



To: Health and Social Care Scrutiny Board (5)

3<sup>rd</sup> February 2016

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

## 1. Purpose of the Note

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

## 2. Recommendations

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

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

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

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

*Table 1: Mental Health and Emotional Wellbeing services in Coventry*

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

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

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

#### 4. The Challenges within CAMHS

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

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

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

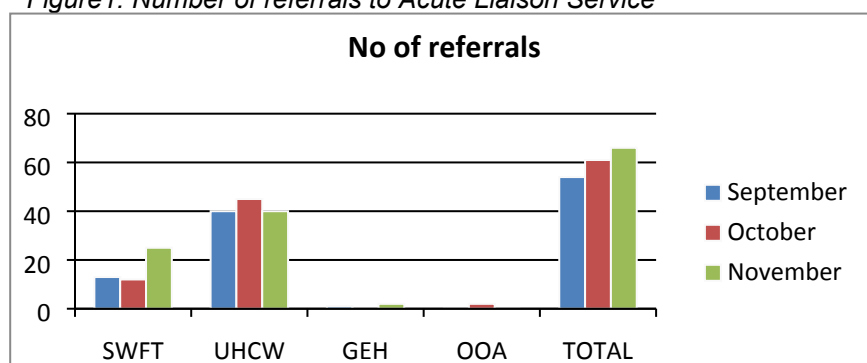
- 4.10 Building on the significant improvements underway locally, NHS England allocated additional funding to support the transformation of CAMHS, placing a responsibility on all Clinical Commissioning Groups (CCG's) nationally, to submit a CAMHS Transformation Plan by November 2015. Coventry and Warwickshire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

## 5. The CAMHS Improvement Journey

### Crisis response

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

Figure 1. Number of referrals to Acute Liaison Service



Source: CWPT

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

Further work required:

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

**Triage criteria and process**

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

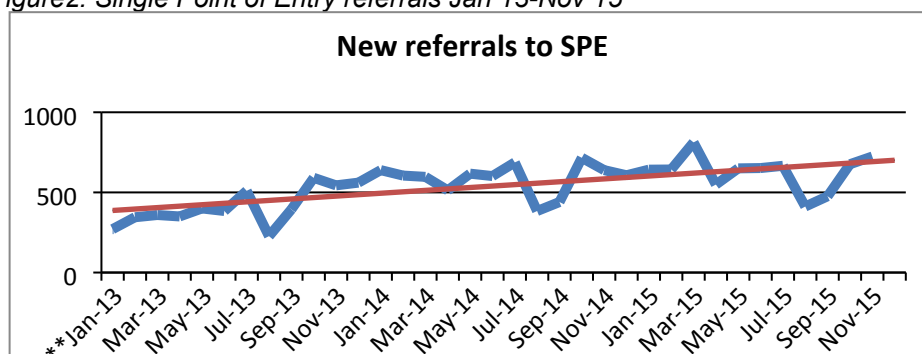
performance requirements for commissioned CAMHS services. Commissioners will be implementing the National CAMHS Service Specification locally by February 2016.

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

### Waiting Times

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

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



Source: Coventry and Warwickshire Partnership Trust (CWPT)

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

Table 2: referrals received through SPE 2015

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

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

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

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

Table 3: service activity for Reach

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

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

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

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

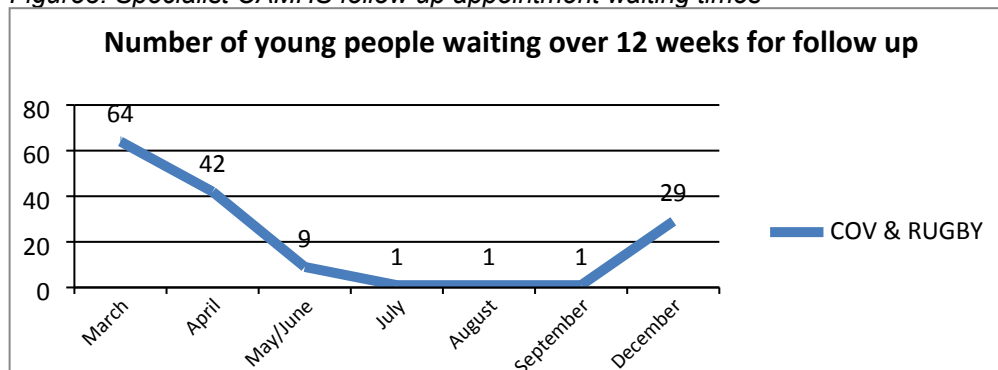
Table 4: Specialist CAMHS response times

