Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 14th September 2016

Subject: Child and Adolescent Mental Health Transformation Agenda

1. Executive Summary

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

2. Purpose

2.1 The purpose of this report is to provide:

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

3. Recommendations

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

4. Background

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

Table 1: Mental Health and Emotional Wellbeing services in Coventry

Commissioner	Service	Provider	Description	Cost per annum
Tier 1: Support to universal services				
Coventry City Council (CCC) / CRCCG	**Primary Mental Health Team**	CWPT, Mind, Relate	Consultation, advice and training to practitioners.	CCC/ CRCCG: £220k
Tier 2: Early intervention for mild to moderate mental health issues				
CCC	**Reach**	Mind in partnership with Relate	A graduated service offer consisting of online advice, peer support, therapeutic groups & counselling	CCC: £112k
CCC	**Journeys**	Mind in partnership with Relate	Targeted support for LAC and their carers.	CCC: £185k
Tier 3: Specialist interventions for severe mental health issues				
CRCCG	**Specialist CAMHS**	CWPT	Specialist support for children with more complex mental health needs	£3.6m

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

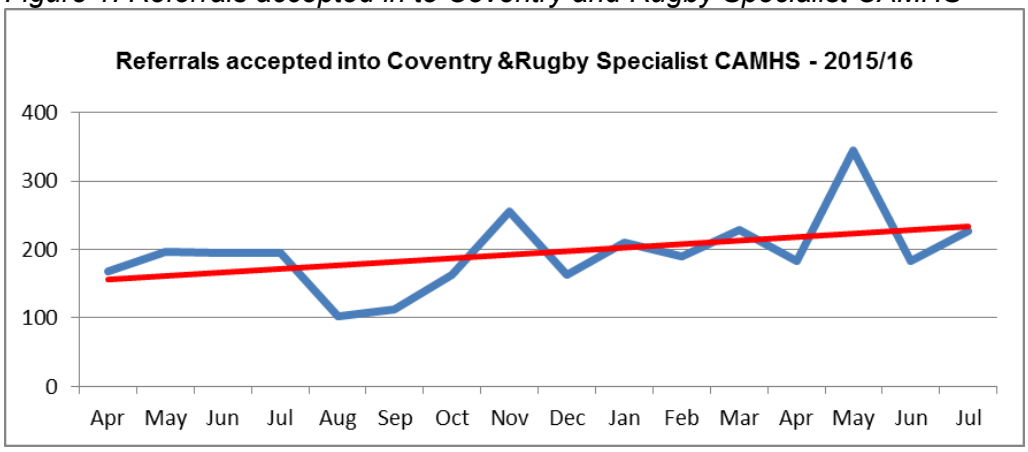
4.3 The Department of Health and NHS England report 'Future in Mind' (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf sets out the way forward for commissioning and organising mental health services for children. The report identified a range of issues at a national level in relation to difficulties in access, complex commissioning arrangements, limited crisis response support and limited support for vulnerable young people. The 'Future in Mind' report recommended significant changes in how care is delivered, moving away from a tiered model, with Local Authorities and CCG's working together to commission a CAMHS system

5. Performance, Activity and Challenges

Single Point of Entry & interface with referring agencies

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

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



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

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

Journeys (tier 2 service for looked after children)

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

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

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

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

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

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

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

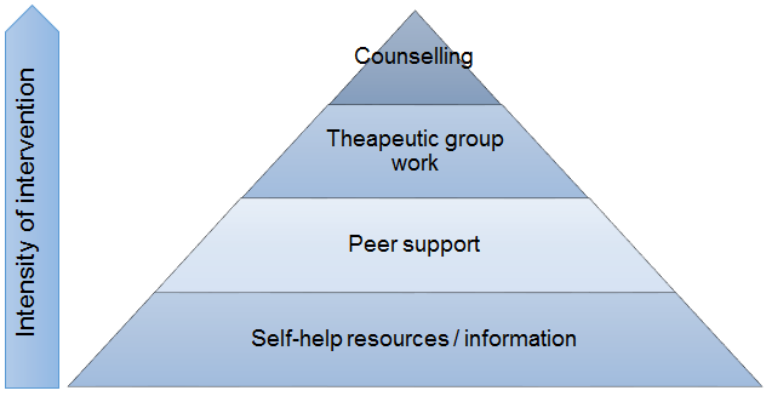
- The mean pre-intervention score was within the abnormal clinical range at 20.50
- The post intervention score was 14.17 which is within the normal clinical range and amounts to an average percentage improvement of 31%.

