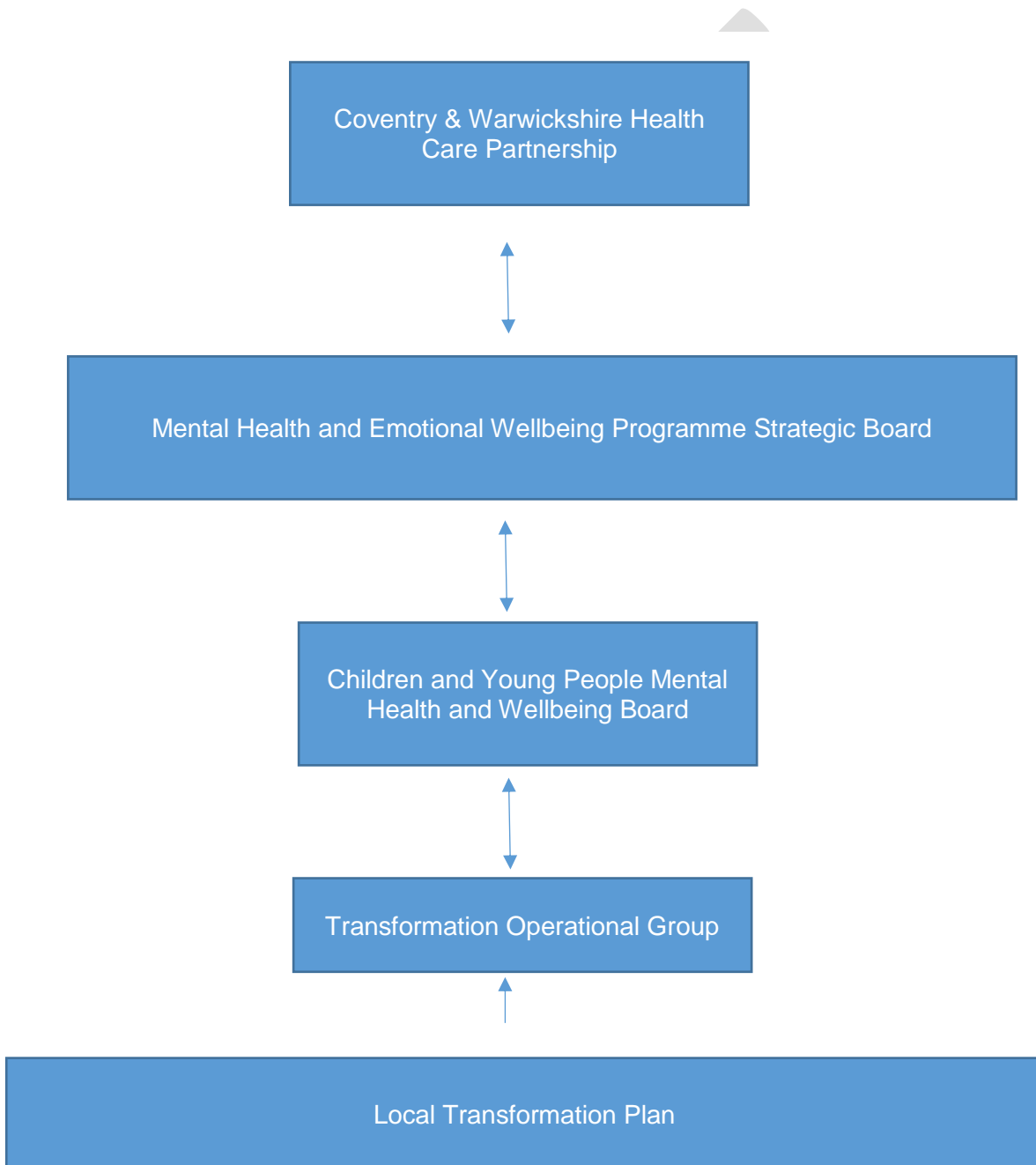


Figure one: Children and Young People’s Mental Health and Wellbeing – Governance Structure

Strong, collaborative relationships are in place across the system to deliver the objectives, with statutory and third sector agencies working alongside representatives from national bodies. These agencies include, but are not limited to, the Coventry and Warwickshire Partnership Trust, Coventry and Warwickshire Clinical Commissioning Group, Coventry and Warwickshire Mind, Warwickshire County Council, Coventry City Council, Schools and NHS Specialist Commissioning.

In addition to this, annual updates are provided to the two Health and Wellbeing Boards and regular updates to Coventry's Education and Children's Services Scrutiny Board the Warwickshire's Children and Young People's Overview and Scrutiny Committee. An accessible version of the LTP will also be produced to provide an condensed overview of the ambitions and priorities.

3. Ambition 2021 – 2022

We want children and young people across Coventry and Warwickshire to have access to preventative, early help and specialist mental health and wellbeing support services at the right time, through all stages of their lives. A whole system approach to these services has been developed and our intention is to continue driving this forward during 2021 - 2022. This will ensure that our work aligns with, and accurately reflects, 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. The ambitions below will be reflected in our LTP Delivery Plan for 2021-2022, which will be monitored on a quarterly basis via the TOG. **(Appendix one – Children and Young People's Mental Health and Wellbeing Delivery Plan Year 5 (2021-22)).**

Our ambitions focus on:

- Ensuring that the national and local priorities for children and young people's mental health and wellbeing are fully integrated from a strategic through to an operational level.
- Continuing improvements to the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people 0 – 25 – focusing on peer development and support.
- Strengthening approaches to resilience, early help and prevention through work, both with schools, family hubs and partnerships – utilising digital solutions.
- The ongoing development of the eating disorder pathway and services.
- Maintaining our strong multi-agency approach to supporting children and young people who are experiencing mental health crises and responding to emerging demands.
- Responding to the needs of our most vulnerable children and young people; specifically, those within the Criminal Justice System, in crisis, or who self-harm and those who are in care.
- Implementing innovative mechanisms of engagement to ensure that effective coproduction with children, young people, families and carers in relation to mental

health and wellbeing is facilitated.

- Seeking to integrate and align CYP mental health data recording, to create a system wide framework that can clearly demonstrate outcomes.
- Responding to Covid recovery and addressing any system inequalities that exist.

The delivery of our ambitions will continue to be supported across Coventry and Warwickshire via the Health Care Partnership (HCP), the Integrated Care System (ICS) as it emerges and the broader system structure that surrounds this. Mental Health and wellbeing is manifested throughout the Sustainability Transformation Plan (STP)¹ which reflects the increasing priority given to children's mental health across the sub-region.

In addition to this both Health and Wellbeing Boards have made a commitment to enriching the mental health and wellbeing of children and young people. This is reflected in their current and emerging Health and Wellbeing strategies.

The Coventry Health and Well-being Strategy 2019 – 2023² continues to be implemented, with children and young people included as one of three strategic priorities which include:

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

Furthermore, the Coventry Health and Wellbeing Board have responded to emerging trends from their Joint Needs Assessments and committed to focus on children and young people's mental health and wellbeing. Their ambition is to support the whole systems approach to children's mental health and wellbeing.

Warwickshire's Health and Wellbeing Strategy 'Living Well in Warwickshire 2020-2025'³ aims to reduce health inequalities and improve overall health and wellbeing for residents across the county. It sets out the strategic ambitions for the next five years which include:

- Ensuring children and young people have the best start in life.
- Helping people improve their mental health and wellbeing, particularly around prevention and early intervention.
- Reducing inequalities in health outcomes and the wider determinants of health.

In addition to this, tackling the health inequalities that have been amplified by the Covid pandemic will be central to the System's delivery over the next 12 months and beyond.

1

The latest STP can be found here: <https://www.uhcw.nhs.uk/clientfiles/files/STP/STP.PDF9-2023>

² Details of the Coventry Health and Wellbeing Strategy can be found here:

https://www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy_2019-2023

³ Details of the draft Warwickshire Health and Wellbeing Strategy can be found here:

<https://ask.warwickshire.gov.uk/insights-service/health-and-wellbeing-strategy/>

Throughout 2021, there is a system wide ambition to deliver Covid Recovery Plans, responding to those communities and individuals who have been disproportionately affected by the pandemic.

4. Prevention and Early Intervention

There have been numerous successes over the last 12 months and the progress to date for this is highlighted under the sections below:

Year of Wellbeing

In 2019-20 Coventry and Warwickshire successfully launched the Year of Wellbeing campaign to raise awareness to improve physical and mental health across the sub-region. The Year of Wellbeing was led by both Coventry and Warwickshire's Health and Wellbeing Boards, who developed a unique partnership – the first of its kind in the country. The Coventry and Warwickshire Year of Wellbeing campaign set out to raise the profile of local prevention opportunities and to encourage people to be proactive about their own health and wellbeing.

The campaign managed to achieve an estimated 900,000 separate exposures and contacts with people during the year through the distribution of materials, news stories and social media content. The campaign utilised local people to share their inspirational stories about their health and well-being journeys. As such, the campaign trained 52 people to tell their well-being stories and worked with a further 21 people who got on board during the year. To encourage people to make positive well-being changes the campaign created 'personal pledging' to promote the Year of Wellbeing campaign which saw a total of 3,020 people making a pledge.

The campaign identified 4 themes for the year which were:

- Child physical activity
- Workforce well-being
- Loneliness and social isolation
- Celebrating personal successes

Two of the key themes, directly impacted on children and young people - the associated outcomes are highlighted below.

Child physical activity

The aim was to help encourage more activity in and around the school day, particularly within primary schools, which saw 130 schools engaged in the campaign. The outcomes from the campaign included:

- Over 150 children were trained and supported to run peer-led activities to help promote physical activity and wellbeing
- 14 schools in Coventry took part in the 'Living Streets' programme which addressed active travel approaches. Data from the programme showed that car usage dropped from 30.7% to 18.9% and walking rose to 60.8% from 55.5% during the programme.
- More than 2,000 children and young people took part in 'The Children's Mile' in March

2020

- Over 14,500 children and young people were engaged in taking part in ‘Sports Fest’ in August 2019
- 31 schools engaged with ‘Marathon Kids’, a fun programme that encouraged children to achieve marathon distances by totalling up shorter distances
- Over 80 schools signed up to ‘The Daily Mile’™ to encourage physical activity
- 6 schools signed up to the ‘Thrive at Work’⁴ accreditation scheme

Workforce well-being

The campaign was aimed at encouraging business and organisations to have a stronger focus on well-being. As such, the following outcomes were realised:

- 111 businesses and organisations across Coventry and Warwickshire signed up to the Thrive at Work accreditation during 2019, benefitting around 36,100 employees.
- 250 staff members from 8 organisations gained an exam accredited health and well-being champion qualification.
- Over 2,000 people received mental health first aid training across Coventry and Warwickshire.

Early intervention in Psychosis (EIP)

For children and young people at risk of experiencing psychosis, the Coventry and Warwickshire Early Intervention in Psychosis service (EIP) delivers a full age-range service, including all those aged 14 or over experiencing a first episode of psychosis, with strong links into CAMHS services. The Clinical Commissioning Group (CCG) has a contract dataset that monitors the number of 18-year-olds receiving the EIP service who are jointly supported by RISE - table one below, provides an overview across Coventry and Warwickshire, highlighting that on a quarterly basis, the Coventry and Rugby (CR) area has the most activity when compared to the Warwickshire North (WN) and South Warwickshire (SW) areas. This is reflective of local geographic trends in mental health prevalence.

Number of Children & Young People (CYP) receiving EIP support	Q1 2019/20			Q2 2019/20			Q3 2019/20			Q4 2019/20			Total
	CR	SW	WN	CR	SW	WN	CR	SW	WN	CR	SW	WN	
	14	6	6	18	6	6	14	5	9	8	3	6	101

Table one – EIP activity across previous CCG areas.⁵

In 2019/20 additional investment into the service was secured across the STP, which increased the capacity and capability of the EIP teams to deliver national ambitions and targets for the service which were that:

“At least 60% of people with first episode psychosis start treatment with a NICE-

⁴ Thrive at Work is a workplace well-being accreditation led by the West Midlands Combined Authority, which helps organisations review their policies, procedures and practices to tackle issues like Musculo-skeletal illnesses and stress management.

⁵ Data for 2020-2021 was not available.

recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral”.

The treatment for EIP commences when the person:

- Has had an initial assessment; and
- Has been accepted on to the caseload of an EIP service, capable of providing a full package of NICE-recommended care; and
- Has been allocated to and engaged with by an EIP care coordinator. This means that the care coordinator actively attempts to form a therapeutic professional relationship with the person and offers treatment to them.

Compliance to a National Institute for Clinical Excellence (NICE) concordant EIP service is outlined in figure two below:



Figure two: NICE compliance model

For children and young people (CYP) at risk of experiencing psychosis, the Coventry and Warwickshire EIP delivers a full age-range service, including all those aged 14 or over experiencing a first episode of psychosis, with strong links into CAMHS services. The CCG has a contract dataset that monitors the number of CYP receiving the EIP service who are jointly supported by RISE. The access is reflective of local geographic trends in mental health prevalence.

All referrals are allocated to and engaged with by an EIP care coordinator. This means that the care coordinator actively attempts to form a therapeutic professional relationship with CYP and offers them access to NICE recommended evidence-based treatment pathways, as per figure two above.

There is a EIP and CAMHS joint working policy which is based on NICE guidance and this supports the joint working of children and young people. Children and young people’s mental health (CYPMH) for these cases retain the case management and medical responsibility and EIP services provide expertise advise, any interventions for psychosis are led by EIP

clinicians but they may also receive support from CYPMH services to deliver these interventions. There are also bi-monthly managers meetings where any issues / developments are discussed.

Working is underway with the EIP service in 2021/22 to develop an EIP dashboard which will capture data in the 3 key areas identified:

- referral to treatment waiting time,
- that treatment accessed is in line with NICE recommendations and
- routine measurement of outcomes

Once the dashboard is built, this will enable robust monitoring of performance against the standard split by CYP and Adults.

Mental Health Surge Working Group

As a consequence of national lockdown and school closures, Coventry and Warwickshire developed respective system wide working group, known as the mental health surge working group, to monitor and review referral data into mental health services. The purpose of the group is to ensure a co-ordinated system wide response to supporting children and young people with emotional wellbeing and mental health issues. The working group provides an opportunity for services to come together to build working relationships, understand each other services, and to help avoid duplication across the system.

In Coventry, the mental health surge working group developed a children's and adults' mental health service offer leaflet in January 2021 which was circulated to all schools across Coventry. This has been cascaded out to all Schools across Coventry and requested schools share this with their staff and with parents/ carers to ensure people are aware. The leaflet was also shared across social media through a public health led initiative the #Take5 campaign, which was to encourage people to look after themselves using the 5 ways of wellbeing; Be active, Connect, Give, Keep learning, Take notice.

Coventry and Warwickshire Mind

Coventry and Warwickshire Mind (CW Mind) delivers various services across Coventry and Warwickshire to support children and young people in the community. The services have been disrupted throughout this year due to the Covid 19 pandemic, but delivery is outlined below:

The 'Reach' service offers counselling support, therapeutic, resilience building and peer support group webinars, digital workbooks and online self-help tools / activities. Webinar themes in response to Covid were developed which included:

- Early Warning Signs and strategies
- Mindfulness
- Thoughts, Feelings, Behaviours
- Managing Worries
- Resilience

Various resource materials have been produced which are for children and young people and the adults around them. Some resources are designed to support children, young people and

Parents/carers with their connection and relationship by completing together. These resources were sent to schools and directly to children, young people, parents and carers via email.

The '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. This work was converted to online and telephone support. New innovated connections were explored such as online age-appropriate games.

CW Mind have developed themed newsletters which have been circulated to all schools, parents and carers, children and young people and professionals. These documents provide information, advice, and guidance on how to manage emotional wellbeing at home, during the Covid crisis. A survival resource pack which has many signposting resources, articles, apps to access and clips was created and distributed to all schools.

CW Mind has risen to the challenges presented by the Covid pandemic and as a result, deployed the following phased approach:

- **Phase one** focused on ensuring all children and young people on the waiting list were contacted and risk managed through a Red/Amber/Green system approach. Calls to all children and young people were completed and RAG rating was implemented
- **Phase two** focused on ensuring the right digital wrap around support was implemented in place of face to face. A mailing list was produced which included all parents/carers, school and professionals. A digital 'Survival Guide' was produced which included 16 themed pages of clips, websites, information, mobile phone apps etc. Regular newsletters with advice, guidance, links and signposting support were provided. A newly created young person's mental health journal was sent to all on the mailing list and targeted thematic support was produced for unplanned endings, exam stress and self-esteem and sent out at relevant times.
- **Phase Three** provided a range of self-help resources, some, specifically designed and coproduced for children and young people, to assist them with Covid-19 challenges. Some resources were designed to support children, young people and parents/carers with their connections and relationships by encouraging them to be completed together. These resources were sent to schools, professionals and directly to children, young people, parents and carers via email.

Resources shared, included:

- Unplanned endings
- Low mood
- Anxiety
- Self esteem
- Back to School booklet – for Primary School children
- Back to School booklet – for Secondary School children

CW Mind have also undertaken various questionnaires to measure impact and feedback from children and young people, carers, parents, and professionals when delivering face to face

which included:

- Strengths and difficulties questionnaires (SDQ's)
- Experience of service questionnaires (ESQ's) with CYP
- Parent style and dimensions questionnaire (PSDQ), for looked after children only
- Service user satisfaction forms are undertaken with children parents and carers.
- Outcome rating scale (ORS) which has been piloted since July 2019
- Session rating scale (SRS) which has been piloted with children and young people 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)

During the pandemic however CW Mind altered some evaluation methods due to different service delivery methods. The Service changed to Warwick Edinburgh Mental Well Being Scale (WEMWBS). Unlike the SDQ the WEMWBS is regarded as a positive tool by the young people (measuring well-being rather than difficulties) and one that uses more children and young people friendly language.

Coventry City Council directly fund CW Mind to deliver Tier 2⁶ targeted provision and are currently in a recommissioning process. A vast amount of consultation and engagement has taken place to date with a range of stakeholders including:

- Children and young people including CYP with learning difficulties, autism, and ADHD
- Parent and carers including foster carers
- Family Hubs
- School professionals
- Provider market
- NHS Trust provider
- General Practitioners (GP)
- Childrens Services

Engagement has taken place in a range of ways including surveys, workshops led by Commissioners, and children friendly workshops led by range of professionals including Councils Children Champion. The feedback will be used to develop a model of delivery which will go out to tender spring 2022.

Children and Young People Mental Health Partnerships

The Partnership is a network of organisations who with and for children and young people. The Partnership is an opportunity to share best practice, advocate on behalf of young people and give young people a voice. The purpose has been to support the ongoing development, networking and delivery of high-quality mental health, emotional wellbeing and neurodevelopmental services for children and young people via voluntary and community sector organisations, local authority and NHS Trusts.

⁶ Within Warwickshire equivalent Tier 2 provision is included within the RISE service and delivered by CW Mind

The joint work between the RISE service and local Commissioners has led to the pilot of a new Children and Young Person's Mental Health Partnership in Nuneaton and Bedworth. This aims to improve the awareness of children and young people's mental health provision in Nuneaton and Bedworth and maximise local provision through increased coordination and collaboration. This Partnership is currently evolving and once it is well established, the focus will be to develop and replicate the model to other areas of Warwickshire in collaboration with existing networks.

Work in Schools

Primary Mental Health Services in Coventry and Warwickshire delivered by CWPT provide a comprehensive range of support to schools and professionals 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

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

This targeted support across primary and secondary schools is intended to increase capacity and the skills base to support children with mental health difficulties. Schools report that the programme has had a positive impact on both staff and pupils. The Primary Mental Health Teams (PMHT) responded to the Covid pandemic by utilising virtual platforms such as Attend Anywhere (AA), Zoom and MS Teams. The PMHTs have continued to offer parent workshops and professional (mostly schools) workshops to increase awareness, skills and strategies to help children and young people's emotional wellbeing. These have been delivered via digital platforms such as MS Teams and Zoom. To support school staff and other professionals the PMHTs have converted previous face-to-face workshops to e-learning packages.

CW Mind, deliver 'The Big Umbrella' across Coventry and Warwickshire schools. 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. However, delivery did not take place in 2019/20 due to staff shortage and the Covid 19 pandemic. 2 new staff have recently been recruited and will focus on delivering to 37 schools across Warwickshire. From December 2020 Big Umbrella

has been delivered virtually and plans are in place to move to a blended model of virtually and face-to-face intervention throughout 2021 pending Covid restrictions.

In September 2020, the Government launched a Wellbeing for Education return training programme as a response to providing mental health and emotional wellbeing support to schools and colleges. This training programme was led by Educational Psychologist Team in both Coventry and Warwickshire and was delivered through a partnership approach with voluntary and community organisations. Local experts took part in the train the trainer webinars and have delivered webinars to mental health leads in schools. Webinars 1 and 2 have been offered to all education settings, including colleges of further education and Specialist settings. Phase 1 of the programme has been evaluated to establish to most appropriate way to provide on-going support to education settings during phase 2.

By the end of the Winter Term the national training package developed from The Anna Freud Centre and made available by Department for Education (DFE) was rolled out to Warwickshire schools and colleges. The training has been delivered by colleagues from Warwickshire County Council (WCC) Educational Psychology Service and Compass, who received the training themselves and adapted the materials - as per DFE requirements - for local and age-appropriate delivery. The training consisted of two sessions, delivered remotely and at 'twilight' times to avoid the need for school cover. Delivery was organised into local school groups (consortia and area networks) in the hope that local networks could be strengthened for mental health lead staff in schools.

The Wellbeing for Education Return programme has been adapted in Coventry and delivered in two phases by Coventry's Educational Psychology Service. Phase 1 included a 90-minute webinar, which was rolled out across Coventry by the Educational Psychology Service, during November 2020. Phase 2 includes an allocated Educational Psychologist to work within the school setting, to develop, implement and review a bespoke package of support for students and staff. This work commenced in January 2021

The programme was adapted to Coventry's context and was delivered in two phases by Coventry's Educational Psychology Service.

Phase 1: is a 90-minute webinar, which was rolled out across Coventry by the Educational Psychology Service, during November 2020.

Phase 2: included an allocated Educational Psychologist to work within the school setting; to develop, implement and review a bespoke package of support for students and staff. This work began in January 2021.

Based on the feedback received from Warwickshire Schools during Phase 1 Warwickshire County Council colleagues in education and commissioning are developing a mental health network for education settings. All schools are invited to this network to discuss themes, challenges and the implementation of the whole school approach. A specific section of this network will be utilised to engage schools that are part of MHST programme in the governance of the project. In addition to this Compass are being commissioned to deliver Warwickshire's Young Peer Wellbeing Champions Pilot in approximately 40 schools in Warwickshire. The programme will help pilot schools to:

- Reduce mental health stigma

- Promote a culture of positive wellbeing
- Increase pupil / student mental health support
- Empower pupil / student voice

The Young Peer wellbeing champions pilot project will contribute to creating mentally healthy schools and boost in-house capacity for CYP to access the right early help, first time through:

- Identifying and training Young Peer Wellbeing Champions
- Identifying a named school lead to support champions and shadow their training
- Empowering CYP, schools and professionals to develop skills and strategies to self-sustain a champions package through bespoke support
- Enhancing support, not duplicating, replacing or re-inventing

To avoid duplication this project will support schools that are not currently part of the MHST programme from Wave 1 and schools that will not be part of Wave 5. The project will work with multi-agency partners in health, education and social care to achieve positive outcomes for children and young people.

