
To: Coventry Health Overview & Scrutiny Committee

From:

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

Subject: CAMHS Update Report

Date: 31st January 2018

EXECUTIVE SUMMARY

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

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

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

The key next steps for the CAMHS programme are:

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

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

1. PURPOSE

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

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

2. BACKGROUND

2.1 Mental health in the population

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

2.2 The tiers of the CAMHS system

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

Table 1: Mental Health and Emotional Wellbeing services in Coventry

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

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

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

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

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

2.3 National & Local Policy context

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

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

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

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

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

3. CQC INSPECTION

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

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

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

3.3 Thematic feedback

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

3.3.1 Are services Safe? Key points included –

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

3.3.2 Are services effective? Key points included –

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

3.3.3 Are services Caring? Key points included –

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

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

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

3.3.5 Are services well-led? Key points included –

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

3.4 Action – current & planned

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

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

4. CAMHS TRANSFORMATION PROGRAMME YEAR 2 – PROGRESS

4.1 Year 2 priorities were:

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

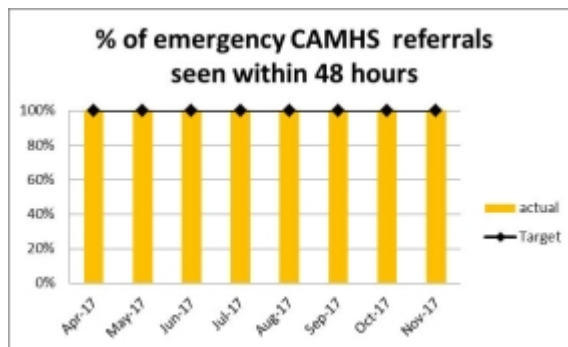
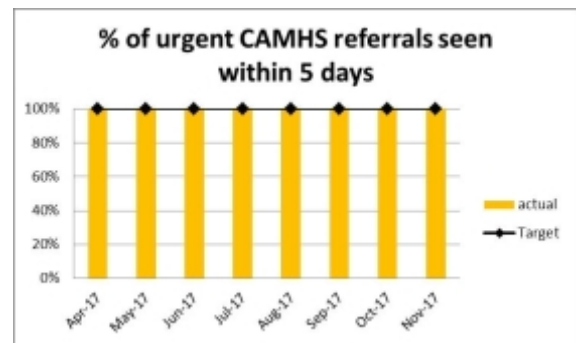
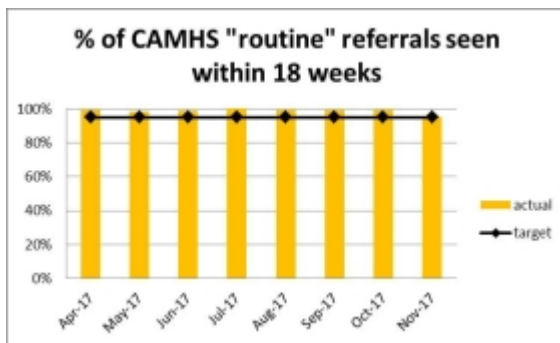
- f) Enhancing access and support through the utilisation of technology.
- g) Implementation of a dedicated community based Eating Disorder Service.