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

Reach (Tier 2)

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

Figure 2. Reach Service model



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

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

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

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

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

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

Specialist CAMHS (tier 3)

5.14 An overview CWPT update is available in appendix 1.

5.15 The Specialist CAMHS Service, commissioned by CRCCG provides a range of therapeutic interventions and support to children and young people with moderate to severe mental health and emotional wellbeing needs. Support is provided using a broad variety of interventions including assessment, formulation and treatment planning, individual, group and family interventions, mental health psychometric test training and supervision.

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

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

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

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

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

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

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

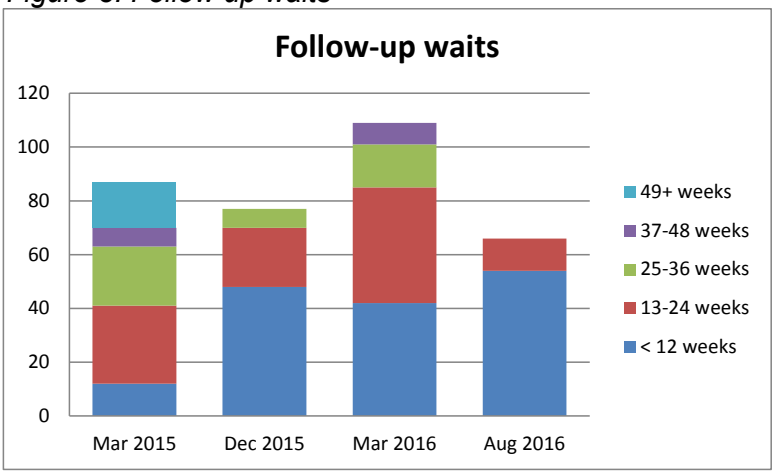
5.20 The nationally-driven Children & Young People's Improving Access to Psychological Therapies (CYP IAPT) programme has a key role to play in the government's ambitions to transform existing services and local health economies, in respect of improved access and waiting times, reduced numbers of children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