In addition to this Coventry Schools adopted the 'THRIVE' Approach - a programme that provides school practitioners with a powerful way of working with children and young people, supporting their 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, helping them re-engage with life and learning. 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 27 schools with many others adopting similar whole school approaches. Many of these schools experienced slight falls in attendance during the autumn and spring terms in 2020, the latter may well be due to Covid. Schools who have adopted the THRIVE Approach generally have better average attendance than non-THRIVE schools. Schools are continuing to engage in the programme and training is on-going.

Within Warwickshire, education leads have developed a Warwickshire Improving Special Education Needs and Disabilities (SEND) & Social, Emotional and Mental Health (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 Education Health Care Plan (EHCP) threshold and includes a school improvement offer for upskilling and building the capacity of Special Educational Needs & Disabilities Co-ordinators (SENDCOs) and Speech and Language Therapists (SLT), classroom teachers and teaching assistants. By November 2019, all four 'hubs' of schools involved in the WISSSP had carried out individual school audits of social, emotional and mental health in their schools and joined together to form a 'Hub Action Plan'. Work commenced and staff training was commissioned, some of which has taken place. In March 2020, the schools were given permission to 'stand down' from their actions temporarily so they could focus on the day-to-day management necessitated by the pandemic. All four hubs have now been stood back up again.

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. An element of this includes the sourcing of and developing suitable provision of a range 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 the Warwickshire education budget. It provides a range of interventions for lower-level emotional difficulties which may not meet CAMHS threshold, but where, if left without support, can progress to a greater 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.' Support includes 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. The 'Think Ninja' digital app has also been made available for all children involved with Early Help to support self-digital access for them.

In June 2021, Coventry developed and hosted two mental health school webinars. The webinar, which was led by Commissioners, involved a wide range of mental health providers to deliver a presentation of the services they provide including the referrals route. This webinar was aimed at school professionals so they could gain an understanding of the local offer, which saw over 70 attendees. The webinars were also recorded and the link has been circulated to all schools.

Mental Health in Schools Teams

Mental Health in Schools Teams (MHSTs) have been introduced in education settings in both Coventry and Warwickshire. Prior to the Covid pandemic the MHSTs were in 18 South Warwickshire schools and during the first lockdown the MHSTs maintained contact with education settings via virtual platforms such as Microsoft Teams. During this period, the MHSTs broadened their approach and offered support, information and guidance to all Warwickshire schools that remained open to Key Worker's and vulnerable children. Once the schools re-opened in September the MHSTs in South Warwickshire began their project expansion and are now supporting 49 education settings. This is being achieved through a blended model of virtual and face-to-face support using appropriate infection control measures.

All the Education Mental Health Practitioners (EMHPs) linked to the MHSTs in Warwickshire have completed their training and are now fully qualified practitioners. EMHPs are delivering low level early interventions, assessments and consultations to children, young people and their families. The EMHPs are working in a partnership with other services in the school environment to provide a whole school approach. These services include Early Help, Education Psychologists and School Nurses.

Warwickshire MHSTs will be expanding with two further sites being established by October 2022 in Nuneaton and Bedworth and North Warwickshire. Trainee EMHPs will be recruited in July 2021 and placement sites will be identified and engaged in the MHST programme by September 2021. Youth/participation workers are being recruited to support and enhance co-production across all current and future sites in Warwickshire and Coventry.

Coventry had MHSTs in seven schools prior to the first Covid lockdown and during these restrictions they also broadened their approach to encompass referrals from all schools. This change to delivery allowed schools who had not previously engaged with the project to join and meant targeted support in identified areas of need could be prioritised. The model delivered was also a blended approach with a mix of face-to-face intervention and virtual engagement and this continues to be the case. Moving to a model which includes a virtual

delivery method has allowed MHSTs to run sessions more easily, avoiding delays caused by travel or location.

The Coventry service is currently in a growth stage, now that the EMHP's have qualified from Northampton University. MHSTs are supporting 28 education settings, once fully rolled out the support will be available in 39 Coventry schools. The impact that this service has been able to have has been affected by the Covid 19 pandemic, predominantly due to the change in the operational criteria of schools. The service has however made a positive impact by developing information for schools and social media and by providing low level Cognitive Behavioural Therapy (CBT) interventions, consultation and assessment to children, young people and their families. This was particularly critical given that group activity had to be paused at the outset of the pandemic.

When schools initially re-opened to their previous operational criteria and with the newly qualified staff there was greater ability to impact children and young people directly with evidence-based CBT work, embedding the whole school approach and liaison and development functions. The Coventry service offer has continued to expand.

MHSTs are an integrated service within the overall RISE service. This ensures that input and support is provided to MHSTs to jointly deliver an integrated referral and advice system that prioritises children and young people accessing appropriate help as quickly as possible. CWPT and CW Mind are working closely with the mental health in schools project to ensure this clearly forms part of the integrated mental health service offer for children and young people from taking referrals to escalating and stepping down support as appropriate. CWPT are also working closely with family hubs and the family health and lifestyles team to ensure they provide a coordinated approach which avoids duplication of referral and support.

Staff progression within the MHSTs has been explored with support from RISE CYP IAPT lead and collaboration with HEE. As a result of this we have integrated into the structure both in MHST and PMHT the role of senior EMHP and CWPT. This structure within the EMHP career progression will be within all the MHST models and will further support recruitment and retention success.

RISE CWPT have been recognised for the career development plan of EMHP's within the MHST workforce at a Clinical Network regional level. CWPT RISE have been the first to develop an approved A4C job description of a Snr EMHP which recognises the career development of EMHP's, develops further supervision structure and provides the MHST offer with a robust workforce. There has been successful recruitment and retention for band 7 high intensity clinicians with a blend of supervision and high intensity clinical practice. There is also recognition at a Regional network of the use of diverse workforce including social workers to offer the MHST a multi-disciplinary skill base that encourages retention and development. RISE works alongside Health Education England (HEE) and both the Northampton University and the Reading collaborative to ensure robust planning regarding new HEE posts and the capacity to provide supervision to the trainees.

Work continues to ensure that the team is an integrated part of the RISE service and where

needed consultation is invited and provided from relevant parts of specialist services either individually to practitioners or within the wider Multi-Disciplinary Team (MDT) process. There is evidence that demonstrates the effectiveness of joint assessments for a child or young person, especially when they need to be transitioned into the specialist part of RISE. MDTs enable the ongoing review and development of pathways to support a smooth transition between treatments.

A joint assessment of need is carried out in partnership with education settings and their mental health leads and school leadership. This ensures effective planning and use of MHST resources. Audits have been completed with each school to identify the needs of each cohort of children in individual schools, this data has been shared with mental health leads and schools which has then enabled interventions to be targeted to particular cohorts of children and staff.

There has been a recent re-launch of the service to headteachers and mental health leads within schools to support the understanding of the new blended model. MHSTs have produced and delivered packages to teacher groups within schools about the service.

The service is split between three core functions as defined by National Health Service England (NHSE):

- Delivering evidence-based interventions for mild-to-moderate mental health issues
- Supporting schools and colleges to introduce or develop their whole school or college approach
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support

The MHSTs are being delivered in schools that have been identified according to following criteria of vulnerability and need within the pupil population and are being targeted at the areas of greatest need accordingly:

- Above Warwickshire and Coventry average for all factors (i.e. deprivation, absence and exclusion rates, English as additional language, free school meals)
- Above Warwickshire and Coventry average for all factors (but not absence or exclusion rates)
- Above 10% Social, Emotional Mental Health (SEMH)/Mild Learning Difficulties (MLD) Primary need Special Educational Needs (SEN) children
- Pupil Premium above Warwickshire/Coventry average
- above 5% on SEN register with SEMH/Speech, Language and Communication Need (SLCN)
- High numbers of young carers and Children in Care

The MHSTs have developed and are rolling out a robust audit framework that is used with all schools to understand the needs of each individual school, this is implemented with support from the mental health lead and the data from this audit is then fed back to support the development of targeted and universal support. This supports the identification of mental health needs of the children and young people as well as supporting the identification of

whole school approaches which the team can deliver and support schools with. The team can share and work jointly with the school to increase the skill set of staff and develop a supportive culture. There is ongoing work to involve service users in this process to enable an inclusive co-production of the MHST and what it delivers. This process also helps the school consider what alternative support is available.

The service delivers individual, group and parent sessions based on National Institute of Care Excellence (NICE) guidance and CBT protocols. Routine Outcome Measures are used to evidence the need and impact of the intervention within all these formats. The team have been invited to be part of research around an online Co-CAT anxiety intervention based on the Cathy Cresswell 'Supporting your Child with their Fears and Worries' work. The team all receive CBT supervision. The teams consist of both low-level workers and high-level CBT therapist so children can be responded to within the same service for more intensive CBT should their needs require it.

Following assessment and audit, families, children, young people and school staff are advised about health promotion activities that they can actively engage in or support engagement in, this includes sports and exercise, diet, relaxation and relationships. The teams are able to deliver these interventions both face to face and through online platforms ensuring that during the COVID era Schools, parents, children and young people can still access the support they need.

In addition to this MHSTs provide timely advice to schools and colleges, supporting staff and advising them about the needs of the children and young people in their care. This can take place either pre- or post-assessment dependent on the information received. Training and information on mental health is provided to staff and parents and, the team also delivers awareness raising sessions to young people through assemblies and lesson type formats. The service provides a duty system should schools wish to ring in and have a telephone discussion, there is ongoing development around the structure to the consultation framework. The team have provided advice and support to other agencies to support individuals an example of this has been attendance at Common Assessment Framework (CAF) meetings

Warwickshire holds a quarterly steering group for the MHST which comprises of the following key partners:

- Commissioners
- Public Health
- Education
- CWPT
- School Nursing
- Midlands EMHP Project Assurance Lead
- School – mental health leads

Through the steering group, representatives 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 MHST to collaboratively develop a whole school approach and an integrated referral and advice support with the mental health leads in schools.

In Coventry, a smaller operational group also exists with similar partners. It met on a three-weekly basis throughout the first Covid lockdown period, to ensure a clear service offer was in place whilst schools were closed or under limited capacity.

Work is currently underway to recruitment to Youth Workers who will work alongside the EMHPs. The Youth Workers will lead on the consultation and engagement of children and young people and school professionals to develop the offer ensure the service meets their needs. The Youth Workers will work across Coventry and Warwickshire.

Universal Services

Coventry's Family Health and Lifestyles Service commenced 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 (The Lancaster Model) at reception (completed by parents), year 6 and year 9 (completed by young people). One of the areas the assessment helps identify is 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. In relation to mental health, the service provides 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 providing support to schools around Personal Social Health Education (PHSE).

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 (a child and Maternal health project), 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.

In response to Covid-19 the Family Health and Lifestyles Service immediately developed a digital response to support families with face-to-face visits delivered where there was a compelling clinical need. The offer was delivered reflecting the position in the NHSE & National Health Service Improvement (NHSI) Covid-19 Prioritisation for Community Health Services guidance and the Institute of Health Visiting professional advice to support best practice. All services continued to deliver support to families across the city, Health Visitors continued to undertake mandated contacts and increased the number of ante-natal contacts delivered by the service.

In Coventry, new Health Visitor pathways commenced in September 2020 reflecting the learning from the Covid-19 situation whilst still managing the impacts of the pandemic. School Nurses are working with schools to support young people returning to school after the

lockdown and school holidays and will undertake 'The Lancaster Model' needs assessment and the National Child Measurement Programme, with support from the 'Be Active Be Healthy' team from January 2021.

The Warwickshire School Health and Wellbeing service, delivered by third sector organisation Compass, has been in place for five 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, family brief intervention workers 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 (although this has been impacted by COVID for this academic year). 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 newest version of the contract has enhanced the service to include a family lifestyle and weight management offer, which complements the mandated National Child Measurement Programme the service offers to all reception and year 6 children.

In response to the COVID-19 challenges, the service has continued to provide support to children, young people, and families with a strong virtual offer when restrictions have limited face to face contact. They have ensured good communication has been in place via a regular newsletter sent to schools and continue to promote their Chat Health facility. They are working closely with the children and family centres to consider if they can utilise those sites for face-to-face meetings where appropriate.

A service has been developed to meet gaps identified within local community mental health provision. The Young Black Men's Project (YBM Project) is a grass roots service funded nationally through Mind and delivered by CW Mind in partnership with the Tamarind Centre. The YBM Project work is coproduced to ensure the service adequately meets the needs of black males. Evidence shows that they are more likely to be diagnosed with severe mental health problems and 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 males as they get older.

The YBM Project works by providing preventative, culturally conscious wellbeing and emotional support to young black men aged 11-30, their parents, carers and guardians, and is delivered across Coventry and Warwickshire. The project aims to build personal resilience, enabling people to take care of their own mental health and wellbeing."

Suicide Prevention

A Joint Suicide Prevention Steering Group is in operation across Coventry and Warwickshire. This includes a range of statutory and voluntary sector agencies and has been the conduit to implementing a number of services to reduce the number of suicides across the area. Examples of the Group's delivery include:

- The development of the '*Dear Life*' website, which aims to reach people in Coventry

and Warwickshire who are seeking support, or for those who are worried about someone they know. It incorporates information dedicated to CYP, with reference to both local and national support services, including the 24/7 crisis line, RISE and Young Minds

- The implementation of a 'Real Time Surveillance' system that reviews suicides from across Coventry and Warwickshire to identify what multi-agency learning may emerge for agencies to prevent suicides from happening in the future. Where a suicide cluster emerges, meetings are urgently arranged to identify any contagion effects and mitigate any further risks within the local community. An outcome of a recent meeting has been the commissioning of a digital app called 'Kooth' – a free, safe and anonymous digital counselling and support service for CYP, available across Coventry and Warwickshire.

In Coventry, the refreshed Coventry Suicide Prevention Plan contains the following seven strategic goals:

- To reach high risk Groups - a targeted approach focusing on inpatient safety and vulnerable groups
- To improve mental health - building on community assets, workplace health offer and VCSE support networks
- To manage Access to Means - identifying and address our environmental, social and clinical risks
- To reduce the impact - developing the bereavement and workforce support offer
- To improve data - embedding partnership plans for systematic reporting and analysis
- To adopt a Safe Media Approach - communicating the support offer and managing local and national messaging
- To work together - investing in learning, development and partnership activities

Within Warwickshire, the Warwickshire Suicide Prevention Strategy Action Plan includes the following priorities:

- Reducing the risk of suicides in key high-risk groups
- Tailoring approaches to improve mental health in specific groups
- Reducing access to means of suicide
- Reducing the impact of suicides
- Supporting the media in delivery sensitive reporting around deaths by suicide
- Improving data and evidence
- Working together – improving partnership working

The Warwickshire approach has an ambition to reduce suicides to zero. The intention is that 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.

To raise awareness of suicide and mental health support during Covid-19 pandemic, Coventry and Warwickshire launched a communication campaign targeting children and young people through various platforms, which signposted children and young people to the RISE 24/7 crisis line, staying alive app, and emergency numbers. The platforms included:

- Spotify
- Snapchat
- Youtube
- Facebook and Instagram
- Council websites

Data from the campaign showed that:

- The advertisement was displayed on social media more than 1.2m times
- More than 16,500 either watched or viewed the advertisement
- Facebook and Instagram displayed the advertisement more than 742,000 times, reaching more than 153,000 children and young people

In addition to the communication campaign, various training offers were delivered to raise awareness of suicide:

Several virtual training and awareness raising sessions have been held in Coventry and Warwickshire throughout the year that. The training sessions have focused on:

- Understanding the impact of suicide and the stigma surrounding suicide
- Gain a knowledge of the common myths and misconceptions
- Have a good base-line knowledge of how to identify those at risk
- Skills gained in open and direct dialogue
- Direct those at risk to appropriate support organisations
- Knowledge of local and national resources
- Increased confidence in supporting a person who may be at risk of suicide
- Knowledge of importance of self-care and personal support opportunities

In addition, throughout the first wave of the COVID-19 pandemic period in 2020, a series of five short webinars on self-harm and suicide prevention in children and young people were held and promoted among commissioned services. These were delivered by RISE and CWPT. Over 1,000 people attended the webinars from over 20 different organisations and services across Coventry and Warwickshire.

Links were also made with Warwick University who developed a Suicide Safety Strategy and engagement took place with Equip - Warwickshire's local Equality and Inclusion Partnership to share information in relation to suicide prevention.

Future work will include the provision of an all age suicide bereavement support service for Coventry and Warwickshire residents which will be in place September 2021.

Warwickshire Self-Harm work stream

Public Health England (PHE) Fingertips data highlights Coventry and Warwickshire as an outlier for self-harm in young people and also in relation to suicide rates. Table two provides more detail of this:

	Hospital admissions as a result of self-harm 10 – 24 year olds (2018/19) – per 100,000	Suicide rate (persons) from 2017 – 2019 – per 100,000
England	444.0	10.1
West Midlands	467.4	10.2
Coventry	515.1	10.6
Warwickshire	581.0	9.4

Table two: PHE self-harm and suicide data

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 Joint Strategic Needs Assessment (JSNA) and any additional recommendations that the group identifies, are actioned. The group is made up of multiple organisations including WCC, CCGs, Compass and RISE. The group meets 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
- Review of apps, websites and online resources
- Development of a self-assessment against NICE quality guidelines
- Creation of an action plan (linking to JSNA recommendations)
- Review of current pathways to care and subsequent development of “sources of support” model
- Presentation about self-harm to the Care Leavers team including representation from care leavers with lived experience
- Communications activity around self-harm awareness day
- Engagement with Warwickshire Educational Psychology Team
- Engagement with the Transforming Care Partnerships
- Investigation into the development of a self-harm register
- Piloting of the ‘MeeToo’ app (which provides a safe, secure forum for teenagers wanting to discuss any issue affecting their lives)

Future aspirations of the Self Harm work stream include exploring the challenges faced by those experiencing gender dysphoria and identifying how support can be provided to reduces incidences of self-harm linked to this.

It is important to note the role of the Health Care Partnership’s Mental Health and Emotional Wellbeing Programme Strategy Board in relation to preventing suicides. The Board maintains an oversight of both system and local priorities, including those associated with mental health crisis and early intervention. It has oversight of the Transformation Funding for Mental Health, some of which has been allocated towards crisis interventions and earlier intervention work, such as the Think Family Outreach Team, who support those in emotional distress and at risk

of requiring crisis interventions.

Over recent months the NHSE Midlands Suicide Prevention programme has been considering approaches for sustaining and refreshing suicide prevention plans beyond the transformational period. This has included exploring how local priority groups are reviewed continually rather than being confined to the high-risk groups identified at the outset of the Suicide Prevention transformation period. The need to address CYP specifically was raised and there have been reports from systems of an increased number of suicides by young people, of increased suicidality and access to services. NHSE have subsequently arranged a series of meetings to connect CYP Mental Health commissioning colleagues with Suicide Prevention Leads to support a joined up approach to CYP suicide prevention planning, with a view this will support future commissioning decisions, funding resource and alignment of approach. The involvement of Coventry and Warwickshire within this, will be an opportunity to share examples of best practice and shape future suicide prevention priorities.

5. Performance and Delivery

Referrals and access to CAMHS services is via the Navigation Hub. The Navigation Hub is delivered by CWPT, the specialist CAMHS provider, in partnership with CW Mind, a voluntary sector organisation. They have clear acceptance criteria ensuring all children and young people presenting with a mental health condition are supported, which includes LGBTQ+. CWPT have clinicians where Lesbian, Gay, Bisexual, Transgender, Questioning (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.

Prior to the Covid-19 pandemic, the number of referrals into the Navigation Hub was increasing. The graphs below (figures three and four) highlight the number of referrals which were made from May 2017 to March 2021 and the number of referrals accepted. The data highlights a 27% increase in referrals to the Hub in 2019/20 compared with 2018/19. The increase in the number of referrals accepted into the service, 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.

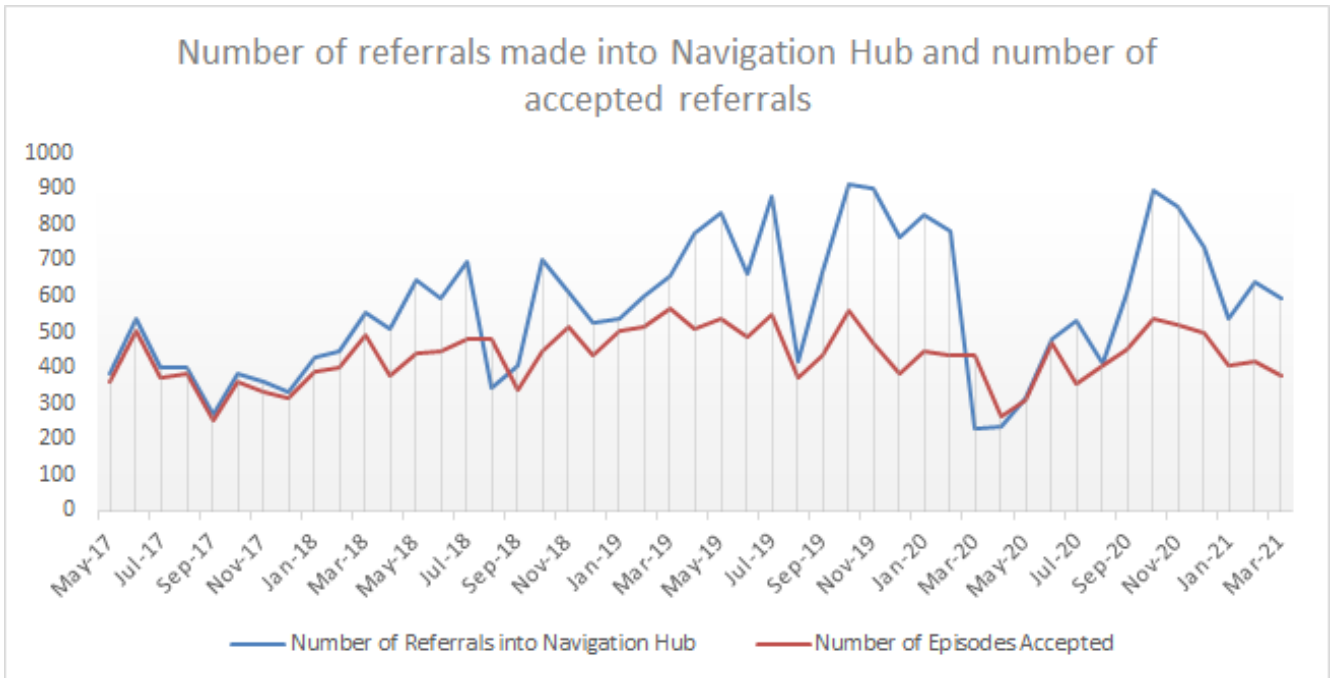


Figure three – number of referrals to Navigation Hub graph one

However, figure three demonstrates the reduction in referrals to the Navigation Hub that followed the introduction of the Covid- 19 restrictions in March 2020. The graph highlights a 65% decrease in referrals in March 2020 compared to the same time, the previous year.

Referrals for March 2021 has increased by 157% compared to March 2020.