4.2 Reducing CAMHS Waiting Times

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

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

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



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

Table 2 – CAMHS follow up waits as at 29.12.17

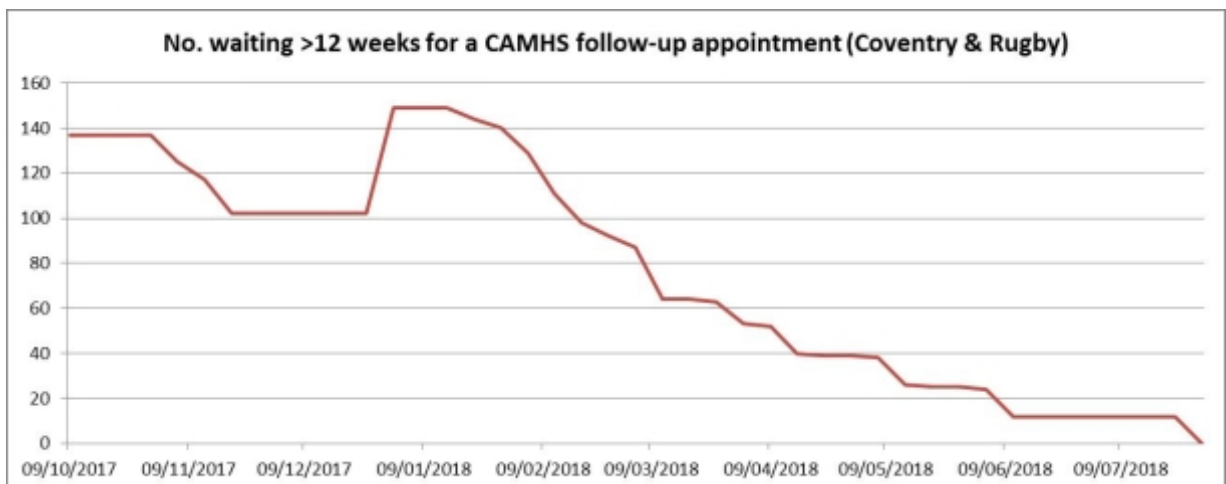
Timeframe	Coventry & Rugby – numbers waiting
0-12 Weeks	41
13-24 Weeks	54
25-36 Weeks	53
37-48 Weeks	28
49+ Weeks	14
Grand Total	190

4.2.4 The most significant waits relate to attachment and anxiety.

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

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

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



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

4.3. Work with Schools – Primary Mental Health Service

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

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

The team offers the following:

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

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

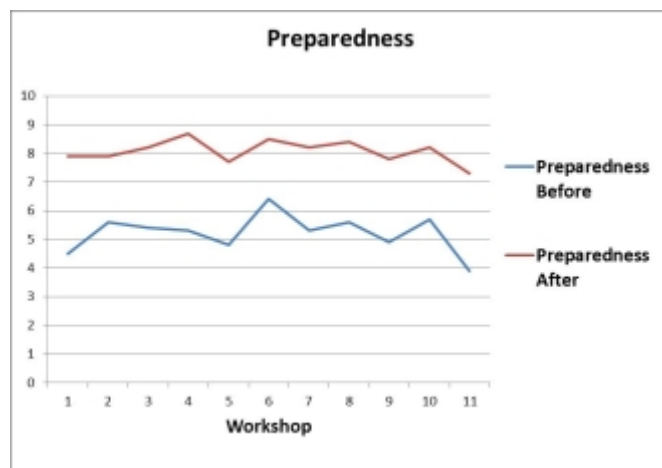
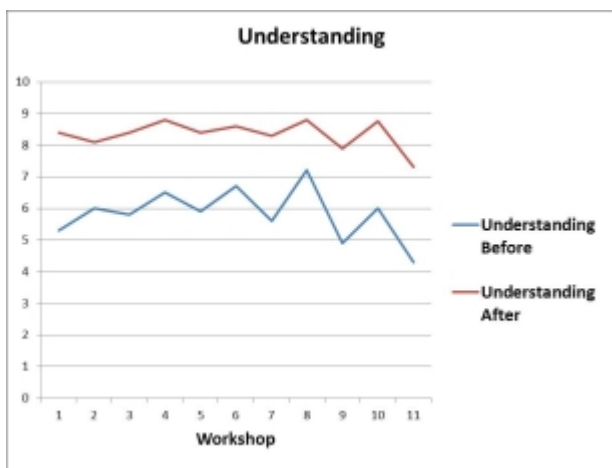
4.3.4 The Family Hubs have been allocated one Primary Mental Health Clinician each and will be offered one half a day per month. This time will be used to offer consultations to professionals, psychological-education sessions for parents and a small element of joint working to support families as a whole,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