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

Source: CWPT

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

Figure 3. Specialist CAMHS follow up appointment waiting times



Source: CWPT

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

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

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

### Patient Pathway

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

### Support to Looked After Children (LAC)

- 5.28 To support the mental health needs of vulnerable young people in the city, the CAMHS Transformation Plan has committed additional resource to funding 2fte Mental Health Practitioners to support young people with moderate to severe mental health needs. The resource will enable vulnerable young people within Social Care and Supported Accommodation to receive a CAMHS assessment and treatment within 4 weeks, and provide dedicated support to young people at crises within 24/48 hours.
- 5.29 The Journeys service, during 2014/15, received 326 referrals across Coventry and Warwickshire. 767 children and young people received direct and indirect treatment, with



over 2000 one to one sessions delivered. The service has also provided 27 training workshops for carers and professionals with over 400 individuals attending, these include building attachments, youth mental health first aid, basic counselling skills and case group supervision for residential workers.

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

*Table6. Journeys outcomes*

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

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

### **Intensive Home Support**

- 5.34 To support the physical and psychological mental health and emotional wellbeing needs of young people with an eating disorder, a community based eating disorder service will be commissioned across Coventry and Warwickshire, through the CAMHS Transformation Plan.
- 5.35 The community based assessment service will operate 7 days a week once fully established, providing age appropriate evidence based interventions to children, young people and their family members, in settings most suitable including home based and community based support. The service will be commissioned from April 2016, and required to meet the NHS England Access and Waiting Time Standards and targets for Eating Disorders by April 2017.

### **ASD Assessments**

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

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

*Table 4. ASD Activity October 2015- December 2015*

	<b>October</b>	<b>November</b>	<b>December</b>
<b>ASD Referrals</b>	34	52	55
<b>ASD Assessments</b>	41	41	17

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

*Table 5. ASD waiting times March – Nov 2015*

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

Further work required:

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

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

### Primary Mental Health Service - Support to Schools and Other Professionals

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

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

Year	Direct work	Professional consultations	General advice & guidance	Professionals trained	Referrals made to targeted and specialist CAMHS
2013/14	258	357	646	1227	36
2014/15	536	801	915	1403	28

- 5.47 An audit of 197 cases shows 79% did require further support, with 13% of cases referred to targeted support services, demonstrating the significant benefits of intervening and providing early help and preventative support.
- 5.48 During 2014/15, the service provided training to 1,038 teachers and provided 249 consultations to professionals in educational establishments. 28% of referrals to the service were received from primary schools and 12% from secondary schools. The service has provided training on Understanding Stress and Anxiety, Depression, OCD, Managing Self-Harm Behaviours and Attachment Theory.
- 5.49 A Designated Medical Officer and a Designated Clinical Officer are provided by CWPT who have oversight of the health input into Education and Health Care plans and will sign off health involvement within the plan on behalf of the CCG. Within CWPT there is have a co-ordinator who receives all requests for information for Education and Health Care plans for all CWPT health services (CAMHS, OT, Physio etc.) and maintains a database of Education and Health Care requests to ensure that the services respond within the set timescales. There is regular liaison with the SEND officers to monitor the Education and Health Care process and regular formal meetings.