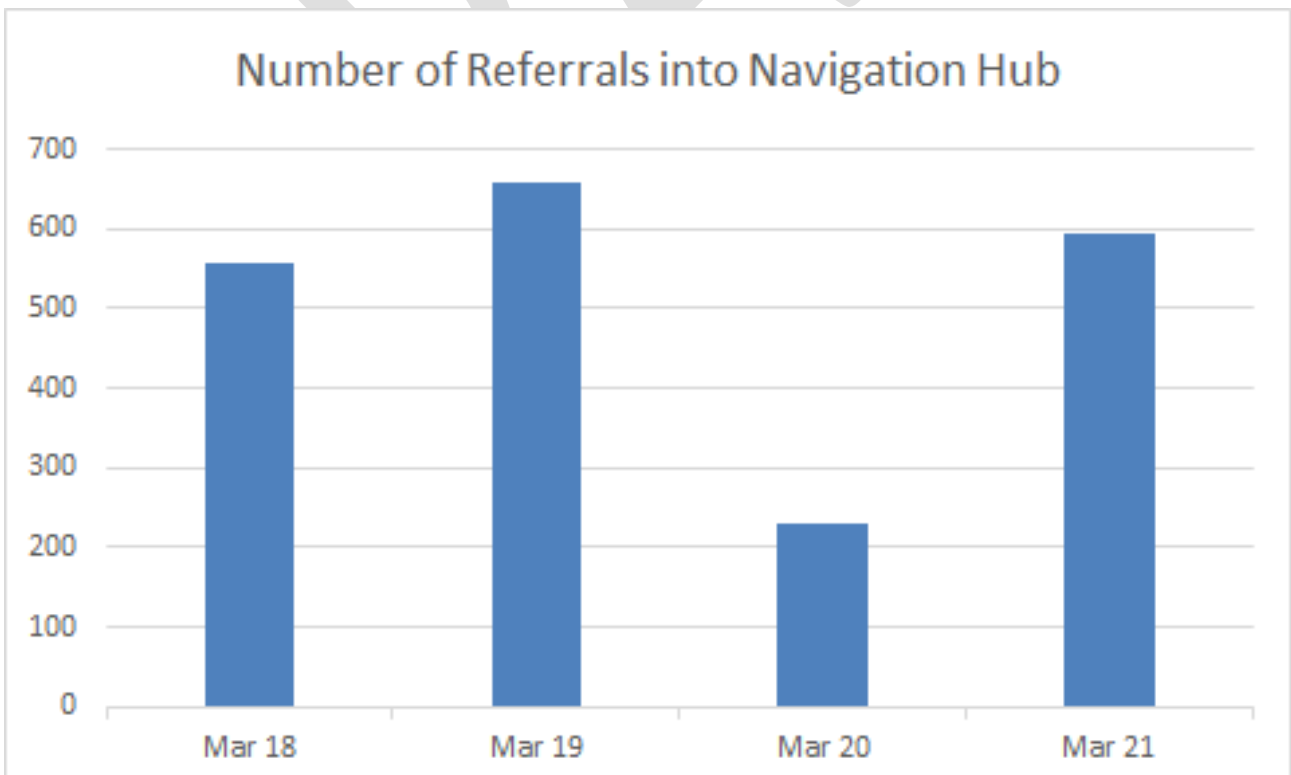


Figure four – number of referrals to the Navigation Hub graph two

Since schools reopened in September 2020 there has been a steady increase in referral activity in all mental health services across Coventry and Warwickshire. There was an anticipated surge in increased demand on mental health services around the autumn half-term. In anticipation of this, multi-agency mental health ‘Surge Working Groups’ were introduced which aimed to monitor and review the number of referrals being made into mental health services. The working groups tracked the number of referrals and the presenting issues to enable a system wide response to ensuring children and young people are able to access services as quickly as possible.

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, evidenced a small decrease in referrals of 7% (68 children and young people) for 2019/20 compared to 2018/19. One of the main sources of referrals for this service is the Navigation Hub, which has seen an increase in referrals by 27% in 2019/20. This suggests more complex needs are being presented and require a more clinical response. More recently, the number of children and young people accessing counselling support have seen a slight reduction of 4% in 2020/21 compared to 2019/20 but have seen a 27% increase in the number of counselling sessions delivered. This also suggest more complex needs and being presented, and more intense support is required, particularly during the Covid-19 pandemic.

Since Covid-19 pandemic, the graph below (figure five) shows the impact lockdown has had on the number of referrals made into the Reach service for 2020/21 compared to previous years. The service has seen a reduction of 38% (354 children and young people) in 2020/21 compared to 2019/20, due to Covid-19 restrictions, despite the service developments CW Mind implemented to respond to the Covid crisis, including the move over to a digital platform.

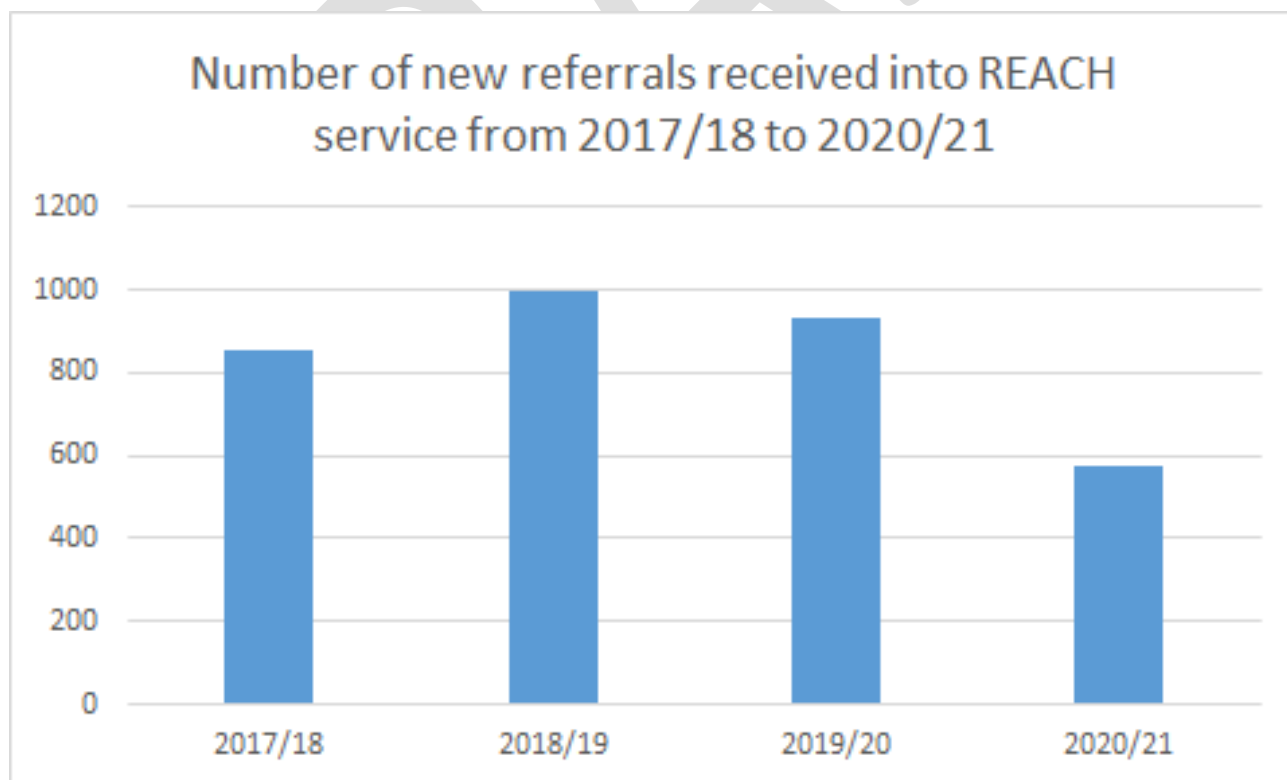


Figure five: Number of new referrals received into the Reach service

Locally, for specialist CAMHS there is a maximum 12-week target for follow up waits. There is 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. 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.

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 child or young person directly. Due to unstable accommodation and/or structure, the risk assessment can show that it is detrimental to commence therapeutic work directly with the child or young person. With this situation CWPT provides a consultation response and supports the system plan of care to ensure as the stability is achieved in the individual’s social/domestic situation and the child or young person will remain on a waiting list for the required direct work.

In addition to the existing performance monitoring systems, Coventry and Warwickshire Partnership Trust is currently developing a Trust-wide Business Intelligence ‘app’, named QLIK - an analytical solution, which will collate provider data into a dashboard and be accessible to Commissioners. The QLIK dashboard has recently been rolled out for adult mental health service and the children and young people dashboard is being finalised, which will be rolled out. 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.

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). Although there is data flowing into MHSDS, the Coventry, Rugby and Warwickshire North areas have faced challenges in consistently meeting the 35% target. South Warwickshire have averaged 35.3% between April 2020 to March 2021. The HCP Delivery Board, CAMHS Board, and TOG have oversight of the monthly children and young people’s access rate performance within their governance structure.

It is important to note that the CAMHS offer across Coventry and Warwickshire is differs slightly. In Warwickshire the CAMHS offer (RISE) is an outcome focussed offer delivered by one lead organisation, CWPT, who subcontract with CW Mind to meet their contractual and service deliverables. This integrated arrangement enables a single reporting system (Care Notes) to be used, and therefore one lead organisation (CWPT) reports via MHSDS. Within Coventry, CWPT and CW Mind deliver an integrated mental health offer to children and young people but under separate contractual arrangements and reporting systems. This means both CWPT and CW Mind report into MHSDS within Coventry.

To ensure the correct data was flowing into MHSDS, CWPT developed an action plan with support from NHS England System Improvement Advisor. This process identified two main issues, which have now been resolved:

- Group activity data needs to be submitted via a patient identifiable record in order for the full data to be counted, rather than the total number of attendees in each group.
- Navigation Hub data should not be submitted, as no intervention is provided as it is only a triage function. Thus, where referrals have been triaged onto the most appropriate service should the data flow into MHSDS occur.

In May 2020, NHS Digital released an opportunity for all providers to submit a year-to-date MHSDS submission from April 2019 to March 2020. This was completed by CWPT, CW Mind and Healios, a service commissioned through CWPT.

In August 2020, CW Mind identified that their data flow into MHSDS was not being recorded, thus not contributing towards the target. This meant the data flow provided from April 2020 was not being counted. This issue was highlighted with NHS England System Improvement Team which identified CW Mind were not made aware of the recent changes in reporting (every significant contact should be reported, whereas CW Mind were submitting data for those CYP who had 2 or more contacts). Therefore, CW Mind amended their data flow from September 2020, and have backdated their data submissions to April 2020.

Table three below highlights the CYP Access rate data from January 2020 to June 2021 is:

STP & CCG	2020/21												2021/2022		
	Actual Data												Local Data		
	Apr -20	May-20	Jun -20	Jul-20	Aug-20	Sep -20	Oct -20	Nov -20	Dec -20	Jan -21	Feb -21	Mar -21	Apr -21	May-21	Jun -21
Target	35%														
CRCCG	20.7%	18.0%	18.3%	18.5%	19.6%	20.6%	22.3%	23.6%	24.9%	25.4%	25.6%	27.5%			
SWCCG	41.5%	31.8%	31.3%	30.4%	31.9%	32.2%	34.5%	36.2%	37.7%	38.1%	38.7%	39.6%			
WNCCG	24.2%	22.2%	23.3%	24.0%	26.6%	27.5%	29.8%	30.7%	31.4%	32.2%	32.3%	33.4%			
CWCCG													35.4%	37.9%	n/a

Table three: CYP access rate April 2020 to June 2021

More recently, Coventry and Warwickshire STP have been meeting with an NHS England Improvement Advisor to review the local progress and seek support on how the access rate can be further improved. The commissioner tracker, developed by NHSE, is being utilised to review and track our performance locally and has been populated with local datasets. From April 2021 the Coventry and Rugby CCG (CRCCG), Warwickshire North CCG (WNCCG), and South Warwickshire CCG (SWCCG) merged to create Coventry and Warwickshire CCG (CWCCG). At the same time, NHSE revised the CYP access rate reporting process from 2 significant contacts to 1 significant contact. NHSE data (as per table 3 above) have reported

that the CCG have achieved 35.4% and 37.9% in April 2021 and May 2021 respectively, meeting the 35% target. The change in process from NHSE and the recent commissioning of Kooth in March 2021 in Warwickshire and April 2021 in Coventry have both had a positive impact, alongside the work CW Mind and CWPT do.

Eating disorders

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 disorders). The community-based eating disorder service is delivered across Coventry and Warwickshire by CWPT.

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

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.

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. During Covid-19, CWPT reviewed what offer the Eating Disorder service provides to children and young people. As a critical service, urgent referrals have been maintained and routine referrals were prioritised as soon as the service had capacity to undertake these. There has continued to be a mixture of face to face and support was provided via video platform, initially this was via a simple what's app video service but was transferred to AA which is the national video platform for NHS secondary care services as soon as it was available in CWPT.

The current national policy direction is for continued growth of Children's Eating Disorder Services as evidenced by the continued rise in clinical demand and the priority and funding allocated in national mental health policy. In addition, complications arising from Covid 19 have placed additional demands on patients and their families, the clinical intervention model and overall capacity of the team.

The CCG have invested additional recurrent funding to expand the eating disorder workforce to support the critical growth needed in the service to respond to the pressures of demand for eating disorder services and the inability of the current workforce to meet the demands of intervention in both routine and urgent cases. For example, the staff allocated to eating disorder pre-covid was 7 whole time equivalents (WTE), and by towards the end of 2020-21, this increased to 9.9 WTE.

A recurrent investment will allow additional care coordinating staff and therapy staff and the service have recruited a GP to create medical capacity to support physical monitoring

The 'Access and Waiting Time Standard for Children and Young People with Eating Disorders' states that NICE concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and 1 week for

urgent.

The graph below (figure six) details the number of eating disorder (ED) referrals made over 2017/18 (124 referrals), 2018/19 (144 referrals), and 2019/20 (151 referrals), which evidences a 5% increase for 2019/20 compared to 2018/19.

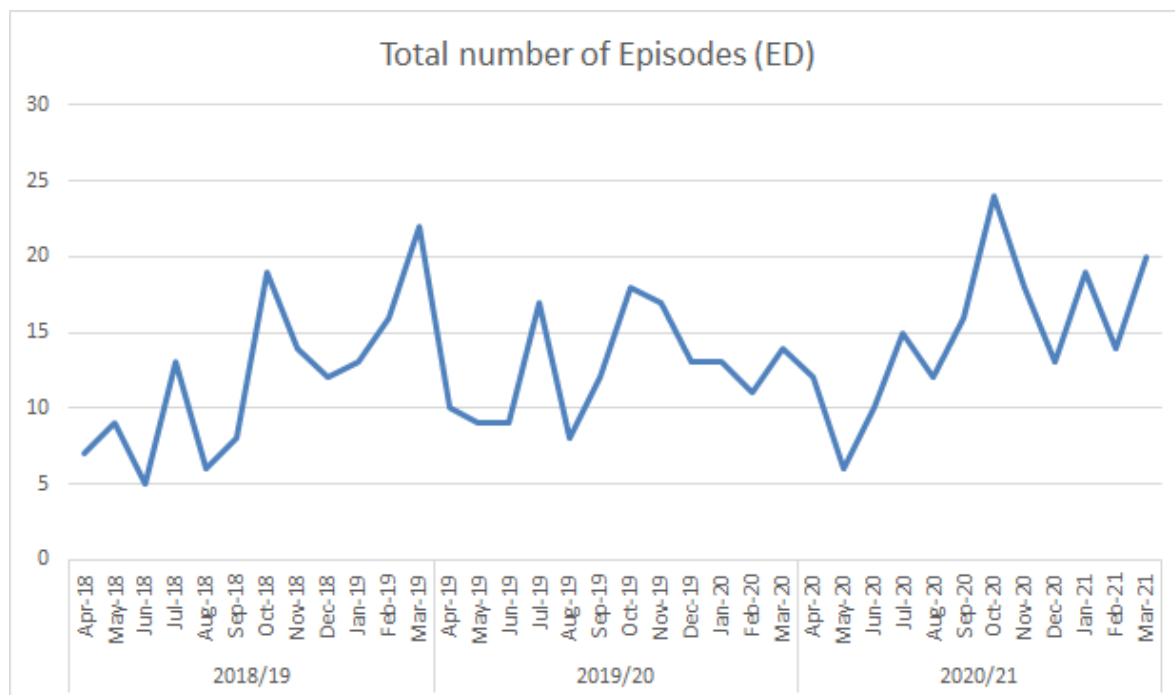


Figure six – number of Eating Disorder referrals between April 2018 and March 2021

Referrals increased by 18% to the Eating Disorder service in 2020/21 compared to 2019/20. The complexity of referrals resulted in an increase in the need for a comprehensive eating disorders assessment. On average, during 2019/20 there were 100 children and young people on the caseload compared to 128 for 2020/21. As of the 7th May 2021 there were 160 children open to the team for assessment and/or intervention. This complexity growth has also resulted in a greater number of children and young people being referred to at acute settings with needing physical stabilisation of their eating disorder. While additional investment has been provided against increased demand during the pandemic, the increased levels of need alongside more complex cases, further investment is required to provide additional resources, and this is being planned for. In addition, as a system we are working closely with NHSE to support the development and capacity of this service offer.

In December 2020 NHS England released short term winter pressures and specialist commissioning investment. This funding was used to develop the skills of the eating disorder workforce with specialist high intensity training, to provide additional intensive training from The Maudsley on Family Therapy, and additional capacity was created by embedding Neuro development staff in the Crisis team to support and consult on cases being referred.

This additional short-term investment was also used for those in crisis and for those with an eating disorder and saw the development of a multi-agency 'Think Family support Service'. The Think Family Support Service is a partnership model between health, social care (Coventry and Warwickshire LAs), and NHS Trust provider, that will deliver in-reach (to help

support children and young people back into the community) and outreach support (to provide intervention within the community to help avoid hospital admission) to children and young people in crisis and with eating disorders across Coventry and Warwickshire. The service provides support to the specialist Eating Disorder team when children and young people are in the paediatric ward, working collaboratively with the ward to help support discharge into the most suitable provision, once medically fit for discharge.

A review by CWPT of the Think Family Support Service was undertaken, with key points highlighted below:

Family feedback from group work activity:

- From the 18 family members surveyed, 33% of respondents said the service provided 1:1 support to their child and 22% were supported by a Self-Harm Workshop.
- 78% of family members agreed that they now had a better understanding of the difficulties and value of self-care of their child's needs after using the service and more aware of their mental health.
- 44% respondents were extremely satisfied that the service provided a safe and trusting environment. 94% said they would recommend the service to other people.

Feedback from a CAMHS Clinician:

- "The Think Family service has been helping one of my YP on the ward and I think the input has been a part that stopped her needing a MHA assessment" from a clinician within core CAMHS".

Feedback from one-to-one work:

- "It has made me have a positive outcome, I felt very cared for, they have given me ways to cope and provided me with really useful information. The sessions made me feel a lot better and made me feel like I had someone to talk to".

Feedback from Paediatric Link - Ward 14 UHCW

- "I am getting some really good feedback from staff and patients alike. The guys are being really helpful and engaging with the patients, nothing is too much. They have been over on Ward 14 and 16. They will plan their activities before they hit the ward, and they will leave no one out, regardless if they are known to CAMHS or not, they have made a real difference to some of the patients that need to be here a while. They will engage and take their mind off the worries about their health whether this is physical or mental health. Their presence on the ward also gives the parents some time away from the ward, in the know that their child is being entertained and engaged. I am really impressed to be honest".

Feedback from patients on acute wards:

- “The activities helped to distract the attention from the health issues”
- “The CAMHS team are approachable and friendly. Always ready to help and listen. Thank you”.
- “The range of activities and crafts were great and really helped pass the time plus made XXX feel at ease”.
- “I played with the workers and chatted they helped me feel safer”
- “The activities and the games provided were very helpful. The staff were friendly which helped XXX settle. (What has been the biggest change and what skills have you learned?) To take things slow, colouring in and doing jigsaws are calming. Going to have more downtime at home”.
- “Staff were welcoming and helpful. They always seemed to have plenty of time for me”.
- “Mindfulness activities were calming”

Further additional investment has also been allocated to Eating Disorder service to further enhance the offer to meet the growing demand. This funding has been allocated to:

- Expand the current Eating Disorder offer to young people up to 18 years and 364 days, with a view to further expand up to the age of 25
- Development of an Avoidant Restrictive Food Intake Disorder (ARFID) service to meet the growing demand seen locally and nationally
- Recruitment to address workforce deficits which impact on the delivery of access and waiting times. Further recruitment to Third Sector staff to be embedded in the primary care and schools response to educate on Eating Disorders and the need for early help and access will aim to slow the urgent referral demand for late presentations.

Within the contract with CWPT, and as part of NHSE constitutional targets, 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 (table four) shows the quarterly performance data from 2017/18 to 2020/21 and a forecast for 2021/22.

All CCG areas	Target	2017/18	2018/19	2019/20	2020/21	2021/22 (forecast)
Urgent Cases (care pathways completed in quarter) <1 week	95%	60% (5)	94% (16)	70% (7)	40% (10)	69% (27)
Routine Cases (care pathways completed in quarter) <4 weeks	95%	81% (104)	70% (70)	71% (122)	48% (83)	62% (122)

Table four: Eating Disorder performance April 2017 – March 2021 and a forecast for 2021/22

Prior to Covid-19, every new referral had a telephone contact triage by the specialists in the team to determine urgency and allocation. This meant that all referral timescales were clinically informed to ensure that there are no clinically significant waits. Since the pandemic, CWPT reviewed what offer the Eating Disorder service provided to children and young

people. As such, urgent cases were classed as a critical service which provided urgent assessments and utilised crisis and locality hubs to support them. The routine cases were assessed as a non-critical service and therefore support was provided via facetime video to continue interventions where appropriate.

The current national policy direction is for sustained growth of children's Eating Disorder services as evidenced by the continued rise in clinical demand and the priority and funding allocated in national mental health policy. Furthermore, complications arising from Covid 19 have placed additional demands on patients and their families, the clinical intervention model and overall capacity of the team. To respond to this, the CCGs have invested additional, recurrent funding to expand the Eating Disorder workforce to support the growth of the service. In addition to this, NHS England has provided winter pressure investment with a focus on Eating Disorders – this has reflected the increased demand for tier 4 admissions. The winter pressure funding has been utilised to develop a multiagency system in-reach and outreach response to ensure children and young people are discharged from acute settings with wrap around support back into the community. It also seeks to prevent hospital admissions by providing this offer.

6. Digital Offer

CWPT has continually sought to improve and expand the digital offer over the past year in line with the Local Transformation Plan across Coventry and Warwickshire.

The unprecedented requirement to respond to the COVID-19 pandemic has meant the service mobilised a rapid acceleration and expansion to the delivery of their digital offer in supporting professionals, children, young people and their families within Coventry and Warwickshire. This has enabled excellent access to the information and support they need.

All children and young people who were on CWPT's caseload and being supported by Specialist CAMHS were contacted at the start of the COVID-19 outbreak either by phone and/or letter. Through the initial and ongoing stages of the pandemic children and young people have been provided with immediate support and guidance as required, according to their needs through a variety of digital and virtual support mechanisms. Examples of this are provided below.

24/7 crisis helpline

In the initial stages of the pandemic the RISE service responded rapidly to mobilise a 24hr accessible crisis line in support of children, young people and their families across Coventry and Warwickshire. The Crisis support section provides more details about this offer.

Online Consultations and counselling sessions:

CWPT continue to roll out and expand the use of 'Attend Anywhere' (AA), the NHS digital consultation platform. RISE presented the use of AA as part of the Global Digital Exemplar programme. enabling continued support to children and young people while also working within the NHS and COVID safe guidance. Initial usage of the digital consultation platform was extremely positive in that, the national average usage figure is 20% whereas in

November 2020 the RISE service average is at 40% of activity via digital means. Embracing AA has created more flexibility and a wider connection with CYP, and their families.