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

5.21 The key challenges facing the specialist CAMHS service are:

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

Figure 3. Follow up waits



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

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

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

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

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

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

Table 4. Overview of July 2016 CQC ratings

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

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

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

5.25 However challenges identified were:

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

5.26 The following key CQC improvement actions are underway:

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

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

6 Autistic Spectrum Disorder

Background

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

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

Prevalence & Demand

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

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

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

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

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

[1] www.nice.org.uk

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

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

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

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

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

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

7 CAMHS Transformation Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Commissioning Decisions

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

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

Coventry Service

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

Rugby Service

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

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

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

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

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
1. Strengthening mental health support to children and young people in school	• Enable young people to access age appropriate support in school, community and home based settings • Have implemented an anti-stigma programme within schools & community • Providing evidenced based practice and training to aid early identification of mental health and emotional wellbeing needs	1. Publish an early intervention training package – April 2016 2. Implement an enhanced primary mental health offer for the 2016-2017 academic year 3. Undertake needs assessment and options analysis for a more integrated approach with other early help and targeted services - January 2017	1. Self-harm workshops delivered to 102 participants. Wider training package developed for 16-17 academic year. 2. Revised primary mental health offer to be presented to CRCCG Clinical Development Group in September 2016 to secure release of additional funds and enable implementation to commence 3. Not due.	• TBC when new specification agreed.	
2. Reducing waiting times for access to mental health and emotional wellbeing services	• Provide timely age appropriate access and support to children and young people at times and locations to suit them • A single service, without tiers to enable children, young people and young people to access support from one place • Support young people from wide range of backgrounds with varying levels including those with learning disabilities, language barriers and visual / hearing impairments to receive access tailored to meet their individual needs	1. Young people wait no longer than 12 weeks for a follow up appointment – November 2016 2. Clear feedback given to referrers in writing – April 2016 3. Routinely report outcomes – August 2016	1. Funding released by CRCCG Clinical Development Group in May 2016 and KPI set. 2. Audit undertaken – 65% of letters contained clear feedback and signposting. Training with SPE clinicians planned. 3. Partially complete - Reach and Journeys routinely reporting.	• Referral to treatment (emergencies) - 100% within 48hrs	N/A – no urgent cases year to date.
				• Referral to treatment (urgent) – 100% within 5 working days	100%
				• Referral to treatment (routine cases) – 95% of patients within 18 weeks	97.8%
				• 95% of patients being seen for a follow up appointment by 12 weeks - by 1st November 2016	New indicator agreed in July 2016 – 7 young people over 12 weeks as of July 2016

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

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
5. Develop support for vulnerable young people with mental health and emotional wellbeing needs	• Increase the resilience of the most vulnerable young people in the city and their carers, and provide them with access to early help and dedicated resource • Fewer vulnerable young people requiring inpatient services, by enabling them to access the right level of support by skilled professionals at times and locations to suit them • Reduce the health inequalities by ensuring services are tailored and adapted to meet the needs of a diverse population, increases reach, accessibility and promotes services to capture hard to reach groups of young people • Professionals supporting vulnerable young people will have increase awareness to aid early identification	1. Review the Journeys service and develop an integrated LAC specification – May 2016 2. Implement a single integrated CAMHS LAC service – October 2016 3. Commence phased co-location of CAMHS LAC with the local authority – October 2016	1. Complete. Negotiation taking place with CWPT & Mind. 2. £66k funding released by CRCCG Clinical Development Group in August 2016 3. Initial project meeting held to agree implementation plan.	• Referral to treatment (LAC) – 100% within 4 weeks	31.96 % *(100% - where the referral flags the child as LAC)*
6. Enabling access to support through technology	• To provide effective access, support and age appropriate information to children, young people, families and professionals virtually to help remove barriers to access • Information will be adapted to meet the diverse needs of individuals, including those with learning disabilities and where English is a second language • Reduce stigma attached to mental health and emotional wellbeing by improved communication and health promotion	On hold until 2017/2018.			

Priority	Objectives to be met by 2020	2016 -2017 Milestones	Progress	Key Performance Indicator	Current Performance (July 16 unless stated)
7. Implementation of a community based eating disorder service	• For young people to receive support to services close to home and within the community based on meeting their individual needs • Greater awareness amongst early intervention, prevention and universal services in the early identification of eating disorders and greater support provided to prevent needs from escalating • Increased resilience amongst young people and their families	1. Recruit 1.5 dieticians, 3 family therapists, 1 mental health worker to provide group and family support 2. Implement a community based eating disorder service that meets the Access and Waiting Time standards – December 2016	1. Recruited to clinical nurse specialist, clinical psychologist and dietician. 2. £228k funding approved at August 2016 CRCCG Clinical Development Group meeting subject to the service being agreed as a joint service by other Warwickshire CCG's	TBC	