### Improving Transitions

- 5.50 CWPT operate a Transitions Policy to facilitate the transfer of care from children's to adult services. Transfer is supported using the Care Programme Approach (CPA) with national standards for assessment, care-planning and case co-ordination. A new post of Transitions Co-ordinator has been recruited to in Adult Services to support this work.
- 5.51 The CWPT Transition Policy is currently under review to take into account changes in service configuration.
- 5.52 CWPT has a work stream entitled 'Services for Young People', the project team is chaired by the medical director, with management and clinical membership from children's and adult's mental health services. The purpose of the project team is to review, make recommendations on the services delivered to young people (14-25) in Coventry and Warwickshire Partnership Trust. There are sub groups currently working on the following topics:
- Neurodevelopmental disorders – ASD/ADHD
  - Eating Disorders
  - Early Intervention – Psychosis
  - Self-Harm/Acute Liaison

- SEND

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

## 6. CAMHS Transformation Plan 2015 - 2020

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

- Provide stepped care through early help, prevention and crisis support to young people and their families to improve their health outcomes, resilience and reduce tier 4 bed usage
- Young people will have access to flexible personalised care, that promotes equality of opportunity and accessibility to can meet the individual needs of a diverse multicultural community
- Young people will receive support that will be delivered flexibly at locations and venues to support children including those from vulnerable and hard to reach backgrounds
- Services designed to meet the needs of children, young people and their families so that they can access the right support from the right service at the right time
- Improve and strengthen smoother transitions for young people (including adult services)
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible
- More use of evidenced based practice and interventions
- Vulnerable young people will have access to flexible specialist mental health and emotional wellbeing support, designed and responsive to individual need
- Professionals, young people and their carers will have a greater awareness of mental health and emotional wellbeing services available locally
- Provide a clear sense of direction for all agencies and stakeholders working in partnership to improve the mental health and emotional wellbeing of children and young people in Coventry and Warwickshire

6.2 The Transformation Plan will deliver initially 7 key local strategic priorities as set out below:

- 1) **Strengthening mental health support to children and young people in school** – enhances the mental health training, consultation and support provided by the Primary Mental Health team to schools, by providing dedicated support to schools with high need to reduce barriers to access and provide assessment and intervention using skilled dedicated resource embedded within school settings.
- 2) **Further reducing waiting times for access to CAMHS services** – continues to build and sustain the improvements realised locally through the investment made by Coventry and Rugby CCG, to ensure children, young people and their families access effective support as needs arise. The target of 18 weeks referral to definitive treatment is expected to be delivered and the 12 week maximum wait for follow up maintained.
- 3) **Reducing the number of young people awaiting an assessment for ASD** - young people with ASD will have access to timely assessments, treatment and support by April 2016.
- 4) **Providing crisis support to young people presenting with self-harm** – continuing to build on and sustain the Acute Liaison service implemented across Coventry and Warwickshire, to ensure children and young people receive flexible and responsive out of hours support to reduce the need of hospital admission and improve resilience and mental health outcomes of young people.

- 5) **Dedicated mental health support for the most vulnerable, including children who become Looked After, Adopted, or in Supported Accommodation** - will provide individuals with improved access to maximise their life chances prevent placement disruption or breakdown and prevent mental health needs from escalating into their adult life. The implementation of a skilled mental health professional within Social Care and Supported Accommodation provision will assist in the early identification of mental health needs amongst the most vulnerable young people in the city, improve access to services and improve the mental health and emotional resilience of young people and their carers.
- 6) **Enhancing access to information and communication through technology** - The creation of an interactive web tool will provide dedicated, effective access for young people, in a confidential manner, supported by skilled professionals to support young people in the community.
- 7) **Implementation of a newly developed community based Eating Disorder Service** across Coventry and Warwickshire, designed to meet the Access and Waiting Time Standards. The service will provide stepped care support to children near to home, designed to meet the population needs of Coventry and Warwickshire, which empowers young people and their family to manage, access and receive quality specialist support and improve their health outcomes.

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

## 7. Future CAMHS Commissioning Arrangements

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

Key decisions included:

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

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

## Appendix 1 – 5 Year CAMHS Transformation Plan



CAMHS  
Transformation Plan 2

## Appendix 2 – Draft Outcomes Framework



Outcomes  
framework.docx

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