Staff continue to provide support via facetime video, email, telephone and through webinars to continue 1-1 support, group work and training for children young people and parents/carers where appropriate.

RISE continue to partner with HEALIOS, (an online treatment service), that has been commissioned through CWPT ensuring children and young people have the best chance of achieving their goals to fulfil their life's potential through supporting mental health, emotional wellbeing and resilience. This offer provides direct support to children and young people, through an online approach, who may not require specialist CAMHS intervention thus supporting the improvement of waiting times. HEALIOS also provide support to children and young people undertaking initial mental health assessments and deliver online cognitive behavioural therapy (CBT) sessions.

Following the COVID pandemic RISE under the CWPT have been working with CYP and families to offer a blended approach for delivery of clinical and therapeutic interventions. RISE have been utilising the NHS approved AA platform to deliver face to face digital interventions. To also ensure that we can respond clinically in a blended digital world RISE have commenced with Healios the Panacea pilot to deliver CWPT interventions thereby offering an alternative delivery option for patients seeking a specialist assessment or psychological treatment. The online offer will be available via a laptop, smart device or computer with internet or Wi-Fi connection.

Healios online clinical platform Panacea has embedded slides, whiteboards, audio tapes and videos that make the session interactive for the client. The slides have been customised to the specific needs of the service to make this a bespoke offer aligned to the current RISE offer. The platform will be branded as Coventry and Warwickshire Partnership Trust. Notes taken within the session can be accessed by the young person as Panacea offers a patient portal and an evidence base devaluation is under way to describe the impact and clinical effectiveness.

Website:

The RISE website (www.cwrise.com) remains under constant review to ensure the content is updated and responsive to the local need and national updates. This has been particularly relevant in the fluctuating situation during the COVID pandemic whereby face to face contact within clinical settings has been dramatically reduced due to NHS and national guidelines, it has been ever more vital that that children young people and their families are able to access the support they need in an accessible and timely manner and this has been evident in the changing information front page of the RISE website. The website hosts a link to 'need help now' where children, young people and their families can find urgent information and support in a crisis. The website provides a comprehensive gateway of information and support around mental health and emotional wellbeing, the front page has three portals for one for CYP, one for parents/carers and one for professionals.

To enable children, young people and their families to be empowered to make informed choices about their care and support, there is a wealth of self-help information and tools including:

- Access to Think Ninja, Dimensions tool Apps
- NHS and other recommended Apps
- Recommended local and national website links
- Access to confidential text support
- Courses and support through IAPT services
- Mental health Factsheets
- Suggested resources including YouTube videos,
- Signposting to other local and national support organisations
- How and where to get support
- Information video clips from the RISE service staff.
- Access to telephone consultations for parents and carers
- Access to self-help action plans in supporting parent of CYP who are returning to school post COVID restrictions

The professional portal provides information on:

- How and where to make a referral
- Workshops and training courses
- Professional case consultation
- Tips for supporting a CYP
- RISE service information videos.
- Advice for schools' staffs
- Mental health fact sheets

Kooth:

Recently commissioned in 2021 across Coventry and Warwickshire, Kooth is an online wellbeing community available for young people aged 11-25 years across Coventry & Warwickshire. As a fully commissioned service, Kooth is a completely safe and anonymous website where young people can go to receive advice, support and guidance up to 10pm, 365 days a year.

Kooth's experienced online team, moderated message forums, magazine and online Activity Hub can offer emotional support to young people with a wide range of issues, from having a bad day or falling out with their friends, to more serious issues such as bullying, stress, anxiety, depression, family relationships, sexuality, eating disorders, self-harm, abuse etc.



For ages: **11-25**

Kooth is an online **mental wellbeing** community for young people

Here are some of the features young people can access on Kooth:



Magazine

The Kooth magazine shares personal experiences and tips from young people and our Kooth team



Discussion Boards

Young people can start or join a conversation with our friendly Kooth community, with lots of topics to choose from



Chat

Young people can chat with our helpful team about anything that's on their mind



Daily Journal

Young people can view their daily journal to track feelings or emotions and reflect on how they're doing



Sign up for free at **Kooth.com**

Examples of previous and planned Live Forums from Kooth for young people to access.

- Online Gaming
- Summer Plans to Keep Connected
- Breaking Gender Stereotypes
- Self-Care: Tricks and Tips
- Accepting Your Body
- Safety on the Streets
- Making Friends & Connecting with Others
- Looking After Our Communities Building Self Esteem & Confidence

Dear Life:

Dear Life (<http://dearlife.org.uk/>) is a new suicide prevention portal for Coventry and Warwickshire which aims to reach people who are desperately seeking support and information, or, to provide support and information to anyone who is worried about a loved one or someone they know. The Dear Life blog on the website also includes inspirational stories from people with lived experience.

The news of this positive development was picked up by local press in Bedworth and Atherstone and we hope to see a wider reach over the coming weeks.

Facebook, Twitter and Instagram

The need to keep connected with children, young people and their families at this time has been more important than ever due to limitations around face-to-face contact. Social media outlets have played their part in keeping them connected not just with support services but their friends, peers and wider communities.

The RISE service has a continued presence across social media sharing motivational, supporting and informative messages around managing anxiety, loneliness, self-care, #YouAreNotAlone, #BetterTogether, #Kindness, resilience, positivity alongside sharing messages of support and information around COVID and lockdown, exams and returning to school. The RISE service has also participating in several campaigns over the year:

- World Suicide prevention day
- Mental Health Awareness week
- World mental health day
- Wellbeing for life festival
- Carer week
- #ThanksKids – NHS Star Awards

The digital offer of RISE was significantly enhanced with the introduction of the NHS secondary care solution for digital consultation platform. Other advances include the redevelopment of the RISE Website www.cwrise.com, and the enhancement of social media activity for RISE providing positive messages and support. The service developed the #thankskids to recognise the acts of kindness and support made by children and young people in the pandemic. This has been further supported by the Jimmy Hill Legacy Fund of the Sky Blues Football Club.

Digital Apps

During 2020 the 'Dimensions' tool was updated and the website for Dimensions was relaunched. A refresh of registered users and the data held was conducted to ensure up to date reporting could be provided on who was using the tool would be available for greater levels of analysis and evaluation. The data in the tables/ figures below refer to the activity in 2020. Analysis of the data programme has been paused during COVID 19 however the team plan to resume this activity in 2021.

The Dimensions tool continues to support the delivery of the digital care in Coventry and Warwickshire and is line with the ambitions of the NHS Long Term Plan, especially supporting digitally enabled care and joined up care, with Dimensions being the 'go to' tool of choice for CWPT. It has good support from partner agencies in education and social care. This allows the Trust to provide information in a consistent manner and our community can signpost to this one tool to find self-care information. Dimensions information flyers are clearly branded as part of the CWPT's work to assist all the people in our area - the public, service users, local professionals and CWPT clinicians.

Healthcare inequalities are addressed by ensuring that people can more easily find support and information, regardless of their postcode or their ability to access face-to-face services. It is available 24/7 in all areas with internet access. This also means that the information to support well-being is more easily available to help local professionals to offer support to their clients, including our local NHS medical and acute care services. That same information is available to providers of services for more needy young people in our area (such as in foster care, special schools and residential care settings). Dimensions also provides information and education about the difficulties seen in autism and in young people with significant mental health problems, two priority groups in the Long Term Plan.

The Dimensions tool also supports clinical practice so that time previously spent collating and providing information to service users can be spent on other tasks.

The development of the Dimensions for adults, learning disability and preschool groups are in progress and all should have similar benefits to the children and young people's version. This will lead to people being empowered to find information that is of better quality and make choices about the signposting that suits them best.

The Dimensions tool is being used predominately by local professionals as demonstrated by figure seven:

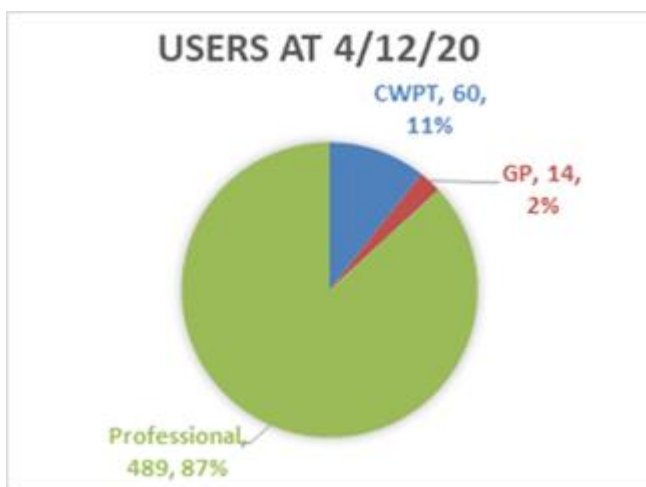


Figure seven – Users of the Dimension tool

During 2020, there were 1,172 Dimensions reports created, with the majority (825) created by professionals. This decreased during the first lockdown and increased once schools and services reopened. Users are spread across Coventry and Warwickshire - used by 430 separate locations. It is also used outside our area because some young people are placed in special schools or care settings there.

Those registered to use Dimensions are professionals working in a variety of settings as highlighted in figure eight.

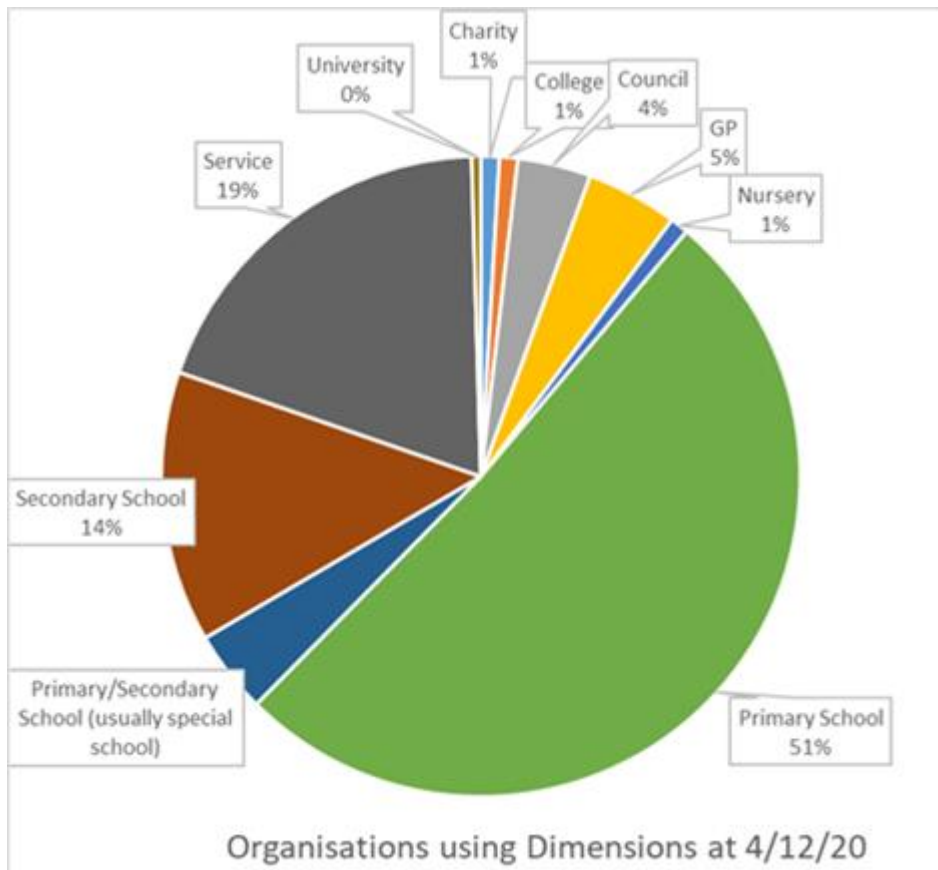


Figure eight – Organisations using Dimension tool

Some users register but have not yet used Dimensions. There have been 563 user accounts created but only 154 have used Dimensions so far. It is unclear whether this is typical of the first year of use with the data from the newest version of the tool.

Over the past year there has been an increased need for on-line information and advice, supplementing the Dimensions tool. In addition to this, there has been a planned roll-out of Think Ninja self-management app to an agreed cohort of children and young people. The app is designed to build resilience and help young people manage their emotional wellbeing and to provide skills young people can use to build resilience and stay well. As part of the MHISC framework the app was made available to all children who were part of early help offers

Training and webinars

RISE and CWPT delivered a series of self-harm and suicide prevention webinars across five dates during July, August and September 2020 with at least 1,000 people attending. Practitioners were able to discuss and access safety planning tools to support children, young people and their families. These webinars were attended by teachers, foster/parents/carers and professionals working with young people across youth groups, social care, police and external health and local authorities. The webinars were a huge success with the recordings and PowerPoint slides being further utilised across wider teams training.

The feedback received from attendees on these sessions included:

- *'Thank you very much! I really enjoy the training, very helpful and useful information'*
- *'it was a brilliant presentation and very helpful'*
- *'Thank you very educational'*
- *'Thank you very much especially for all the useful information within the chat.'*
- *'Thank you that was very useful and informative'*

In terms of feedback from children and young people and families to online support, 79% stated that they enjoyed the format of the webinar being online. Feedback included:

- "Much better to do it at home, not in a different environment, as socially awkward".
- "Keep offering a remote accessibility for young people as the sessions are useful and young people open up. Physically going to sessions can be barrier - missing school / catching up / anxieties."

CWPT delivered a series of Headteachers forums across Warwickshire in partnership with Early Help which were also well received and highly valued with a keenness for the service to return in the future to provide additional service updates.

CWPT have created digital training platforms for schools as part of the primary care offer to allow the education and training experience that was delivered in face-to-face settings to still be accessed on a virtual training platform. During the September 2020 launch, there were 123 professionals who accessed this training with 44 of these being schools' staff from across Warwickshire

The e-learning platform to schools is now in operation with further modules in development. The first programme went live in September 2020 and further training programmes are in development. This easy access method of staff training is a cost-effective and time efficient way to support schools given the additional pressures they now face.

New sessions were planned through to the end of 2020 with 259 professionals (101 of these were schools' staff) registered to attend.

In addition to the above, CW Mind deliver group interventions to children and young people with low to moderate level of emotional wellbeing needs through the Reach Service in Coventry, and the RISE service in Warwickshire. In response to the COVID pandemic CW Mind completed a SWOT analysis and produced an action plan to mobilise and implement a revised digital offer to children, young people and their families.

The service mobilised over to a digital platform, where children and young people are now able to access a 6-week webinar programme designed to build resilience and help them identify and regulate emotions. This is a rolling programme for ages 7-11 and 11-18. Pre-recorded webinars have now been produced and are accessible to children and young people on the waiting list for Reach service from August 2020.

There are also two PowerPoint presentations on Understanding Your Child's Anxiety and Self Esteem available to parents.

Return to school resources have been produced and emailed out to all schools, professionals,

parents and carers. Feedback from children and young people was sought for views of returning to school and provided to partners. In addition, they have been able to access digital youth groups and quizzes, whilst parents have been able to access a parent forum for support.

CW Mind have developed a resource pack and themed newsletters which have been circulated to all schools, parents and carers, children and young people and professionals. These documents provide information, advice, and guidance on how to manage emotional wellbeing at home, during the pandemic.

Examples of evaluation of the effectiveness of digital technology and/or digital transformation projects

CWPT ensure that all digital projects have a statement of planned benefits and that we use NHS D benefits realisation methodology to track and monitor the benefits of all our digital projects.

RISE Children and young people mental health service

A survey was conducted in June to July 2020 by the CAMHS RISE service to investigate the effect adapted work practices (AWP) have had on CAMHS staff during the lockdown period and investigate the extent to which staff felt supported by the organisation. The survey was distributed on the 17/06/2020 and remained open until the 10/07/2020. The total number of responses was 57.

Quantitative data findings include:

- Majority of participants (65%) were either moderately or completely satisfied with their overall experience of Adapted work practices.
- Majority of participants (57.9%) believed that Service Users perceived the adapted service as either 'good' or 'excellent'. 24.56% were unsure, and 17.5% indicated 'poor' or 'very poor'.
- Majority of participants rated the adapted work practices as having either a positive or neutral impact on communication with clients (64.9%), team members (91.2%) and external professionals (91.2%).
- Majority of participants rated AWP as having a positive or neutral impact on their workload (77.2%) and delivery of therapies (59.7%).
- 80.7% rated the organisation as either moderately or very supportive during the transition period
- Majority rated no impact or positive impact of AWP on their physical (68.4%) and emotional wellbeing (64.9%).
- Majority of participants rated AWP to have no impact, a positive or very positive impact on their satisfaction with work contribution (75.4%), sense of control at work (70.2%) and sense of belonging to the team (70.2%).
- 66.7% of participants agreed or strongly agreed that the organisation supported their personal and professional wellbeing
- Majority of staff were initially concerned about the changes (70.18%).
- Majority indicated that the adapted practices have had an impact on risk for Service Users. With only 10.5% indicating no impact, and 52.6% indicating a moderately severe or severe impact.

- Negative impact reported for some participants on: physical wellbeing (for 31.6%) and emotional wellbeing (for 35%).

Overall, areas of good practice most participants indicated that the adapted work practices have either had a positive or neutral impact on:

- Communication with clients, team members and external professionals
- Workload and delivery of therapies
- Staff physical and emotional wellbeing
- Staff satisfaction with work contribution, sense of control at work and feeling of belonging to the team

In terms of areas for development these included:

- Possible training related to delivery of remote therapies
- Staff have requested access to mobile phones
- Concerns were raised about the ability of staff to maintain a therapeutic framework; by establishing a safe space, clear boundaries, ensuring confidentiality and effectively safeguarding and delivering therapy to the young person. Participants have expressed their concerns in all the above areas with remote delivery of therapy.
- Access to resources, such as training and technology/Personal Protective Equipment (PPE) work equipment at home, have also been raised as an area for improvement.
- Majority of participants rated the adapted practices as having had a negative impact on risk for Service Users. With only 10.5% indicating no impact, and 52.6% indicating a moderately severe or severe impact. The qualitative data also highlighted concerns around safeguarding and suggestions have been made for more training to be provided in the area of remote safeguarding, maintaining confidentiality remotely and delivery of remote therapies.

Sustaining development and next steps

In order to meet the LTP Ambition for 100% of mental health providers to meet required levels of digitisation by 2023/24, CWPT will be using digital health solutions to ensure services are accessible and draw on population health data to ensure that digital services don't increase health inequalities.

CWPT current strategy to ensure digital transformation within CYPMH will fit into the broader digital mental health strategy for the STP is centred around interoperability of clinical systems, more integrated care through the new Integrated Care Record and using Population Health data to better design and plan services. The strategy will also look at system-wide use of e-Consultation, a Patient Portal, remote monitoring and apps. It will also look at ways of ensuring that digitally enabled care does not widen the health inequality gap.

To sustain beneficial changes beyond any emergency response arrangements, CWPT has plans to continue to offer e-Consultation through the AA platform for individual therapy and through Zoom for group therapy and psychoeducational groups (until AA can offer a group option). To ensure sustainability beyond the pandemic, work has taken place with clinical and operational leads to identify common barriers and enablers for digital delivery of care. This has led to:

- The launch of a Digital Champions Network and development of peer-led training on the effective use of digital approaches to help develop a digitally skilled workforce
- The procurement of new IT equipment to improve IT infrastructure and availability of devices for remote delivery
- The integration of digital delivery of care (eConsultation, Healios, Dimensions) into routine clinical pathways.

The “Digital Champions Network” and “Clinical Reference Groups” will ensure that clinicians and service users are involved throughout the digital project lifecycle, from problem identification and project scoping through to the design phase, testing and implementation. This work has already started for the development of a new Patient Portal and is due to start for the development of a new app library which is just in the process of being procured.

In relation to the Dimensions tool, options are currently being explored for a further research project which will involve a series of smaller studies including an audit and service evaluation. Research will proceed in phases and each phase will lead into the next. This will enable to the service to develop a further evidence around the tool and its use. This is an important next step in the tool’s ongoing development.

7. Vulnerable Children and Young People

Warwickshire’s Vulnerable Children’s Offer

There has been ongoing work to support those with additional vulnerabilities. A delivery plan has been developed for this work stream and a multi-agency task and finish has been created to implement the actions.

The plan will continue the work and delivery of support and intervention to support those children and young people where these are factors:

- Those in the Youth Justice System
- Children Looked After (CLA) and those in residential care in Warwickshire
- Unaccompanied Asylum-Seeking children/ young people

0-5 provision

The Local Maternity and Neonatal System (LMNS) across Coventry and Warwickshire facilitates a ‘First 1,001 days of Wellbeing Steering Group’. The Steering Group seeks to secure equitable and quality mental health and wellbeing support for parents and their children during the first 1001 days. It aims to facilitate a more intense focus on the perinatal period - from conception to one year after birth and is driving forward the five-year (2019-24) ‘Parent-Infant Mental Health and Wellbeing Strategic Plan’⁷ along with implementing the maternal and perinatal mental health requirements within the NHS Long Term Plan.

⁷ <https://www.happyhealthylives.uk/our-priorities/maternity-and-paediatrics/parent-infant-mental-health/>

Through the development of the Steering Group a number of responses have been developed:

- Three specialist Parent and Infant Mental Health, Health Visitors have now been commissioned in Warwickshire. University Hospital Coventry and Warwickshire (UHCW) have also recruited a Specialist Midwife for prenatal mental health. These specialists all participate in an Assessment Panel for perinatal mental health services, this helps to improve quality of referrals and provides support through to the service. The three specialist Health visitors are trained in Video Interaction Guidance (VIG), which is an evidence-based intervention focused on bonding and attachment and early signs of mental health issues. This is currently being delivered to families and work is progressing to develop closer links to the RISE service.
- The provision of webinars, for example webinars entitled 'Little Ones - Supporting Parents to nurture foetal and infant relationships' have been delivered with presenters involving RISE child psychotherapists.
- The introduction of a RISE and Health Visitors/specialist parental and infant Mental Health development meeting, where the aim to establish a pathway for 0-2 specific and 2-5 years to ensure all children of this age group have access or consultation and/ or clinical support from RISE. Further links with perinatal mental health and Family nurse partnership and paediatricians are planned.
- A joint child psychotherapy RISE and health visitors monthly Multi-Disciplinary Team (MDT) has been established to support referrals and treatment plans.
- RISE Training is now offered to health Visitors on Development Trauma.

In addition to this, Health Visitors undertake mandated contacts (antenatal, new birth visits, 6-8 week check, 9-12 months and 2-2.5 year checks) and refer on to other agency if required as part of the perinatal mental health pathway. Health Visitor and Family Nurse Partnership have firm links with midwives, so a relationship is in place around supporting parents in the ante-natal phase. Furthermore, the Family Health and Lifestyles Service in Coventry have a perinatal mental health lead and MAMTA are part of the 'First 1,001 days of Wellbeing Steering Group'

The Parents in Mind service provides perinatal mental health peer support to women who are either pregnant or have a child under two years. The service runs across Coventry and Warwickshire and delivers peer support by trained volunteers who have lived experience of perinatal mental health issues but are now well.

Future focus of the 0-5 work will include:

- Developing coproduction guidelines for working with parents of those aged 0-5 to ensure appropriate messaging is developed around information for parent and infant mental health.