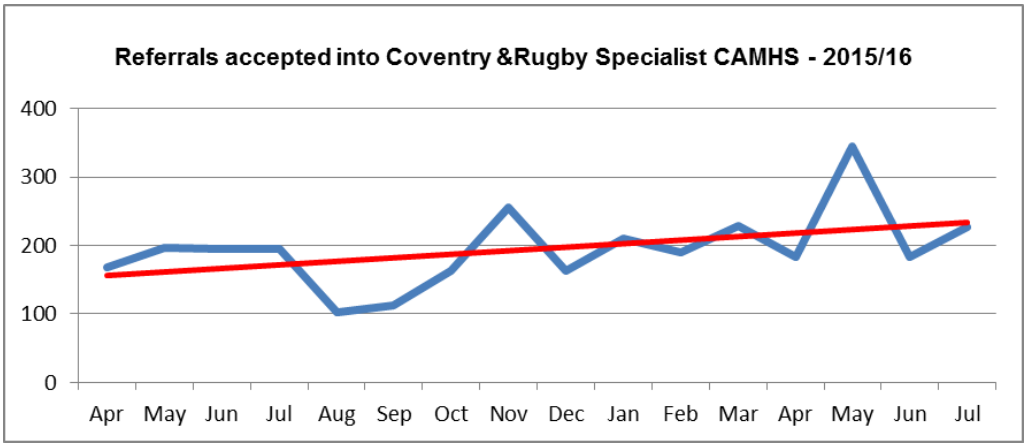
Report Author:
Alan Butler, Joint Commissioning Manager, Coventry and Rugby CCG/ Coventry City Council

Contributors:
Matt Gilks - Director of Commissioning, Coventry and Rugby CCG,
Jed Francique - Associate Director of Operations (Child and Family Services), CWPT,
Jane Craig - CAMHS Programme Manager, Coventry and Rugby CCG/ Coventry City Council

APPENDIX 1: COVENTRY & WARWICKSHIRE PARTNERSHIP TRUST UPDATE

1. Key Performance Indicators and Waiting Times

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

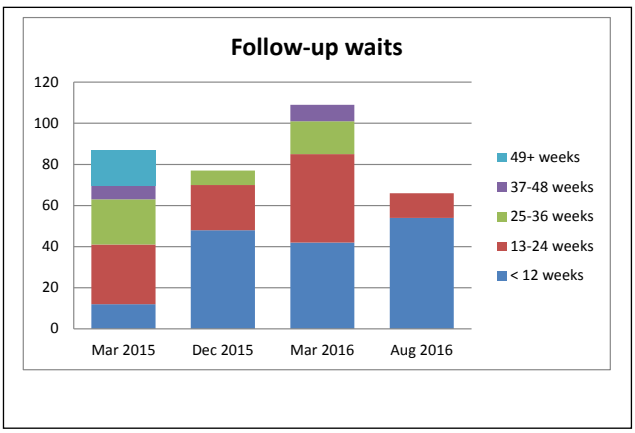


1.2 Response Times: Contractual targets are met for 1st appointment access times for urgent and routine assessments – see below.

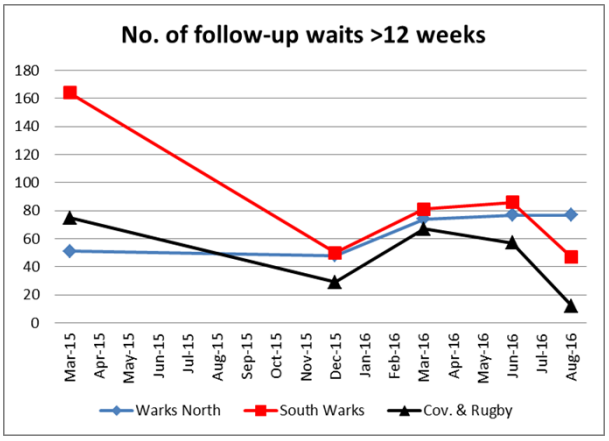
	URGENT ASSESSMENTS				ROUTINE ASSESSMENTS			
2016	**<5 days**	**%**	**>5 days**	**%**	**<18 wks**	**%**	**<26 wks**	**%**
April	**5**	100%	0	0%	142	97.9%	0	0%
May	**6**	100%	0	0%	148	98.7%	2	100%
June	**4**	100%	0	0%	158	98.8%	0	0%
July	**2**	100%	0	0%	134	97.8%	3	100%

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

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



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



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

2. Self- harm assessments at UHCW

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

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

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

3. CQC inspection feedback & response

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

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

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

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

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

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4. Partnership between CWPT and Coventry & Warwickshire Mind:

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

Key areas of work include:

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

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5. Other developments & improvements

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

Jed Francique & Mandy Whateley, CWPT
September 2016