- Working with Warwick University to consider a developing a competency framework for infant mental health and establishing an infant mental health hub within Warwickshire which will be offering training on dyadic training to all health visitors.
- Responding to 'The Best Start for Life - The Early Years Healthy Development Review Report', the recommendations of which will have an impact on parent and infant mental health services.

18 – 25 Offer

Locally, CAMHS is available for children and young people aged 0-18. Commissioners and providers are committed to reviewing and developing the current offer for young adults aged 18 – 25. A multi-agency Project Working Group has been developed along with a project plan. The working group has completed Phase 1 and is now focussing on the delivery of Phase 2. Three workstreams have been identified within Phase 2:

- Data Analysis
- Co-production
- Research models of best practice

Upon completion, Phase 2 recommendations will be developed for the implementation of an 18 – 25 mental health offer and the completion of the project phases which include:

- Phase 3: Planning and service re-design
- Phase 4: Implementation
- Phase 5: Review and contract management

Planning Requirement funding has been received to develop a Peer Mentoring Project for young adults aged 16 – 25. This service will offer one to one peer mentoring support to:

- young adults 16 - 18 transitioning from children and young people's mental health services to adult mental services
- young adults aged 17 – 25 who have never accessed mental health services but are at risk of needing an intervention
- Young adults leaving care at risk of accessing mental health services

A third sector organisation will be commissioned to deliver this service and the service will be co-produced by young adults to ensure the service offer meets the needs of children and young people.

Children in Care

A Coventry CAMHS Looked After Children (LAC⁸) service is in place and provides mental health provision for children and young people who are looked after. The service, formerly known as 'Journeys', sees an integrated offer delivered by CWPT and CW Mind. The service is jointly commissioned by Coventry City Council and the Clinical Commissioning Groups (CCG's). Consultations are offered to social workers and for residential staff to allow

⁸ The terms Looked After Child (LAC) and Child Looked After (CLA) are used synonymously across Coventry and Warwickshire.

the professionals to support emotional wellbeing and identified needs of the LAC. Nurturing training is also offered to foster carers to support placement stability and promote attachment with LAC who present with complex needs and have faced significant trauma in the lives. It gives them 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.

Under the Warwickshire RISE contract, CW Mind provide a service for Children Looked After (CLA) 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.

These services were considerably disrupted during the COVID Pandemic and as result have continued to support the children and young people in care, in the following ways:

- CLA face-to-face interventions occur where there is a clinical imperative. Activity was converted to contact via telephone and the service continued to provide support for routine cases. Virtual 'Drop In' parent/Carer sessions have been offered and delivered, 'Parent Child Attachment Play' courses have been developed and due to start, young people therapeutic webinar support is in place and parent carer webinar workshops are on offer. CLA practitioners contacted every young person, family, social worker, foster carer on the caseload and their cases were reviewed. The Service maintained virtual contact with social workers and foster carers and offering advice, information and support. Children Looked After 6 monthly review meetings chaired by the Independent Reviewing Officer took place through virtual systems. A prioritisation list was identified and services worked alongside social workers to provide advice and support where needed.
- The CAMHS (LAC) team were one of the first teams to use AA and have been delivering interventions with the use of this. In cases where children and young people needed to be seen, PPE was used. Parent/Carer training sessions were provided with webinars or streaming options to deliver training arranged for remote delivery. The service had trained staff who were able to use technology and support with the management of online sessions.

Youth Justice Service

Coventry and Warwickshire Youth Justice Services (YJS) have jointly commissioned dedicated mental health workers to support young people's access to mental health support. These workers are seconded and clinically supervised via CWPT. Workers support custody services and post cell block assessments, ensuring holistic assessments and signposting to other specialist health services. They utilise their own pathway to provide specialist to specialist hand over where young people require specialist support. Health workers in YJS are invited to multi agency transition meetings where children approaching adulthood are being transferred to Probation and adult health services. This can take place in both the community and custody setting during their Court Order.

The workers provide 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. Health practitioners prioritise children in most need, and the YJS continues to be to a good standard with specific focus to children transitioning to and from Tier 4.

Warwickshire YJS have commissioned research to examine a number of complex cases open to them in May 2017. As a result of this research WYJS have developed an Enriched Case Management approach (ECM) to working with such children and young people to reduce their offending behaviour and support their mental health needs. ECM are supported by mental health workers and multi-agency workers to ensure integration between all

When young people are in secure estates, the mental health workers within YJS 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. A new resettlement process has been devised with the health team and YJS Board Members. This includes an initial custody review and Comprehensive Health Assessment Tool upon entry into custody.

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 YJS 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.

Police Custody- Children and young people who come into Custody are subject to a risk assessment to understand specific needs. Children who are in Custody are seen by both

our Health Care Practitioners and the Liaison & Diversion Service. The Police have recently set up a multi-agency review team with YOT, EDT, Local Authority, Safeguarding & Vulnerability, L&D & Custody Managers. This team will dip sample records of children who have been in custody to better understand their journey, partnership interaction and disposal especially when remanded. Work is ongoing to improve the Inspectors PACE Review of Children in Custody. A guide for Inspectors is currently being written and will be introduced in due course.

Mental health Triage is also looking for further opportunities for training and inputs around suicide awareness, signposting and engagement within other departments. Control room staff have had training delivered and arrangements are currently being made in developing training around signposting amongst front office staff where persons in crisis often present.

Harm Assessment Unit (HAU) - Following Initial response the completion of a Child Risk Assessment at point of recording an event or crime; this will if given a medium or high grading, initiate a task into the Harm Assessment Unit where it will be reviewed to see what support services could be allocated to the child or young person in the circumstances. A referral will be made to the most appropriate service, if available and this includes informing Children's Social Care.

Police have a national action plan the National Vulnerability Action Plan (NVAP) and Vulnerability Knowledge and Professional Practice (VKPP) model which support ongoing review and improvements to mental health response by Police. The action detail states Police should acknowledge that mental health can impact across all forms of vulnerability. Forces to consider any links to mental health as part of their vulnerability assessment, differentiating from other vulnerabilities where possible and ensuring individuals receive appropriate signposting, guidance and care.

There is a Coventry Warwickshire Mental Health Multi Agency Meeting attended by Coventry and Warwickshire Partnership NHS Trust, Warwick County Council, West Midlands and Warwickshire Police, Local Acute Trusts to discuss mental health response.

Police have a Statutory and Major Crime Review Unit who complete Domestic Homicide Reviews (DHR), peer reviews for Child Death Overview Panels (CDOP) and other reviews to assist with learning lessons in respect to any aspects of safeguarding which includes mental health in children where relevant.

Police also have a National Child Centred Policing Strategy. Warwickshire Police attend a regional meeting to discuss priority areas of engagement, risk indication and intervention. This encourages scrutiny around Police policies and practices to ensure under 18's are treated as children first in every encounter. Themes include, Mental Health awareness, raising awareness of trauma informed policing & understanding the impact of adverse childhood experiences.

Welfare Secure

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

The Children and Young Persons service is currently contracted to Mountain Healthcare. All acute cases for the whole of the West Midlands region are seen at the Walsall Sexual Assault Referral Centre. For the historic cases in Warwickshire, the Blue-Sky Centre based at George Eliot Hospital provides a confidential support for young children who are victims of rape or sexual violence. The centre is a partnership between the Police, Coventry and Warwickshire Councils, NHS and voluntary organisations. The centre also has support from CAMHS services and formal referrals are triaged in where appropriate for young people. The centre has remained open during COVID however, remote assessments are now completed. Once completed the client is brought to the SARC and the medical is completed. Aftercare support and services will be contacted with consent and we can be reached at any time on a dedicated West Midlands number for Pathway and Support Services.

Coventry Rape and Sexual Abuse Centre (CRASAC)

CRASAC provides specialist support for children and young people from the age of 5 including counselling, parent support (attachment based therapeutic parenting model, both group work and individual sessions) and Independent Sexual Violence Advocacy (ISVA). CRASAC receives referrals from NHS/Health for children and young people. CRASAC refers and signposts into the RISE Service and other support services. CRASAC administers the Paediatric Sexual Abuse Referral Centre (SARC) counselling referral hub and provides assessments and short-term/crisis counselling for these clients, which is funded by the NHS.

During the COVID pandemic (where online forms of support was not appropriate for younger children), support was offered to parent/carers. CRASAC is currently providing face-to-face counselling support for children and young people.

Substance Misuse

An early intervention and substance misuse services for young people, their families, carers and affected others is in place. The services provide mental health assessments and supports a young person's mental health, providing the opportunity for 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. Services recognize 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.

During COVID Positive Choices (Coventry's early intervention and substance misuse service) used digital methods for contact including phone, text, zoom and skype. Face to face contact was available for those where there was a compelling need for the intervention to be delivered in this way. Online activities were developed, and group sessions introduced including for the transitional age group. The service delivered a range of webinars for frontline staff including on online safety, substances and sexual health. As restrictions relaxed contact in outdoor spaces was offered to young people including appointments at the service's allotment providing ecotherapy opportunities. The service is working closely with key partner agencies including Children's Social Care, Schools, Youth Offending Services and Mental Health/Hospitals to support young people to deal with the impacts of the COVID situation.

Compass, (Warwickshire's provider for children and young people's drug and alcohol services) has been unwavering and innovative in its pursuit of delivering high quality, accessible interventions for the young people of Warwickshire, whilst ensuring compliance with national and organisational guidelines around safe treatment during COVID restrictions. Compass COVID risk assessments and recovery planning have ensured the service has remained fully accessible and operational throughout restrictions.

Compass have collaborated with their School Health and Wellbeing Service (SH&WBS), and engaged and presented their service offers to Integrated Sexual Health Services (ISHS Warwickshire) with aim of setting up a health promotion working group between the three services. The purpose of the multi-agency working group is to develop, plan, implement and evaluate outreach and digital health campaigns with a focus on risky behaviours, promotion of healthy lifestyle behaviours for children and young people. This work is ongoing.

Compass recently launched its re-branded Hidden Harm Service, 'Compass Stars'. The name and logo of the service were co-produced with our Youth Health Champions, who will now focus on co-producing our promotional material for children and young people advertised across all universal services such as Schools and Hospitals. Compass continues to build upon its service development in response to a growing evidence base regarding the increased prevalence and complexity of young people and families affected by another's substance misuse. Compass is also working collaboratively with CGL, commissioned adult drug and alcohol services in Warwickshire, to regularly deliver remote Hidden Harm training for professionals via MS Teams.

A joint working agreement has been signed between RISE and Compass with an operational group now meeting monthly with the rationale of improving mental health referral pathways, training opportunities for staff, clinical consultation and discussions, and removal of communicative barriers. This is an exciting opportunity for both services to establish meaningful, joined up care leading to better, more sustainable outcomes for children and young people.

Neuro Development

CW Mind's Autism Spectrum Condition (ASC) social clubs were impacted by the pandemic but were converted onto online platforms for children and young people who have a diagnosis of ASC aged 5-19. These were twice a week, to help build confidence and resilience, positive risk taking, coping strategies and mental health support.

The Coventry and Warwickshire Collaborative Commissioning Board have approved the development of a joint all age strategy for autistic people⁹. The Strategy builds on the previous Warwickshire All Age Autism Strategy (2014 -2017) 'Fulfilling & Rewarding Lives' and the joint commissioning plan developed by Warwickshire County Council and Coventry City Council in 2017. Significant progress has been made since the previous strategy to develop diagnostic pathways for adults and children; pilot new support services for autistic people pre and post diagnosis and those in mental health crisis; improve support for young people in education with communication and sensory needs; and deliver autism training for parents, carers and the wider workforce.

This strategy is informed by a range of co-production and mapping activity which was completed during 2019 and 2020 and which was undertaken to build our shared understanding of the experience of autistic people of all ages and their families in accessing support appropriate to their needs and getting a formal diagnosis of autism. A number of new services for autistic people have been piloted since 2018 and the learning from those pilots has contributed to the strategy. Based on the evidence base gained through the coproduction and research activity, as well as statutory responsibilities for partner organisations, five priority areas have been identified.

- **Priority 1: Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis:** Improve early identification of characteristics linked to autism through wide ranging education and training and reduce the need for a diagnosis to access appropriate support. Provide information and advice to people with social, communication, sensory and emotional health needs in order to promote self-management, family resilience, independence and wellbeing. Enable and empower people to develop their own solutions and networks of support in their communities through developing a better understanding of the third sector services people are using; enhancing peer support networks and facilitating information sharing.
- **Priority 2: Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live:** Improve the health and wellbeing of autistic people through developing autism friendly towns and cities in Coventry and Warwickshire, including taking action to ensure autistic people experience equality of access and inclusive services and support. We all want to live in communities that support each other, without prejudice, to get the most out of our lives. Respecting human rights, citizenship and offering inclusive approach to all citizens must extend to everyone, including in access to education and employment, and autistic people as well as their parents and carers should be no exception.

Commission and deliver mainstream and specialist services in a way which does not restrict access, nor exclude people on the basis of an autism diagnosis. It is the responsibility of all services to ensure accessibility and appropriate support for autistic people within their service, acknowledging that this may require training and

⁹ The draft version of the Strategy can be found here:

<https://democracy.warwickshire.gov.uk/documents/s9233/Appendix%20A%20Autism%20Strategy%20Oct%202020.pdf>

development for the workforce.

- **Priority 3: Develop a range of organisations locally with the skills to support autistic people:** Ensure that a wide range of organisations that can provide skilled support and services are available and accessible in local areas to meet the health, care and education needs of autistic people. Enhance the skills of our existing workforce to achieve more personalised support from services through an increased understanding of autism across the workforce, from awareness raising through to specialist autism expertise.
- **Priority 4: Develop the all age autism specialist support offer:** Commission and deliver a coordinated and personalised offer of support for autistic people across all levels of need, promoting early intervention and enabling people to navigate this offer as their needs change. This includes redesigning the autism diagnostic pathway and focussing on all age pathways to better support transition from children's to adult's services.
- **Priority 5: Co-produce, work together and learn about autism:** Co-produce solutions and services with autistic people and their families and collect and share the information that will enable us to learn and improve our offer to autistic people. Evaluate the impact of COVID on the lives of people with autism and commission services in the way that responds effectively to people's needs during and following the COVID pandemic.

Child exploitation

Coventry's Public Health team and the CCG have employed a Project Manager for Child Exploitation which commenced in September 2020 and is in place for 12 months. The post was developed in response to the changing environment in Coventry and the increasing number of children and young people affected by exploitation. Its key purpose is to strengthen the health response to support those impacted by Child Exploitation. The role has three key priority areas of focus:

- Health support to Horizon Team
- Prevention of exploitation
- Health response to exploitation risks generally

The Project Manager is working closely with colleagues across health, social care, Coventry Safeguarding Partnership, Police, commissioned service providers and voluntary agencies, strengthening pathways, identifying gaps within the system and areas for further action.

Children and young people mental health services work with partners across the system to support the needs of children and young people. These partnerships include voluntary and community sector organisations and charities such as Safeline. Safeline offers a wide range of specialist therapeutic and education and prevention services for children and young people. Safeline works with mental health practitioners and are an approved provider of

Mental Health interventions for School children (MHISC). Services include specialist counselling and psychotherapy, creative therapies, and Independent Sexual Violence services for children aged 3+ and affected family members. Specialist Education and prevention services, one-to-one and group work for children who have been sexually abused or at risk of abuse. All services are free, provide long-term support and can be accessed face to face, by telephone or online'

Domestic Violence and Abuse

Coventry City Council has commissioned a suite domestic abuse services for victims, children and perpetrators from local providers Coventry Haven, Panahghar, Coventry Relate, Valley House and Coventry and Warwickshire Mind. Services include:

- **Victim and family services for information, advice and community based support** – this offer provides a free helpline available 7 days a week and specialist support, advice and advocacy to victims of domestic abuse in all forms; including one-to-one and group work, peer support, legal clinics, domestic security (sanctuary scheme), IDVA support and training for professionals. This year the Council has expanded this provision to include domestic abuse advocates co-located with the police to intervene at an earlier opportunity, family support workers and an immigration solicitor.
- **Children and young people's support** – the Wish Project - specialist domestic abuse service to support children and young people aged 5 to 18 years old, predominantly those on child protection plans or identified by MARAC as being at the cusp of CP provision. This offer includes counselling support, children's advocacy, safety planning, and group work. This year the Council has expanded this service to provide 1-2-1 and group work for any child in specialist accommodation or accessing the 'sanctuary scheme'.
- **Perpetrator Service** – this offer provides a perpetrator programme Choose 2 Change. This offers 1:1 work with perpetrators (male and female), group work, and support to end abusive behaviour.
- **Victim and family supported accommodation** – this offer provides specialist support and accommodation for female and male victims of domestic abuse for people aged from 16 years old. Support will be provided to victims in particular around court support, risk assessment and safety planning, and practical and emotional support. This year the Council has expanded this service to employ family support workers for those in supported accommodation.
- **Adult counselling and emotional support** – this year the Council has introduced new provision from Coventry and Warwickshire Mind to deliver counselling and emotional support to any victims in specialist accommodation or accessing the 'sanctuary scheme'

CCG have also funded IRIS, a GP based domestic violence and abuse (DVA) training, support and referral programme.

IRIS ensures that primary care practitioners can respond effectively to domestic violence

and abuse and that specialist support is available for patients. The programme provides two specialist members of staff, the Advocate Educator (a DVA worker) and the Clinical Lead (a GP/healthcare practitioner) who work together to train practices about DVA. The AE also provides specialist support and advocacy services for patients affected by abuse.

As women are most likely to be affected by domestic violence and abuse, the service primarily supports women (aged 16 and above) who are experiencing DVA from a current partner, ex-partner or adult family member. However, IRIS also recognises that abuse can happen to anyone regardless of age, gender, ethnicity or sexual orientation and the programme supports all patients affected by domestic violence and abuse, including male survivors of DVA and survivors in LGBT+ relationships.

Warwickshire County Council, in collaboration with the Warwickshire Police and Crime Commissioner and the Coventry and Warwickshire Clinical Commissioning Group, jointly fund the Domestic Violence and Abuse support service and accommodation provision. Both services are delivered by the national provider 'Refuge' and include:

- The provision of 24 refuge spaces across Warwickshire.
- Independent domestic violence advocacy services (IDVA service) for those facing a high level of risk of harm.
- Identification and referral to improve safety (IRIS); training and support service attached to Warwickshire GP surgeries.
- A sanctuary scheme which can provide additional security to a property to support victims remain in their own home.
- Telephone helpline
- Multi-Agency Risk Assessment Conference (MARAC) Co-ordination

In addition to this the Council has recently completed its Domestic Abuse Joint Strategic Needs Assessment and a separate Safe Accommodation Needs Assessment. As part adopted its obligations under the Domestic Abuse Act 2021, a Safe Accommodation Strategy 2021 – 2024 has been adopted and work is in progress to identify an enhanced mental health offer to complement the existing range of counselling and therapeutic support available for children and young people that have experienced or witnessed domestic abuse. A summary of the services currently available includes:

- **Victim Support:** Support offer for children and young people experiencing domestic abuse. Group work for primary and secondary school children.
- **Feeling Safe Programme:** delivered by DAST (Domestic Abuse Support Team, Children Young People and Families). The service is for children and young people and non-abusing carer.
- **Victims Counselling, Family Intervention Counselling Service:** One-to-one counselling sessions to victim-survivors of DVA

- **Domestic Abuse Counselling Services (DACs):** Counselling service for Victims of Domestic Abuse. DACs work with female & male victims and their children. Countywide support service funded to help increase access to support in the borough of North Warwickshire.

8. Crisis Support

Urgent and emergency care

Coventry and Warwickshire have expanded the Crisis Resolution Home Treatment (CRHT) service, which was fully operational from October 2019. The service supports:

- All children and young people to minimise the number of presentations to Accident and Emergency (A & E) in mental health crisis
- Improved experience of care where admission does become necessary
- Provide support beyond a crisis presentation.
- Provides Acute Liaison assessments for eligible children and young people at University Hospital Coventry and Warwick (UHCW) and Warwick Hospital (WH) within 48 hours of referral (the offer moved from 5 days a week to 7 days a week).
- Provides admission avoidance provisions which include crisis assessments from the community and home treatment service
- Support discharge for children and young people leave tier 4 provision

The RISE Navigation Hub acts as a single point of access (SPA) for all referrals to the service. Referrals are made by acute hospitals and RISE services where children and young people require community crisis assessment or home treatment interventions.

In March 2020, the COVID pandemic changed the CRHT service, to ensure the offer was being delivered within government guidelines. The changes are highlighted in table five below:

	Pre COVID (October 2019 to March 2020)	During COVID-19 (March 2020 to date)
Location	Swanswell Point, Coventry and other adhoc venues	Whitestone Clinic, Nuneaton
Operational hours	Mon to Fri 8am – 8pm Sat to Sun 10am – 6pm	Mon to Sun 8am – 8pm
CYP 24/7 Crisis line	Not established or commissioned	Mon to Sun 8am – 8pm CYP MH Mon to Sun 8pm – 8am Adult Crisis Support
RISE CRHT on call	Not established or commissioned	Mon to Sun 8pm – 8am
RISE Clinical Leader on call	Not established or commissioned	Mon to Fri 5pm – 8am Sat to Sun 24/7
Intervention diverts from acute settings for ALT Assessments	Not established	Established in April 2020 Use of the review document

Workforce development	Winter pressure initiative via NHSP	Deployment of 3.2 WTE from core CAMHS and MHST and converted roles of the existing NHSP
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Table five - Crisis Resolution Home Treatment delivery

Following the notification by NHSE Improvement on 31 March 2020, a 24/7 Crisis Line provision was established to meet local needs during the Covi-19 pandemic. The children's 24/7 crisis line became operational from the 10 April 2020.

The 24/7 crisis line model is as follows:

- The RISE CRHT Team manages all calls between Monday to Sunday 8am – 8pm. During normal office hours (Monday to Friday 9am – 5pm) children who are known to RISE services are navigated to speak to their allocated clinician or duty worker, in order to manage consistency in care and capacity. This is detailed in Figure nine below
- Between 8pm – 8am, the advertised crisis line number will divert the caller to the Adult Crisis Service response (now known as the Mental Health Access Hub). This is detailed in figure ten below. The Adult Crisis Service will gain an overview of the presentation and gather an understanding of the reason for the call. The Adult Crisis Service has a number of options for the resolution which include:
 - Arrange for an appointment and follow up from the CRHT Team at the start of their duty from 8am, or
 - Consult with the RISE CRHT Team clinician on call (in order to support the Adult Crisis Service response, RISE CRHT Team initiated an on-call service made up of RISE Clinical staff and RISE Clinical and Managerial leaders. The first contact is with the RISE CRHT Team clinician who can, if need be, escalate the issues for resolution to the RISE Clinical Leader. Urgent or emergency response that is needed at night is referred to the Police, Ambulance or Emergency Duty Team).
- The Neuro-Development service provides a dedicated advice service, enabling the 24/7 crisis line to internally direct calls for children and young people with neuro-developmental needs between Monday to Friday, 9am – 5pm.

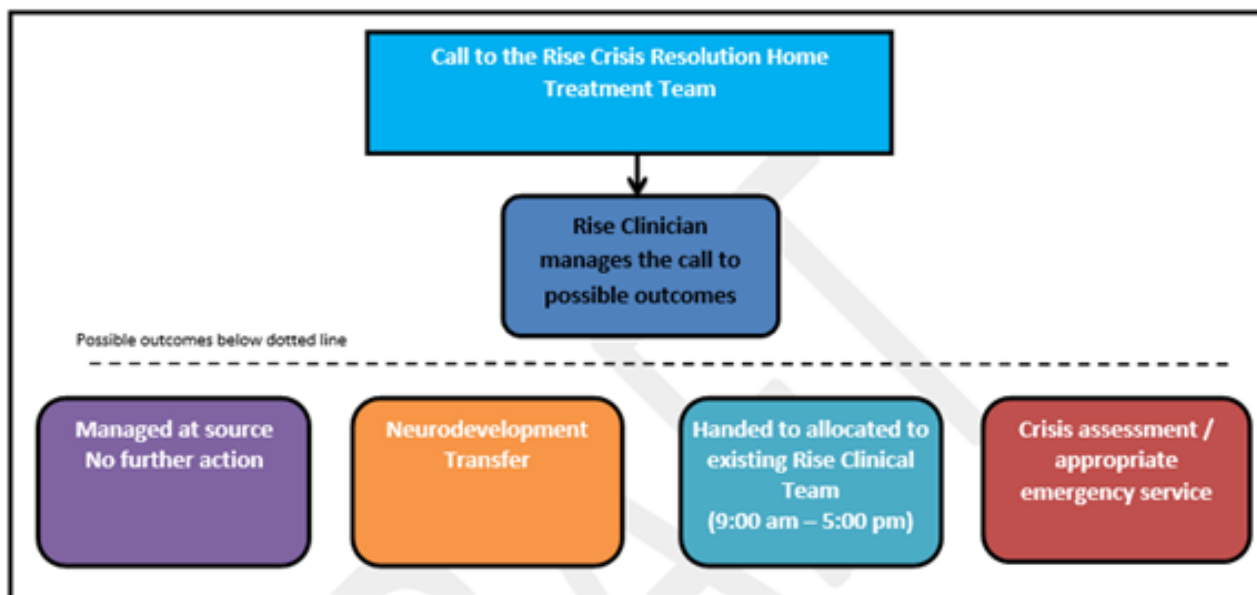


Figure nine – patient flow from 8am – 8pm

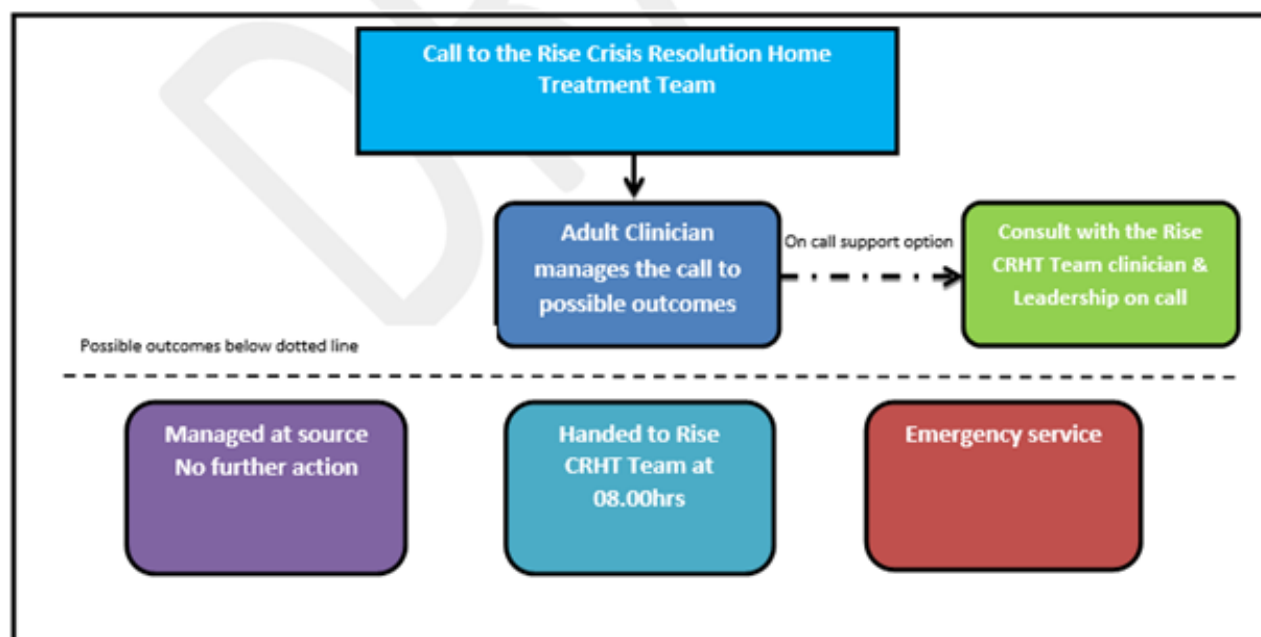


Figure ten – patient flow from 8pm – 8am

The relocation of the CRHT, to Whitestone Clinic, provided the team with a dedicated clinical space to deliver assessments and outpatient reviews. This was particularly beneficial as a single location for the diversion of activity away from hospitals. A process has been agreed between CRHT Team and acute settings which allows:

- Assessments for children who have attended A&E or have been admitted to the Paediatric Unit (where there was no ongoing need for admission but where an acute liaison assessment was indicated, and where the movement of the CYP was not contraindicated for some other clinical or risk reason).
- Children who have come for an assessment following inpatient admission are given leave from their bed, which allows the bed to remain open if it is still required and if a suitable onward destination cannot be established.

- The service to use the review assessment documents for all referrals which enabled clinicians to ensure assessments focussed on the presenting need in its entirety rather than spending time at appointments to look into areas of no concern

This model of delivery has supported an increased volume of assessments away from the acute environment in line with the request from NHSE. In addition, with the implementation of focussed assessments, this had a positive impact on acute as it enabled timely discharge from hospitals avoiding the use of beds being occupied for greater periods than needed.

The expanded hours of operation and the increased demand on the Crisis Team required additional staff to be mobilised. Staff were redeployed from RISE services, which were deemed as non-critical. A new on call rota for the RISE Clinical Leadership staff and CRHT Team were created as point of contact for the 24/7 crisis line during the night (8pm – 8am).

An evaluation of demand and the service changes during COVID pandemic from March 2020 was undertaken by CWPT, who deliver the CRHT service. Local service data and qualitative feedback were collected.

Service evaluation surveys were carried out with a range of stakeholders, including children and young people, parents and carers, acute staff, RISE CRHT Team, and adult mental health staff. The key themes identified from the feedback are:

- The service met the expectations of all children and young people.
- The majority (16 out of 18) parents and carers felt their expectations had been met with several stating their expectations had been exceeded and felt reassured.
- 50% of acute staff either strongly agreed or neutrally agreed that the service provided 'timely at the point of need for the child'
- 67% of acute staff strongly agreed that transferring children and young people from acute to Whitestone Clinic for assessment was acceptable
- The majority of RISE staff felt the crisis service was more responsive and timelier for children and young people, potentially supporting avoiding further escalation e.g., calling 999.
- Some RISE staff felt the distance and location of the service was problematic, particularly for patients and their families travelling from south Warwickshire to Whitestone Clinic, Nuneaton.

Local quantitative data has been collated and analysed. In the four weeks prior to lockdown, the RISE CRHT service offered and completed 139 assessments, 50 follow ups and 32 home treatments to children and young people. During the first 4 weeks in October 2020, the number of assessments increased by 31% (43), follow ups increased by 60% (30), and home treatment increased by 78% (25). This suggests that COVID has caused a heightened need for mental health support due to lockdown and school closures. Figure eleven below evidences the demand and outcomes of children and young people accessing the crisis line from 8am to 8pm:

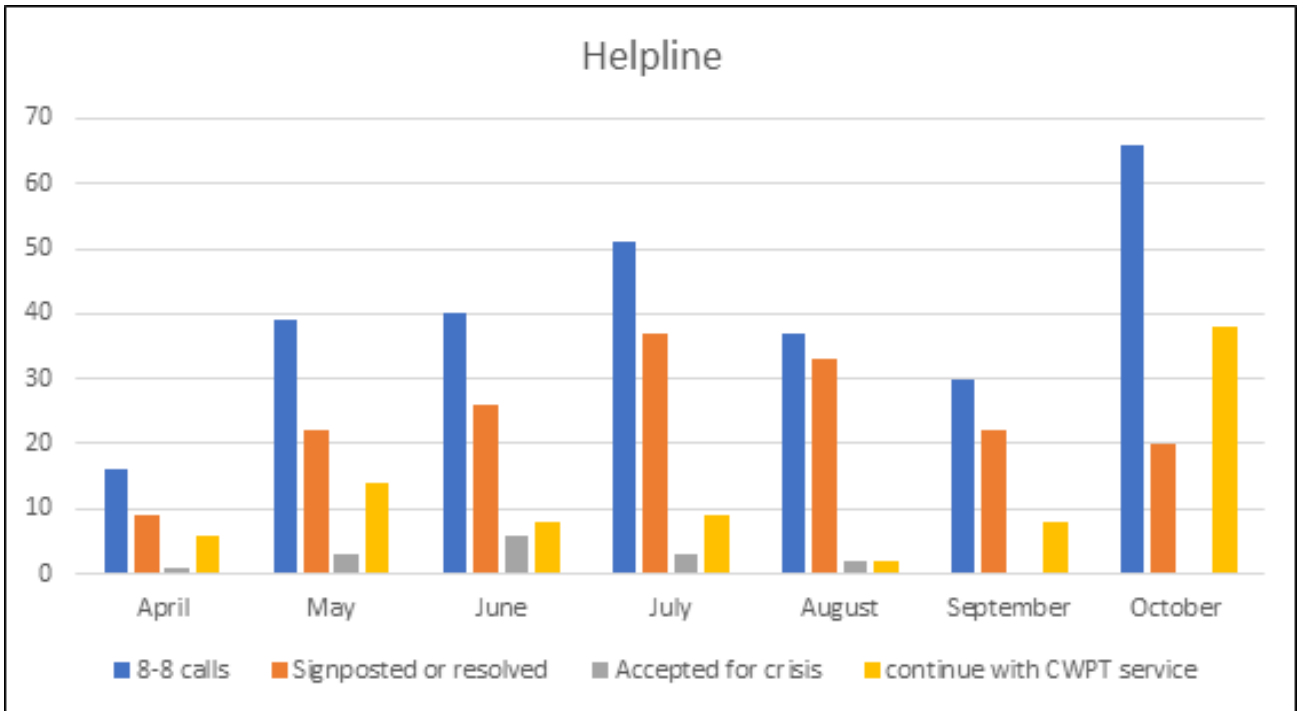
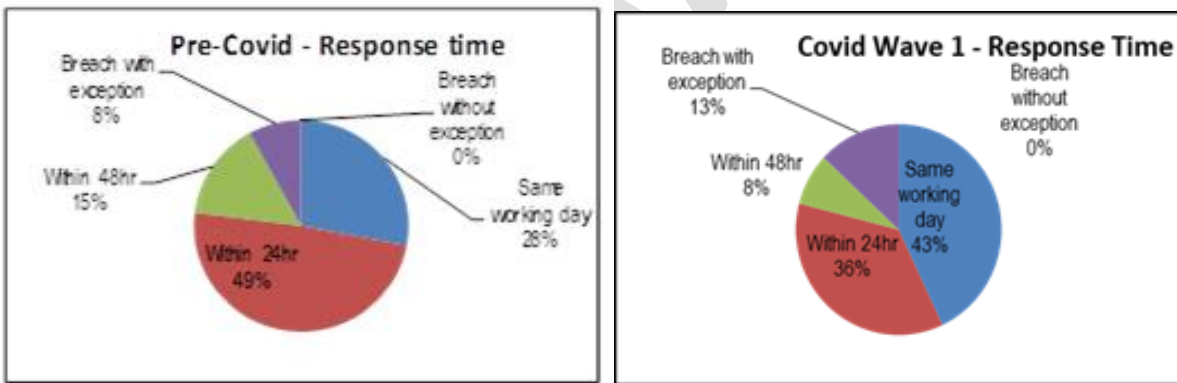


Figure eleven: Demand and outcomes of CYP accessing the crisis line

An internal evaluation of timeliness looked at 200 cases. The sample taken was the first 100 patients who were referred into the service, starting from the 1st November 2019 which was a pre COVID era. The second sample was the first 100 patients referred to the service, starting from the 1st April 2020, which was taken during Wave 1 of the COVID Pandemic. The data evidences a significant increase (15%) in responding to children and young people the same working day. Figures twelve and thirteen below show the timeliness and responsiveness of the service:



Figures twelve and thirteen – pre and post Covid Wave 1 response times

The data collected highlights the outcomes of children and young people. Pre COVID, 6% of children and young people were admitted into Tier 4 provision, whereas, during COVID (wave 1) 2% of children and young people were admitted to Tier 4. This evidences a positive impact for children and young people which suggests having a crisis model located separately to acute settings, in a less clinical environment, may help reduce the need for admissions.

The Rise Children’s Crisis Resolution and home treatment Team have continued to create develop the interface with the social care and have supported the development of roles to pilot the integration of Local Authority employed socials re in the team. They have been able to work with Coventry and Warwickshire to have both mental health and children’s social work staff work into the team. This continues to be a priority for the system working to support CYP in crisis

The Acute Liaison Team (ALT) have a KPI of 100% of children and young people accessing the service will commence treatment within 48 hours.

Value	2020/2021				2021/2022
	Q1	Q2	Q3	Q4	Q1
Numerator	67	121	219	250	264
Denominator	67	121	222	250	280
%	100%	100%	99%	100%	94%

Table 6: Acute Liaison Team KPIs

The STP have recently received some funding from NHSE to support the 24/7 crisis offer. This funding has been used to commission Peopletoo, an independent voluntary sector organisation, to engage and co-design a 24/7 crisis offer with children and young people, parents and carers and professionals to help develop the service based on feedback. From January 2021, Peopletoo have been working across Coventry and Warwickshire to undertaken an independent review. The review held a range of consultation and engagement sessions with a number of stakeholders:

- 83 children and young people
- 61 parent and carers
- 82 professionals

Peopletoo held a number of different methods to undertake the consultation and engagement including:

- Online group activities – offering opportunities for fun and social interaction through physical activity, cookery, art and craft and ‘Imagination Spaces,’
- Online 1:1 discussions
- Whole-family conversations – involving parents, carers and siblings,
- 1:1 telephone interviews
- Online surveys and chat platforms in group settings – e.g. Using Discord, MentiMeter

Peopletoo were supported by several targeted youth groups, youth participation teams and voluntary sector community organisations to attend 8 pre-arranged group sessions where interest in independent workshops was low.

The review and its finding / recommendations are currently going through the Children and Young People’s Mental Health and Wellbeing Board’s governance process.

Further additional investment has been received from NHSE as part of the MH investment standards. This funding has been allocated to:

- The Crisis Line – to establish a workforce remodelling to understand the needs going forward
- Expansion of the Crisis Resolution and Home Treatment (CRHT) team to secure additional CBT workforce
- Expansion of the CRHT to secure Local Authority staff to expand the collaborative working.

Locally and nationally, there has been a surge in demand for support for children and young people who are in a state of crisis in both the community and presenting at acute hospitals. Locally, the services established to support these children and young people experienced demand beyond their capacity which resulted in the need to use capacity from elsewhere in the system. Nationally, with increased demand accompanied with a lack of capacity in the NHS England specialist commissioned beds (known as Tier 4 beds) this has resulted in children having to wait in hospital for longer periods of time before moving into a tier 4 bed, when available.

An established multi-agency system protocol has been utilised to escalate and co-ordinate a multi-agency response to this issue. This protocol has been signed off by partners from Coventry City Council, Warwickshire County Council, CWPT, CCG, and NHS England. This has followed with a structure of oversight and decision making established via accountable officers in a Gold command supported by a silver command team, a bronze command development meeting and a Bronze multi-disciplinary team to ensure that all agencies are engaged at all levels of problem solving. The Gold, Silver and Bronze command are represented by system wide partners including: Coventry City Council and Warwickshire County Council authorities, CCG, Acute Trusts (UHCW / George Elliot / Warwickshire Hospital), CWPT, with senior leadership representatives at Gold and Silver command.

Alongside the Gold, Silver and Bronze command calls, there are also multi-disciplinary team (MDT) meetings to review all the children and young people who are in hospital and to mobilise discharge plans in a co-ordinated way when children and young people are medically for discharge. The MDT meetings involve operational partners from Coventry and Warwickshire Children Services (social care), Acute Trusts, and CWPT to provide a co-ordinated response to help support move on from acute settings back into the community.

While the crisis demand has started to reduce, the nature of this problem and the risk that exists when capacity limits are exceeded means that additional work is taking place to ensure safety of children and young people in the community and in hospital. An example of this has been deploying additional mental health staff to the acute ward settings and coordinating a system wide staffing and capacity update each weekend.

There is additional work to taking place to gain the current local connect and deploy the most appropriate additional support model. This to manage includes scoping of a multi-agency day support or drop in facilities for children in crisis All agencies are engaged in understating the needs in our systems and working to a solution.

Intensive Support Team

To support children and young people with a learning disability and/or autism, the Intensive Support Team (IST), which is a multi-disciplinary team, has been commissioned. 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 keep 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.

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

Funding has been identified in 2021/22 to deliver an extension to the intensive support service to young adults aged 18-25 years.

Extended non-attendance at School project (ENAS)

The CCG is working with the Local Authorities to commission further support for children and young people with extended non-attendance at school. This project was in the progress of being launched, however, the COVID pandemic caused this service to be put on hold, due to school closures. 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.

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.

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

There are three progressive cycles of intervention:

- Family Support
- Specialist Support
- Complex Case Panel

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. Since schools have now re-opened, this project has now been re-established.

Safe Havens

There is provision of Safe Haven services in both Coventry and Warwickshire, provided by Mental Health Matters (MHM) and Coventry and Warwickshire Mind (CWM) respectively.

Safe Havens support individuals who are, or could be, at risk of developing a mental health crisis who do not require specialist clinical intervention. The local services offer out-of-hours mental health support to anyone aged 16+ in the Coventry and Warwickshire area (6pm to 11pm) 7 days a week across two locations; Nuneaton and Coventry.

The Safe Havens operate a walk-in and virtual 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, residents are supported by a 24/7 mental health helpline, which offers access to emotional support and information when the safe havens are closed. Due to COVID pandemic the Safe Havens had to close, which meant children were unable to receive any face-to-face contact. Children and young people, parents and carers were provided with the 24/7 helpline number or they could utilise the 24/7 Crisis number, delivered by CRHT. Face-to-face delivery re-commenced on 28th September 2020 in Coventry and 5th October 2020 in Warwickshire following Government guidance to operate in assured COVID-safe environments.

As described in section above, 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, the patient is discharged to:

- Community mental health teams
- Improving Access of 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.

Community Children (and young people) Autism Support Service (CCASS)

This low-level support service is for children and young people (up until their 18th birthday) who are on the neurodevelopmental waiting list for an autism diagnosis, or who have previously received a diagnosis but require support to manage their needs, and their families.

Children and young people and their families should not be receiving direct support from social care / family support workers / RISE Specialist CAMHS when a referral is made to the service. The referrals can only be made by educational providers only. Parents are required to complete the Dimensions tool. All referrals are triaged and a named support worker allocated.

Support includes 1:1s, peer support groups, parent peer support sessions, training for parents as well as provision of resources and newsletters.

Community Adult Autism Support Service (CAASS)

The Community Adult Autism Support Services provides Low level support to adults who have or are waiting for an Autism assessment, or those who believe they are Autistic and would like further support.

Referral into the service can be made by a range of professionals including; CWPT Neuro team, Transforming Care Operations Team, CAASS support workers and CW Mind. No pre-assessment is required.

The support offer provides 1:1 support, weekly peer support groups, a 5 week long autism awareness education programme as well as autism awareness workshops for parents, spouses and other family members of autistic adults.

Key Worker Pilot

Funding was received from NHSE which was utilised to develop an 18 month Keyworker pilot. The Key Worker pilot has been developed to support children and young people aged 14 to 25 with a learning disability or autism in mental health hospital or at risk of admission.

The Key Worker function is seen as being an important response to ensuring children and families get the right support at the time and that local systems are responsive to meeting their needs in a holistic and joined up way. The Key Worker posts are hosted by CW Mind. The support will be focused on:

- Delivery of flexible, personalised and child-centred support, to ensure the complex and often varying needs of children, young people and their families are met
- Developing and maintaining a strong, positive relationship with children and young people with a learning disability, autism or both, who are inpatients or at risk of being admitted to hospital, to ensure children, young people and their families get the right support at the right time and that local systems are responsive to meeting their needs in a holistic and joined up way
- Facilitating transition to a support worker within the team to enable a step-down process ensuring continuity of the right system of community services and support to meet the child/young person's needs once key working involvement ceases.
- Holding services across the system to account ensuring children and families get the right support at the right time.

9. Local Need and Health Inequalities

Coventry & Warwickshire's Joint Strategic Needs Assessment outlines information relevant to the LTP, which includes engagement with parents and carers, and professionals from across Coventry & Warwickshire. Coventry and Warwickshire are situated in the West Midlands region. The current (mid-2019) estimate of Coventry's population is 371,521 (3,766 people per square km). This figure represents an increase of 18.77% since 2009 which is higher than the West Midlands increase of 9.26% and the increase for England of 8.64%. The current estimate of Warwickshire's population is 577,933 (292 people per square km). This is an increase of 8.00% since 2009 which is slightly lower than the increase for both the West Midlands and England. There were estimated to be 79,765 under-18s in Coventry in 2019 and 117,720 in Warwickshire. The proportion for both (21.47% and 20.37% respectively) is consistent with the proportion seen across the region and England.¹⁰

According to the Census 2011, the majority (66.6%) of Coventry's total population is White British, which includes English, Welsh, Scottish, and Northern Irish. This is notably lower than West Midlands region's figures (79.2%) and national figures (79.8%). It means that Coventry has a notably higher percentage of black and minor ethnic population (BME) compared to the national average. The second largest ethnic group in Coventry is Asian/Asian British (16.3%), followed by White Other, which includes White Irish, White Gypsy or Irish Traveler, and White

¹⁰ Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk) -

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Other White (7.2%). In Warwickshire, 2011 Census suggest that non-‘White British’ groups make up approximately 12% of Warwickshire’s total population, an increase from 7% in 2001. In volume terms, the ‘Asian’ and ‘Other White’ ethnic groups are the largest non-‘White British’ groups in the county. At district level, Warwick District is estimated to have the highest proportion of non- ‘White British’ residents, at 17%, and North Warwickshire Borough has the lowest proportion, at 4%

The number of births in Coventry increased in the period from 2001 (3,559) to 2011 (4,801) but has steadily declined to 4,198 in 2019. The number of under-5s has increased from 18,634 in 2001 to 22,757 in 2019. The number of births in Warwickshire increased in the period from 2001 (5,253) to 2010 (6,313) but has also steadily declined to 5,854 in 2019. The number of under-5s has increased from 28,531 in 2001 to 31,870 in 2018.¹¹

At the end of March 2019 there were 703 Looked After Children (LAC) in Coventry, demonstrating an upward trend from 2015 (588 LAC). The rate (LAC per 1,000) in Coventry (89) is significantly higher than England overall (65). The rate in Warwickshire (62) is lower than the national rate and has been relatively consistent since 2015. 37 LAC in Coventry were Unaccompanied Asylum-Seeking Children (UASC) and 68 in Warwickshire. The percentage of LAC whose emotional wellbeing is a cause for concern is 38.75% for Coventry and 29.27% for Warwickshire; this number has fallen for both since 2014/15 from 43% and 33% respectively.

The Children Leaving Care rate has fallen for both Coventry and Warwickshire from 34.1 per 10,000 children in 2012/13 for Coventry to 29.26% in 2017/18. Warwickshire’s fell from 27.26% to 21.58% during the same period. This fall in the rate of children leaving care is in-line with the overall reduction in LAC.¹²

In Coventry (2019) there were 9,688 school pupils with Special Educational Needs (SEN) which equates to 16.3% of pupils. This is greater than the Region average of 15.7% and the national average of 14.9%. For Warwickshire, the number of school pupils with SEN support is 13,362, 14.9% of school pupils. A similar pattern exists when looking at the types of school, Primary and Secondary with Coventry at 14.5% and 12.08% respectively and Warwickshire at 12.2% and 10.9%. It is important to note that the percentage for both Coventry and Warwickshire has fallen since 2009, Coventry’s SEN support percentage was 20.3%, 2019 is 13.7% in 2009 and the SEN support for Warwickshire was 17.1%, 2019 it was 11.7%.

In 2019, the proportion that had/suffered from/ diagnosed with Moderate Learning Difficulty was 30.9% in Coventry and 28.9% in Warwickshire. Both are in-line with the West Midlands proportion but higher than the national proportion of 21.3%.

The proportion of those SEN who suffer from Profound & Multiple Learning Difficulty in both Coventry (0.1%) and Warwickshire (0.14%) is in line with region and national proportions of

¹¹ Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

¹² Statistics: looked-after children - GOV.UK (www.gov.uk) - <https://www.gov.uk/government/collections/statistics-looked-after-children>

0.14% and 0.2%. Coventry has a higher proportion of Autism Spectrum Disorder as SEN than Warwickshire with 13.6% compared to 10.5%. Both Coventry's and Warwickshire's proportion is higher than the national and regional proportions of 8.23% and 8.8%. A full breakdown of the primary type of need can be found in table 6.¹³

All School Pupils (Primary and Secondary)	Coventry	Warwickshire	West Midlands	England
Specific Learning Difficulty	8.17%	15.01%	13.87%	18.27%
Moderate Learning Difficulty	31.28%	28.51%	21.75%	24.10%
Severe Learning Difficulty	0.59%	0.61%	0.55%	0.46%
Profound & Multiple Learning Difficulty	0.07%	0.12%	0.19%	0.10%
Social, Emotional and Mental Health	14.58%	19.58%	17.52%	18.56%
Speech, Language and Communications Needs	20.37%	14.01%	22.74%	13.89%
Hearing Impairment	1.64%	1.48%	1.95%	2.20%
Visual Impairment	1.17%	0.99%	1.11%	1.32%
Multi-Sensory Impairment	0.13%	0.24%	0.27%	0.20%
Physical Disability	2.08%	2.96%	2.91%	3.00%
Autistic Spectrum Disorder	14.63%	11.62%	8.88%	9.81%
Other Difficulty/Disability	3.22%	2.70%	4.65%	5.33%
SEN support but no specialist assessment of type of need (4)	2.07%	2.17%	3.60%	2.77%

Table 7 - State-funded primary and secondary schools; percentage of pupils with SEND by primary type of need.

In reporting year 2020 (April 2019 to March 2020) Coventry supported 834 children subject to a child protection plan, a rate of 104.6 per 10,000 children. This is an equivalent rate to the West Midlands (104.5) and slightly higher than the national average (97.3). Warwickshire supported 750 children at a rate of 63.7, significantly lower than Coventry.¹⁴

There are an estimated 370 Not In Education, Employment or Training (NEET) young people in Coventry across years 12 and 13, equating to 5% of all 16 & 17 year olds known to Coventry City Council. This is a slight reduction in actual and proportional terms compared to 2018 and 2019. Of those NEET in Coventry, 180 are male and 110 female which equates to a 6% NEET proportion for males and 3.9% for females. In Warwickshire, an estimated 380 16 & 17 year olds are NEET, equating to 3.4% of all 16 & 17 year olds known to Warwickshire County

¹³ Special educational needs in England: January 2019 - GOV.UK (www.gov.uk) - <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019>

¹⁴ Characteristics of children in need, Reporting Year 2020 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020>

Council. This is a slight reduction from 2018 (3.8%) and 2019 (3.7%). Of those NEET in Warwickshire, 180 were male and 110 were female which equates to a 4.3% proportion for males and 2.7% for females.¹⁵

In 2018/19, 16,077 (23% of) children were estimated to be living in poverty in Coventry, an increase from 12,271 (21%) in 2014/15 and the highest number over the last 5 years. Throughout the period 2015/2016 to 2018/19, Coventry was 5% above the national (Great Britain) proportion of children living in poverty. Warwickshire had an estimated 13,112 (13% of) children living in poverty in 2018/19 showing a slight increase over the 5 years from 2014/15. Warwickshire's proportion has averaged 5% lower than the national proportion since 2014/15.

Contrary to the increase in children living in poverty, there has been a reduction in percentage of school children receiving free school meals for both Coventry and Warwickshire since 2012. Coventry had the largest reduction from 21.33% in 2012 to 15.70% in 2018 and Warwickshire saw a decrease from 10.32% to 9.24% with a notable spike up from 2017. This decrease is reflected across the data for the region and England.¹⁶

From 2016 to 2019, 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 (2016 to 2018). Warwickshire achieved higher than regional and national averages during the same period. Table 7 below shows the latest dataset.¹⁷

Key Stage 1 & 2 - Pupils meeting the expected standard	Coventry	Warwickshire	West Midlands	England
Key stage 1 – reading (2019)	71.53%	77.03%	74.20%	74.92%
Key stage 1 – writing (2019)	65.05%	71.08%	68.43%	69.23%
Key stage 1 – maths (2019)	73.35%	76.56%	75.02%	75.62%
Key stage 1 – science (2019)	80.69%	83.79%	80.64%	82.27%
Key stage 2 – reading, writing and maths (2018)	61.81%	67.20%	62.71%	64.86%

Table 8 – Key Stage 1 & 2 – Pupils meeting the expected standard

10. Workforce

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

¹⁵ Special educational needs in England: January 2019 - GOV.UK (www.gov.uk) - <https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures#history>

¹⁶ Statistics: school and pupil numbers - GOV.UK (www.gov.uk) - <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-201415-to-201819>

¹⁷ Statistics: key stage 1 - GOV.UK (www.gov.uk) - <https://www.gov.uk/government/collections/statistics-key-stage-1> Statistics: key stage 2 - GOV.UK (www.gov.uk) - <https://www.gov.uk/government/collections/statistics-key-stage-2>

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, competency about early identification of mental health needs and interventions that can support emotional wellbeing across all settings will be improved. 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.

CWPT's induction process makes sure staff are aware of the networks and workforce planning activities has specific actions in regard to recruiting a more diverse workforce. These networks were involved in telling us how to recruit differently and we took that on board. CWPT have a dedicated Integrated Workforce Committee subgroup for recruitment to do develop the representation of the workforce. CWPT will be working with our local communities and sending them details of roles available in our Trust and we recruit diverse apprentices as well. CWPT is delivering on an Equality Diversity and Inclusion plan to change recruitment practices to encourage more diversity when recruiting. There is a range of inclusion networks in CWPT which include Black and Minority Ethnic (BAME) Network, Disability network, Carers support Group, LGBTQ+ Network and Dyslexia staff group.

During 2021 there has been an emphasis on upskilling and recruiting across the system to meet the mental health of children and young people. This is highlighted by the workforce planning, investment and the mental health support that is available across social care, health and education.

In Coventry, schools are able to commission support from psychologists and specialist teachers to help support the mental health of students, as part of a traded offer. Over 90% of schools commission support in this way and buy in has increased year on year, which indicates that there is a good match between the needs of settings and the services on offer.

The Coventry SEND Service and CWPT completed joint work to agree common principles for training on trauma and bereavement for the school's workforce. This was delivered, virtually, throughout the summer term of 2020. Coventry SEND Service have delivered training to setting leaders on managing organisational change during COVID. Coventry SEND Service have adapted and delivered the Department for Education (DfE) Wellbeing for Education Return programme during the autumn of 2020. Additional consultation and training has been delivered to schools during the Spring of 2021 to address specific needs within settings.

A Recovery Curriculum website has been set up for Coventry schools and education settings, which provides resources and signposting to support mental health. This includes content from the SEND Service, Public Health and CWPT. A broad range of training on mental health is available to schools, both through the SEND Service's traded offer and through Teaching School Alliances. Coventry SEND Service have successfully recruited to a clinical psychologist post to provide additional therapeutic support in Coventry Extended Learning Centre, Keys and Gateway Provision and the Hospital Education Service. The post has strengthened communication between education and health for children in these settings.

Warwickshire Improving SEND & SEMH in Schools Project (WISSSP) aims to meet the

needs of their most challenging children and young people 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.

In partnership with Compass, Warwickshire's Education Psychology Service have delivered the DFE Wellbeing for Education Return programme to mental health leads in education settings. Follow up sessions and training have been delivered during phase two. This was based on the needs identified through the programme evaluation. Warwickshire schools commission education psychology and specialist teaching to support the mental health of children and young people.

Warwickshire schools are aware of the aspiration of the green paper 'Transforming children and young people's Mental Health' to have a Mental Health Lead in every school. The Trailblazer, Wellbeing for Education Return work and WISSSP have all been presented to schools in that context. 49 schools in central and south Warwickshire (15,111 CYP) are engaged in Wave 1 of Mental Health Trailblazer project. WCC used its Wellbeing Return to Education Funding to make training and support available to all Warwickshire schools. In addition to this, 24 schools across Warwickshire are engaged in the Warwickshire Improving SEMH in Schools Project with the aim of reviewing and developing their practice into sustainable models. Schools in Nuneaton and Bedworth who have signed up to the Nuneaton Education Alliance are engaged with shared training on the Thrive approach. Warwickshire Virtual School offer Attachment Aware Training for professionals working with children and young people.

Mental Health First Aid training is delivered to Warwickshire SEND and Inclusion staff so they can make use of the approach and promote the training in schools. The Local Authority has funded Train the Trainer for MHFA so it's available to schools. SEND and Inclusion Toolkit and SEND and Inclusion Guidance both highlight the recommendation for a named mental health lead in schools. Autism Education Trust (AET) Tier 1 training available for all Warwickshire schools however not all schools take up the offer. Exceptional cases pathway for SEND English as an Additional Language (EAL) cases helps with identification and support. EAL team grants to support asylum seekers.

Priority actions for the Joint Autism Strategy across Coventry and Warwickshire in 21/22 are to redesign the all age diagnostic pathway and explore the potential to develop the wider workforce to be able to diagnose and appropriately support people with neurodevelopmental conditions, including in mental health, CAMHS and education services. In addition to this the strategy aims to improve the offer of pre- and post-diagnostic support from health, social care and education for all people currently referred for a diagnosis, all of whom have social, communication and sensory needs even if they do not go on to get a diagnosis of autism. A systemwide workforce development plan will be developed to support delivery of the strategy by addressing workforce gaps in relation to autism. Partners will clarify where responsibility sits within social care and health services for care coordination for autistic people with no learning disability so that people do not fall between services. This will include clarifying responsibilities for transition from children to adult services.

Coventry and Warwickshire are one of 13 sites participating in a national pilot as part of the NHS Long Term Plan to develop a keyworker role for young people aged 0-25 with autism

and/or learning disabilities who are in hospital or at risk of admission. The keyworker role will build relationships and access resources from across the system; provide a single voice to advocate and coordinate the right help across complex systems; to deliver better outcomes for young people and their families; and keep families together at home and not in hospital.

RISE and CWPT delivered self-harm and suicide prevention webinars across five dates during July, August and September with at least 1000 people attending. These webinars were targeted at teachers, parent/cares and professionals working with young people.

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

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.

The work of the Primary Mental Health Team (PMHT) has led to a greater understanding of our wider workforce's training needs and provision. Through work to establish a vulnerable children's offer, 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.

Coventry and Warwickshire Partnership Trust have engaged in the national CYP IAPT (Improving Access to Psychological Therapies) programme to improve practitioners' skills and increasing the workforce. The programme is currently in year 4. CWPT has appointed a CYP IAPT Clinical Lead to support the trainees and to secure collaboration with the education providers. Linked with both Central and South and the Midlands Learning Collaboratives, CWPT has enabled on going workforce development in, CBT Trainees, Child Wellbeing practitioner, Mental Health in School Practitioners.

CYP IAPT lead supported further developments as detailed below which have continued through this COVID impacted year.

- A workforce plan has been developed to map potential career progression of staff who have gone through the recruit to train, to include the clinical scope of each role.
- A criteria and requirements document is in development for each training course to support future recruitment programmes.
- Mapping as to how a senior wellbeing practitioner role is in progress.
- Training skills has included systemic family therapy, supervision skills and cognitive behavioural therapy have continued as well as the new supervision and support arrangements for EMHP staff in the MHST.

The service has been involved in two waves of MHST recruitment for the delivery of 16 Education Mental Health Practitioners (EMHP) staff and their supervisors. The service plan increased use of recruit to train opportunities during 2021. Please see table 8 below for the activity numbers for the past two years and the plans for 2021.

Post	Numbers attending/completing/planned 2019/20	Numbers attending/completing/planned 2020/21	Intention 2021/22
CBT	2	3	4
Child and wellbeing practitioner	4	1	8 (Sept intake of 4 TBC)
Parent training course			2
Total	6	4	14

Table 9 - activity numbers for 2019 – 2021 and intention for 2021/2022

Coventry and Warwickshire Partnership Trust have linked with regional and national networks to support access to relevant opportunities. Other courses, specifically to address the management of groups and leading structured groups with some specific training to support DBT informed approaches. Family therapy and eating disorders training are sourced as part of continuous professional development. Eye Movement Desensitisation and Reprocessing (EMDR) training was due to be delivered but was impacted by COVID. EMDR training will now be delivered to a specific cohort of staff in 2021.

RISE Children’s Crisis Resolution and Home Treatment Team utilised opportunities for the winter pressures monies in 2019/20 to bring in additional staff to provide support and activities for children and young people on Acute wards. With the onset of Covid 19 the service retained these staff. Further investment has been made in the recovery planning for an additional 7.0 wte staff to provide support. Coventry and Warwickshire Children’s Social Care have social workers co-located with the Crisis Resolution Team to support children, young people and families and to provide an interface between different agencies and systems.

MHST has continued recruitment when vacancy factor has occurred, which has either been via qualified staff or by the support of HEE for a new trainee. All EMHPs across Warwickshire are now qualified and Coventry’s are in their final phase of training.

The CYP Eating Disorder Services has received further investment to meet the demand of the current workload pressure. The current clinical priority is to increase care coordination for complex case management, availability of CBT for Eating Disorders and medical capacity for physical health management and monitoring. This level of initial investment eases pressure against demand, allows for review of the referral pathway and would support interventions to address the current complexities with physical health monitoring by GP's in Primary care. Additional Investment has also been made to support InReach/Outreach service in acute settings for children and young people and the families of those presenting with eating disorders. Children's Social Care teams in Coventry and Warwickshire are supporting this work by providing early help and support to families.

CWPT has implemented a 'reasonable adjustments' work stream which will enable mental health services to adapt their services to meet the needs of people with Learning Disabilities and ASD. 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

There is a good understanding of the workforce providing direct care and support for children and young people with mental health needs, guided by CWPT's own capacity and demand modelling tool. The specialist workforce has increased by almost 50% in 2020/21 compared to 2015/16.

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.

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.

In 2021/22 additional investment will be utilised by the Rise Eating Disorders Service to develop four key areas; the expansion of the current workforce to meet the access and waiting times, intensive home support capacity, pathway for Avoidant Restrictive Food Intake Disorders (ARFID) and the expansion of the age range to include the acceptance of referrals up to 18 years and 364 days.

The workforce growth required for Eating Disorder services is detailed in the tables below:

Role	Band	WTE
Service manager	band 8a	0.60
Dietician Band 7	Band 7	1.00
Nurse/MH Practitioner	Band 7	0.60
Family Therapist/Psychological Therapists	band 8a	1.00
Family Therapist/Psychological Therapists	band 7	1.00
Medical Trainee	50% Funded HEE	1.00
VSC EARLY HELP	Band 4	1.00
Medical Admin	Band 4	1.00
Team Admin	Band 2	1.00
Total		8.20

Table 10: Rise CYP Eating Disorder intervention capacity

Role	Band	WTE
Consultant Psychiatry		0.60
Nurse/MH Practitioner	6	1.60
Nurse Associate	4	2.00
Community Support Worker - secondment	Band 3	3.00
Total		7.20

Table 11: Intensive Home Treatment Support capacity

Role	Band	WTE
Clinical psychologist (ARFID lead)	8a	0.50
Specialist ARFID Dietician	7	1.00
Specialist CBT-AR Therapist	7	1.00
Occupational Therapist	Band 6	0.80
Speech and Language	6	0.20
Paediatric Nurse	6	1.00
Assistant Psychologist	Band 4	1.00
Consultant Paediatrician		0.20
Total		5.70

Table 12: Severe ARFID Pathway

Role	Band	WTE
Psychologist	band 8a	2.00
Consultant		0.40
GP		0.20
Nurses	Band 6	1.25
Total Cost		3.85

Table 13: Expansion of age profile

Continued professional development has been undertaken by the team and they have been supported to engage in regional network events as well as specific clinical skills development. The team have attended Multi Family Training, and Interventions with ARFID training. The team are also in the process of securing places to attend CBT-T training and will embark on compassion focused interventions training which provides a helpful skill set for working with young adults. Additional transformational leadership training as been secured and the clinical lead will in Sept 2021 embark on the CYPMH Postgraduate Certificate in Transformational Leadership in Children and Young People's Mental Health Services with Reading University.

It is imperative that the services can respond to the needs of CYP coming in via normal access routes and via the crisis services and deliver evidence-based interventions in a timely manner to prevent presentation at acute hospital. Recruitment to a CYP IAPT CBT workforce will enable CWPT to access a workforce and navigate the deficits that exist in nursing and psychology while providing high quality clinically skilled staff. Additional workforce growth for CBT will be as follows:

Role	Band	WTE
CBT Practitioner	Band 5	2.00
CBT Practitioner	Band 6	4.00
CBT Practitioner	Band 7	1.00
Total		7.00

Table 14: Additional Workforce growth for CBT

This will allow for the growth in CBT interventions across all localities providing additional capacity to the existing CBT workforce. To support the growth in CBT practitioners CYP IAPT programme, additional places have been sought via Health Education England funded places to allow practitioners to complete the High Intensity Supervision (three staff starting in in Nov 21) and Low Intensity Supervision (fours staff starting in Nov 21).

Enhanced coordination and liaison with the acute hospitals is needed to support brief responses and emotional regulation. This will be supported by a dedicated liaison coordinator for acute hospitals. Increasing the skills of the acute hospital workforce to

recognise and respond to the emotional needs of all CYP in the A&E department and in paediatrics will be part of the training and system leadership response and is outlined in the table below.

Role	Band	WTE
Dedicated Co-ordination Role	Band 6	2.81
MH Practitioners	Band 6	4.00

Table 15: Additional Workforce to support enhanced liaison with acute hospitals

The continued development of the Crisis line that is embedded in the Rise CYP Crisis line will take place.

Role	Band	WTE
Snr Support Worker	Band 4	3.39
Support Worker	Band 3	4.56
Admin	Band 2	2.69

Table 16: Additional Workforce growth for Crisis Team

In addition to the roles detailed above, the Crisis Team continue to forge strong links with the local authority with 2 social care staff from both Coventry and Warwickshire embedded in the Crisis team.

Workforce is now one of the major determinates in the delivery of the clinical aspirations. The size of the growth across services will be transformational for the delivery of mental health services but does present a recruitment challenge given that growth in all neighbouring clinical systems is taking place too. The continued support of clinical skills development and high-quality supervision remain a motivating factor for staff to migrate to our system and high level of support is provided for supervision and continual professional development and skill acquisition.

The workforce growth in CYP IAPT recruit to train posts provides new roles into the system, but there is a continued need to attract established qualified roles to the CYP mental health care. CWPT have being working with Coventry University to develop the Children's Mental Health module which enables academic study to form basis to CYP mental health work for those professionally qualified staff with aspirations to migrate from other areas of mental health care but who are seeking the development of the knowledge base to support this.

Additional Continuous Professional Development (CPD) opportunities are supported by the Trust. There is a comprehensive range of internal and external training opportunities internally to cover safeguarding and leadership, clinical development. There are currently 4 members of staff enrolled on the CYP Mental Health Postgraduate Certificate in

Transformational Leadership in Children and Young People’s Mental Health Services with Reading University.

The tables below (tables 17 and 18) provide a breakdown of the staffing across the 2 providers; CWPT and CW Mind:

Specialist CAMHS Service	Coventry and Warwickshire Partnership Trust (CWPT)				
	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	June 21
Staff Type and Band					
EMHPs				16	16
Admin	0	0	11.82	12.77	16.99
Band 2	0	0	6.59	4.34	9.00
Band 3	0	0	2.43	2.83	3.39
Band 4	0	0	2.00	4.03	3.60
Band 5	0	0	0.80	0.57	1.00
Band 6				1.00	
AHP	8.77	3.21	6.04	8.54	22.53
Agency	0	0	0	0	
Band 6	1.72	0.33	2.20	5.07	12.53
Band 7	6.05	2.88	3.84	3.47	10.20
Band 8	1.00	0	0	0	
Management	0.50	2.00	9.44	5.19	6.39
Medics	9.85	10.64	7.20	10.31	7.03
Nursing	32.93	64.98	39.63	58.08	57.47
Band 2					
Band 3	0	1.33	0	0.75	5.00
Band 4	0	7.22	0	1.38	1.00
Band 5	0	5.56	2.00	2.10	1.00
Band 6	22.83	28.88	24.93	29.27	23
Band 7	10.10	21.99	12.70	23.53	25.09
Band 8	0	0	0	1.05	2.38
Psychology	27.30	18.49	44.65	30.10	53.11
Band 4	0	0	4.00	2.00	4.00
Band 5	1.60	0	2.00	0.52	12.00
Band 6	6.00	0	7.40	6.80	11.00
Band 7	2.80	0	8.93	3.30	8.06
Band 8	16.90	18.49	22.32	17.48	18.05
Vacancies	0	0	5.90	2.92	7.08
Grand Total	79.35	99.52	124.68	143.91	179.52

Table 17 – CWPT workforce from 2015/16 to 2019/20

	Coventry and Warwickshire Mind			
	2016/17	2017/18	2018/19	2019/20

Staff Type/Band	WTE	WTE	WTE	WTE
Reach/RISE				
CWM PMHW	4.4	4.8	8	8.35
Relate Counsellor	4.8	4.8	1.7	1.7
Admin	1	1	1.6	1
Team Leader	0.8	0.8	0.8	1.8
Management	0.5	0.5	0.4	0.6
Journeys				
LAC Practitioner	4.6	4.8	6.8	5
Relate Counsellor	1.6	1.6	0.8	0.8
Admin	1	1	1	1.6
Team Leader				1
Management	0.5	0.5	0.4	0.2
CWPT PMHS				
CWM Band 5	1	1	1	N/A
CWM Band 6				1
Relate Band 5	1	1	1	1
CWPT EDS				
Band 5	2	2	2	0
ASD				
Band 4	N/A	N/A	N/A	4.9
Admin	N/A	N/A	N/A	0.4
Coordinator	N/A	N/A	N/A	1
ASD Social Groups	N/A	N/A	N/A	0.5
Vacancy	-	-	-	3
Grand Total	23.2	23.8	25.5	33.5

Table 18 - CW MIND workforce from 2015/16 to 2019/20

Employee Wellbeing

CWPT invest in employee health and wellbeing, recognising the importance of supporting staff in their health and wellbeing, emotional and physical and that this is paramount to delivering great patient care. Examples of their provision include:

- A dedicated Staff Engagement and Wellbeing team are instrumental in engaging with staff, stakeholders to respond to their needs. Several approaches have been embedded, many of which were apparent pre-COVID, but several were put in place to provide more focused support for staff during pandemic.
- Wellbeing Guides - individuals, who encourage employees to champion wellbeing in their workplace. This gives greater opportunities to reach those on the front line who may not access emails on a regular basis. The Wellbeing Guides will be visible and equipped with information/resources to signpost colleagues to the most useful support for them.
- COPE (Confidential Open Psychological Support for Employees) service is for CWPT staff, who can self-refer, have an assessment from a Psychological Wellbeing Practitioner and receive support from either one of a CBT (Cognitive Behaviour

Therapists) or a Counsellor. CWPT receive approximately 30 self-referrals per month, and this provision has shown to support staff return to work, who were previously off with psychological ill-health.

- People Hub was developed at the start of the COVID pandemic, drawing together relevant self-help resources, and other support offers under one umbrella. This is available widely across the Trust and enables staff to view resources available to them.
- EAP (Employee Assistance Programme). This is in place in the organisation, and attracts calls for finance/legal support, as well as psychological support.
- With Staff in Mind Hubs - CWPT have recently launched a system wide psychological support service for health and social care staff. This provides an assessment, swift referral into Improving Access to Psychological Therapy (where appropriate) and in-house psychological support for all, as well as a suite of self-help resources. It also provides team-based sessions for staff. CWPT have worked effectively and in partnership with all stakeholders, including the Health Care Partnership and commissioners in the development of this service.

The Trust has a proven approach to support staff with their health and wellbeing, and their recent Staff Survey, conducted in 2020 supports this statement. This survey (2020) highlighted that the work CWPT are implementing to support their employees is showing improvement. They have a 15% increase in staff stating that they feel the Trust takes their health and wellbeing seriously, over the past 3 years.

11. Finance

In 2020/21, Coventry and Warwickshire funded a combined total of circa £10.2m of services for children and young people mental health.

The spending profile for 2017/18 to 2021/22 is presented in the below tables. The information 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'.

Coventry funding

		2017/18	2018/19	2019/20	2020/21	2021/22
CCG	Core CAMHS	£3,038,000	£3,041,000	£3,041,000	£3,126,000	£4,935,211
Coventry City Council	CAMHS	£413,000	£413,000	£413,000	£413,000	£413,000
Total		£3,451,000	£3,454,000	£3,454,000	£3,539,000	£5,348,211

Table 19 – Coventry funding 2017 – 2022

Warwickshire funding

		2017/18	2018/19	2019/20	2020/21	2021/22
CCG	Core CAMHS	£3,483,000	£3,507,500	£3,532,000	£3,556,700	£3,581,500

	Acute Admissions	£9,500	£10,000	£9,900	£10,000	£10,000
Wark County Council	CAMHS	£757,000	£757,000	£757,000	£757,000	£757,000
	Youth Justice Service	£103,000	£103,000	£103,000	£103,000	£103,000
Total		£4,352,500	£4,377,500	£4,401,900	£4,426,700	£4,451,500

Table 20 – Warwickshire funding 2017 – 2022

Transformation Funds

	2017/18	2018/19	2019/20	2020/21	2021/22
Transformation Funds	£973,000	£1,132,500	£1,585,000	£1,881,000	£1,634,500
Transformation Eating Disorders	£466,000	£466,000	£466,000	£371,500	£898,000
Total	£1,439,000	£1,598,500	£2,051,000	£2,252,500	£2,532,500

Table 21 – Transformation funding 2017 – 2022

Grand Total of Investment

		2017/18	2018/19	2019/20	2020/21	2021/22
CCG	Core CAMHS	£6,521,000	£6,548,500	£6,573,000	£6,682,700	£8,516,711
	Transformation Funds	£973,000	£1,132,500	£1,585,000	£1,881,000	£1,634,500
	Transformation Eating Disorders	£466,000	£466,000	£466,000	£371,500	£898,000
	Acute Admissions	£9,500	£10,000	£9,900	£10,000	£10,000
LA	CAMHS	£1,170,000	£1,170,000	£1,170,000	£1,170,000	£1,170,000
	Youth Justice	£103,000	£103,000	£103,000	£103,000	£103,000
Grand Total		£9,242,500	£9,430,000	£9,906,900	£10,218,200	£12,332,211

Table 22 – All funding 2017 – 2022

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Appendix one – Children and Young People’s Mental Health and Wellbeing Delivery Plan Year 5 (2021-22)

	Priority Area	Key Deliverables	Timescale for delivery	System lead	Contributors	Progress updates – required quarterly	Direction of travel (RAG)
1	Children in Crisis (CIC)	<ul style="list-style-type: none"> - Development and progression of the Multiagency Working Group and its delivery plan – including workforce - Implementation of multiagency dashboard - Clarify the process related to the issuing of statutory notices linked to Tier 4 provision - Implementation of recommendations of Independent Review of CIC 	2021/22	CCG - Matt Gilks	CWPT - Chris Evans		
2	Eating Disorders (ED)	<ul style="list-style-type: none"> - Achievement of constitutional targets - Expansion of the ED service up to the age of 19 - Establishment of a Working Group - Developing a service for (Avoidance Food Restrictive Intake Disorder (ARFID)) 	<p>2021/22</p> <p>2021/22</p> <p>September 2021</p> <p>2021/22</p>	WCC - Rob Sabin	<p>CWPT - Chris Evans</p> <p>CCC - Rich Limb</p>		
3	Transitions (18 – 25)	<ul style="list-style-type: none"> - Transitions Group in operation 	July 2021	WCC - Rachel Jackson	CWPT - Michelle Rudd		

		<ul style="list-style-type: none"> - Business case developed for Board consideration - Commission Peer Support programme 	<p>November 2021</p> <p>November 2021</p>		<p>CWMind - Zoe Hutchinson</p> <p>WCC - Freddie Longfoot</p>		
4	Early Intervention/ prevention	<ul style="list-style-type: none"> - Implementation and delivery Mental Health in Schools Teams (MHST) - Commissioned provision including Kooth - Extension of Wellbeing Education Recovery - Extended non-attendance at school (ENAS) - Monitor the development and impact of the training for mental health with senior leads in schools 	<p>September 2021</p> <p>2021/22</p> <p>2021/22</p> <p>2021/22</p> <p>2021/22</p>	<p>WCC - Rob Sabin</p> <p>CCC- Charlotte Rowan-Lancaster</p>	<p>CWPT - Michelle Rudd</p> <p>CWMind - Zoe Hutchinson</p> <p>CWMind - Beckki Habberley</p> <p>CCC - James Gillam</p> <p>CCC - Jeanette Essex</p> <p>WCC - Margot Brown</p> <p>WCC - Kate Sahota</p>		
5	Access Rates	<ul style="list-style-type: none"> - Achievement of constitutional targets 	2021/22	CCC - Richard Limb	<p>CWPT - Suzi Gentry</p> <p>CWMind - Leeya Balbuena</p>		
6	Communication	<ul style="list-style-type: none"> - Joint communications group in operation - Communication headlines and leads identified 	<p>July 2021</p> <p>July 2021</p>	WCC - Rachel Jackson	<p>CWPT - Michelle Rudd</p> <p>CWPT - Caroline Button</p>		

		<ul style="list-style-type: none"> - Communication plans developed by leads - Communication messages disseminated - Share LTP with established CYP groups e.g. Youth Parliament 	<p>August 2021</p> <p>2021/22</p> <p>Sept – Dec 2021</p>		<p>CWMind – Simon Northall</p> <p>CCC – Jemma Davis</p>		
7	Coproduction	<ul style="list-style-type: none"> - Review of stakeholder engagement - Seek to embed coproduction within all commissioned services. 	<p>December 2021</p> <p>2021/22</p>	<p>WCC - Rob Sabin</p> <p>CCC - Richard Limb</p>	<p>CWPT - Michelle Rudd</p> <p>CWMind - Zoe Hutchinson</p>		
8	Vulnerable Children and Young People	<ul style="list-style-type: none"> - Maintain focus on CLA and YJS - Strengthen links between CSE, SEND, YJS, neuro and Learning Disabilities Teams - Identifying and develop the needs and pathway for Unaccompanied Asylum Seeker children 	<p>2021/22</p> <p>2021/22</p> <p>2021/22</p>	<p>WCC - Rob Sabin</p> <p>CCC - Richard Limb</p>	<p>CWPT - Chris Evans</p> <p>CWMind - Zoe Hutchinson</p>		
9	Suicide Prevention	<ul style="list-style-type: none"> - Delivery and development of a Joint Suicide Prevention Group - implementation of Self Harm Working group delivery plan 	<p>2021/22</p> <p>2021/22</p>	<p>WCC - Emily Vandeventer</p> <p>CCC - Juliet Grainger</p>	<p>CWPT- Michelle Rudd</p> <p>WCC – Kate Sahota</p>		

10	Autism	- Support the delivery of the All Age Autism Strategy	2021/22	CCC & WCC - Ali Cole	CWPT - Sam Davies CWPT - Gemma Cartwright CWMind - Zoe Hutchinson		

Appendix two: LTP - Glossary of Terms

A&E	Accident and Emergency
A4C	Agenda for Change
AA	Attend Anywhere
ADHD	Attention Deficit Hyperactivity Disorder
AET	Autism Education Trust
ALT	Acute Liaison Team
ARFID	Avoidant Restrictive Food Intake Disorder
ASC	Autism Spectrum Condition
ASD	Autism Spectrum Disorder
AWP	Adapted Work Practices
BAME	Black, Asian and Minority Ethnic/Black and Minority Ethnic
CAASS	Community Adult Autism Support Service
CAF	Common Assessment Framework
CAMHS	Children and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CCASS	Community Children (and young people) Autism Support Service
CCC	Coventry City Council
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panels
CGL	Change Grow Live
CLA	Children Looked After
COPE	Confidential Open Psychological Support for Employees
CPD	Continuous Professional Development
CR	Coventry and Rugby
CR/HT	Crisis Resolution Home Treatment
CRASAC	Coventry Rape and Sexual Abuse Centre
CRCCG	Coventry and Rugby Clinical Commissioning Group
CRHT	Crisis Resolution Home Treatment
CW	Coventry and Warwickshire
CWCCG	Coventry and Warwickshire Clinical Commissioning Group
CWM	Coventry and Warwickshire Mind
CWPT	Coventry and Warwickshire Partnership Trust
CYP	Children and Young People
CYP IAPT	Children and Young people Improving Access to Psychological Therapies
CYPMH	Children and Young People's Mental Health
DBT	Dialectical Behaviour Therapy
DFE	Department for Education
DHR	Domestic Homicide Reviews
EAL	English as an Additional Language
EAP	Employee Assistance Programme
EBSA	Emotional Based School Avoidance
ECM	Enriched Case Management
ED	Eating Disorders
EHCP	Education Health Care Plan
EIP	Early Intervention in Psychosis

EMDR	Eye Movement Desensitisation and Reprocessing
EMHP	Education Mental Health Practitioners
ENAS	Extended non-attendance at School project
EQUIP	Equality and Inclusion Partnership
ESQ	Experience of Service Questionnaires
GP	General Practitioner
HAU	Harm Assessment Unit
HCP	Health Care partnership
HEE	Health Education England
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
IDVA	Independent Domestic Abuse Advocate
ISHS	Integrated Sexual Health Services
IST	Intensive Support Team
ISVA	Independent Sexual Violence Advocacy
IWIA	Improving Wellbeing: Improving Attendance
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicators
KS1	Key Stage One
L&D	Learning and Development
LA	Local Authority
LAC	Looked After Children
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Questioning
LMNS	Local Maternity and Neonatal System
LTP	Local Transformation Plan
MDT	Multi-Disciplinary Team
MHA	Mental Health Act
MHFA	Mental health First Aid
MHISC	Mental Health interventions for School children
MHM	Mental Health Matters
MHSDS	Mental Health Services Data Set
MHST	Mental Health in Schools Teams
MLD	Mild Learning Disability
NEET	Not in Education, Employment or Training
NHSD	National Health Service Digital
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSP	National Health Service Professionals
NICE	National Institute for Clinical Excellence
NVAP	National Vulnerability Action Plan
ORS	Outcomes Rating Scale
PACE	Police and Criminal Evidence Act
PHE	Public Health England
PHSE	Personal Health Social Education
PMHT	Primary Mental Health Teams
PPE	Personal Protective Equipment
PSDQ	Parent Style and Dimensions Questionnaire
RAG	Red/Amber/Green

SARC	Sexual Assault Referral Centre
SDQ	Strengths and Difficulties Questionnaire
SEMH	Social Emotional Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SENDCO	Special Educational Needs & Disabilities Co-ordinators
SH&WBS	School Health and Wellbeing Service
SLCN	Speech, Language and Communication Need
SLT	Speech and Language Therapist
SPA	Single Point of Access
SRS	Session Rating Scale
STP	Sustainability Transformation Plan
SW	South Warwickshire
SWCCG	South Warwickshire Clinical Commissioning Group
SWCU	Secure Welfare Co-ordination Unit
SWOT	Strengths, Weaknesses, Opportunities, and Threats,
TOG	Transformation Operational Group
TSDQ	Teacher Strengths and Difficulties Questionnaire
UASC	Unaccompanied Asylum-Seeking Children
UHCW	University Hospital Coventry and Warwickshire
VCSE	Voluntary, Community and Social Enterprise
VIG	Video Interaction Guidance
VKPP	Vulnerability Knowledge and Professional Practice
WCC	Warwickshire County Council
WEMWBS	Warwick Edinburgh Mental Well Being Scale
WH	Warwick Hospital
WISSSP	Warwickshire Improving Special Education Needs and Disabilities (SEND) & Social, Emotional and Mental Health (SEMH) in Schools Project
WN	Warwickshire North
WNCCG	Warwickshire North Clinical Commissioning Group
WTE	Whole Time Equivalents
WYJS	Warwickshire Youth Justice Services
YBM	Young Black Men's
YJS	Youth Justice Services
YOT	Youth Offending Team
YP	Young Person

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 4th October 2021

From: Dr Sarah Raistrick, Chair Coventry and Warwickshire CCG

Title: Coventry as a Marmot City - Update

1 Purpose

This report provides an update to the Health & Wellbeing Board about the work of the Marmot Partnership Group on tackling health inequalities.

2 Recommendations

The members of the Health & Wellbeing Board are recommended to:

- 1) Support the work of the Marmot Partnership in tackling inequalities across the city
- 2) Actively support the Call to Action through making a commitment to take one or two of the suggested actions

3 Work by the Marmot Partnership to impact health inequalities

- 3.1 Coventry has been a Marmot City since 2013. Since this time, organisations across the city of have committed to work together to reduce differences in health outcomes between the most affluent and most deprived areas of the city.
- 3.2 The work to embed tackling health inequalities in the Council has resulted in policies in all areas taking account of inequalities and setting out ways in which they will be addressed. It has influenced a number of areas of work, such as the Thrive at Work programme which helps employers to ensure the health and wellbeing of their workforce, a programme which has now been rolled out across the WMCA. It has also influenced the programme of the City of Culture, encouraging the placement of Creative teams in deprived areas of the city and in organisations which deal with people at risk of inequalities, such as the Migrant & Refugee Centre. The principles of tackling health inequalities are embedded throughout the voluntary sector and has been included as an underlying value in the Anchor Alliance.
- 3.3 We have also embedded consideration of health inequalities in all major decisions and policies across the Council. We have strengthened the requirement of health inequalities considerations in the Equality Impact Assessments, basing our questions on the Public Health England Health Equity Assessment Tool. We have also agreed that health inequalities considerations will be included in all reports going to all Scrutiny Boards.

3.4 Coventry has received nationwide recognition for its achievements as a Marmot City and has been approached by many other local authorities from across the country, and in some cases, from other countries, to learn from our experience. We have maintained effective relationships with the Institute of Health Equity and Sir Michael Marmot, who continues to hold Coventry up as a positive example for its continued work.

4 Health Inequalities Call to Action

4.1 At the Health & Wellbeing Board in January 2021 we set out our intention to launch a system-wide Call to Action to encourage all businesses and organisations across Coventry to take action to help address health inequalities. This was as a result of the expected worsening of health inequalities following the COVID19 pandemic.

4.2 Since that time, the Call to Action has been expanded to cover Warwickshire as well as Coventry, with an aligned approach rather than directly integrating the programmes.

4.3 An initial event was held in partnership with the Chamber of Commerce, headlined by Sir Michael Marmot and Sir Chris Ham, to promote the Call to Action to private sector businesses and encourage them to take one or two actions. The suggested actions were:

- Implement a social value approach to your organisation and procurement
- Review policies to ensure a diverse and inclusive workforce with minimal barriers to groups traditionally excluded
- Invest in skills development for staff, particularly those in the lowest grades
- Offer apprenticeships and placements to local people
- Pay the Real Living Wage, or commit to working towards it
- Consider implementing community initiatives

4.4 An infographic was produced to help businesses to understand how each of suggested actions would benefit their business, as well as their workforce and the local community (attached).

4.5 Although the feedback from the event was positive, there has not been resultant actions from businesses, so we have moved to increase awareness raising to help the private sector to understand more about addressing health inequalities and why it should matter to them. This will be in the form of articles which will be disseminated through our business-facing intermediaries, including the Growth Hub and Chamber of Commerce. We are also working with these organisations to help spread the word about the Call to Action. A website has been set up and resources are being developed to help businesses with some of the actions, such as template documents and signposting to good practice.

4.6 To ensure we are working towards taking a system wide approach, we are also expanding our discussions to the voluntary sector. Taking a different approach to working with the private sector, we would like to take a more collaborative approach, creating a network for VCSE organisations to join and work with the Marmot Partnership in specific ways. We are taking a data driven approach, exploring ways of using shared data to provide evidence of local needs and gaps in service provision. The aim of the network is to provide intelligence, share information and inform actions that can be delivered in partnership to tackle health inequalities, whilst informing key issues that can be discussed at the Marmot meetings and explored further.

4.7 Members of the Health and Wellbeing Board are encouraged to consider how their organisations can actively contribute to the Call to Action, ideally by committing to take a specific action that will help to address health inequalities. We would also encourage all

members who also sit on the Marmot Group to ensure that they actively engage within the group and act as Marmot Champions within their organisations to help embed health inequalities across all areas.

5 Embedding our approach as a Marmot city through the One Coventry Partnership

- 5.1 With the recognition of on-going inequalities in Coventry which are likely to worsen as a result of COVID19, tackling health inequalities will be embedded as a key priority within the One Coventry Partnership. This will enable strategic oversight of the Marmot work to ensure that it remains focused and adds value through the One Coventry Partnership Board. The Marmot Group will continue, but with more focus on positive mobilisation and driving the work of the sub-groups. The Marmot Group will also continue to report into the Health and Wellbeing Board, acknowledging the importance of addressing health inequalities as set out in the Health and Wellbeing Strategy.
- 5.2 Through this partnership we will also create the role of Marmot Champions. Organisations will be encouraged to nominate a Marmot Champion who will help to raise awareness and disseminate information, helping to embed the Marmot principles and ways of working to tackle health inequalities through their organisation. They will receive support from the Inequalities Team within Public Health and the Marmot Operational Group.

6 Next Steps

- 6.1 The next steps are to embed the Marmot work within the One Coventry Partnership and within the One Coventry Council Plan. We will continue to progress the Call to Action, working with a range of partners across Coventry and Warwickshire to embed approaches to tackling health inequalities in as many businesses and organisations as possible.
- 6.2 We will develop a new action plan to follow this work for the next three years and monitor the progress against key performance indicators which will enable us to understand the ongoing impact of COVID on inequalities in the city as well as demonstrating the impact of work to mitigate those inequalities.
- 6.3 The members of the Health & Wellbeing Board are recommended to:
- 1) Support the work of the Marmot Partnership in tackling inequalities across the city
 - 2) Actively support the Call to Action through making a commitment to take one or two of the suggested actions

Report Author(s):

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Enquiries should be directed to the above

Delivering equality and health through business. Why does it matter?

Health inequalities are avoidable differences in health outcomes due to the conditions in which we live, grow and work.

Work is a key influence on health. Work matters for health directly, as well as underpinning other factors that influence health such as social networks.

Some examples of what we can do						
	Real living wage	Implement a social value approach	Fair working practices	Skills improvement	Apprenticeships and placements	Community initiatives
What action can you take?	<ul style="list-style-type: none"> Pay the living wage as a minimum; advocate that companies in your supply chain pay the living wage 	<ul style="list-style-type: none"> Introduce a social value policy for your business, consider how you can influence social value in your supply chain 	<ul style="list-style-type: none"> Review of policies around equality and diversity, introduce flexible working practices, paid sick leave, accreditation 	<ul style="list-style-type: none"> Training and skills development, particularly for lower graded staff; digital skills development 	<ul style="list-style-type: none"> Apprenticeships for young people, placements for young people and people out of work 	<ul style="list-style-type: none"> Local outreach programmes, digital skills training, developing green spaces, reducing pollution
Impact on your workforce and community	<ul style="list-style-type: none"> Reduces risk of staff living in poverty and associated health impacts meaning a happier and healthier workforce 	<ul style="list-style-type: none"> Maximise benefits to the local community through local employment, purchasing local services, reducing pollution 	<ul style="list-style-type: none"> Able to recruit and retain the the best talent meaning reduced staff turnover 	<ul style="list-style-type: none"> More highly skilled workforce so better able to promote from within; Pool of local skilled people to recruit from 	<ul style="list-style-type: none"> Helps young people to develop skills to secure work and identifies talent for the future 	<ul style="list-style-type: none"> Healthy, happy local residents and community; Positive publicity for your business
Benefits to your business	<ul style="list-style-type: none"> Increased productivity, reduced sickness absence, reduced staff turnover 	<ul style="list-style-type: none"> Stronger brand recognition and competitive advantage in contract tenders 	<ul style="list-style-type: none"> Reduced staff turnover and recruitment 	<ul style="list-style-type: none"> Reduced staff turnover, increased productivity and innovation 	<ul style="list-style-type: none"> Skilled and knowledgeable workforce 	<ul style="list-style-type: none"> More customers for your business
Did you know....	<ul style="list-style-type: none"> 54% of employees felt more positive about their workplace once the living wage was introduced and staff leaving rates fell by 25% 	<ul style="list-style-type: none"> Demonstrating social value is becoming a key factor in securing contracts 	<ul style="list-style-type: none"> Average cost of UK staff turnover is £11,000 per person 	<ul style="list-style-type: none"> Companies who invest in training have a 37% higher productivity rate and 21% income increase per employee 	<ul style="list-style-type: none"> On average, each apprentice will bring in over £15,000 more than they cost in the lifetime of their apprenticeship (2014) 	<ul style="list-style-type: none"> Community involvement helps to increase brand awareness, establish a positive reputation, and grow your business

Did you know, men in the poorest areas of Coventry will live on average 10 years less than those in the most affluent areas of the city

10 **10**

Affluent Poorest

In Warwickshire, women in the most affluent areas will live 5 years longer than woman in the poorest areas

5 **5**

Affluent Poorest



For more information visit www.coventry.gov.uk/calltoaction