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

Table 3: Training Workshops (Sept - Dec 2017)

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

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



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

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

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

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

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

4.3.6 Progress Overview of Enhanced Service Provision

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

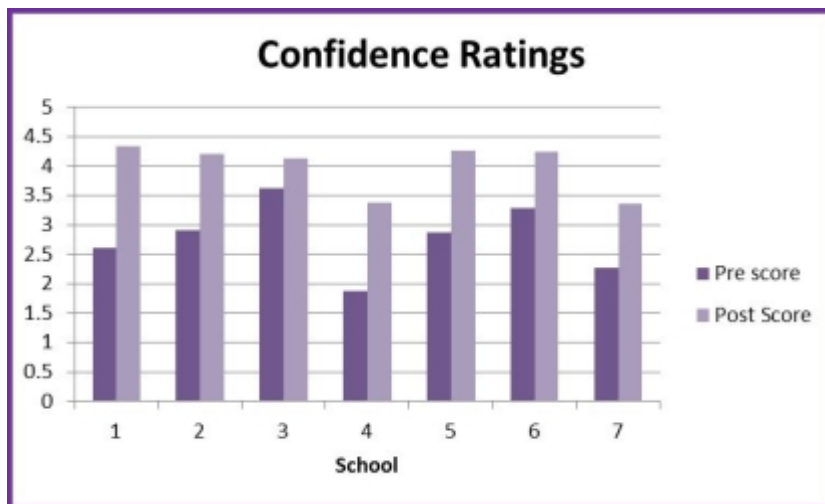
- a) Consultations – a ½ day clinic each week for each of the 7 schools, facilitated by a Primary Mental Health Worker (PMHW), with access to a Clinical Psychologist when required.
- b) A flexible in-house resilience offer including whole school assemblies and small group workshops for pupils, building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

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

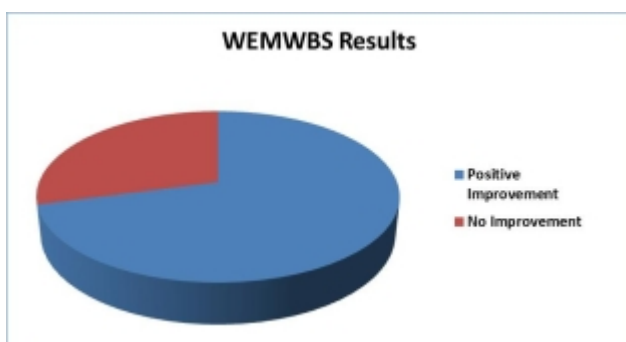
4.3.8 The most successful element of the enhanced service to date is the delivery of the Boomerang Resilience Programme. During the winter term we delivered a total of 25 groups which equates to 184 young people receiving direct intervention. 41 consultations took place with staff members, 9 Psycho-education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

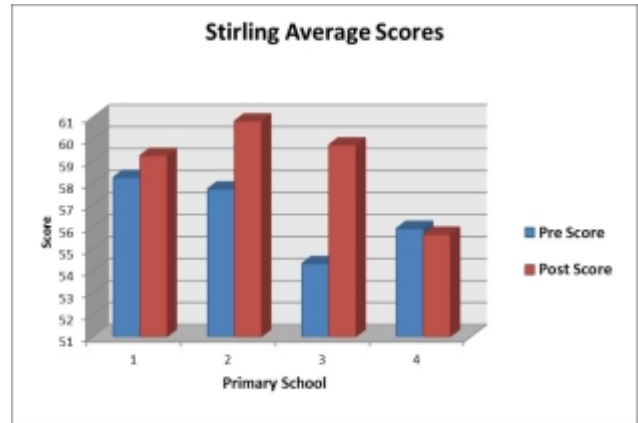
4.3.9 **Evaluation of the enhanced service** – at the start of any intervention in schools, teachers / staff members were asked to complete ratings on their current knowledge and confidence in supporting young people with mental health difficulties. We also asked them to rate their confidence in accessing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

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



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





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

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

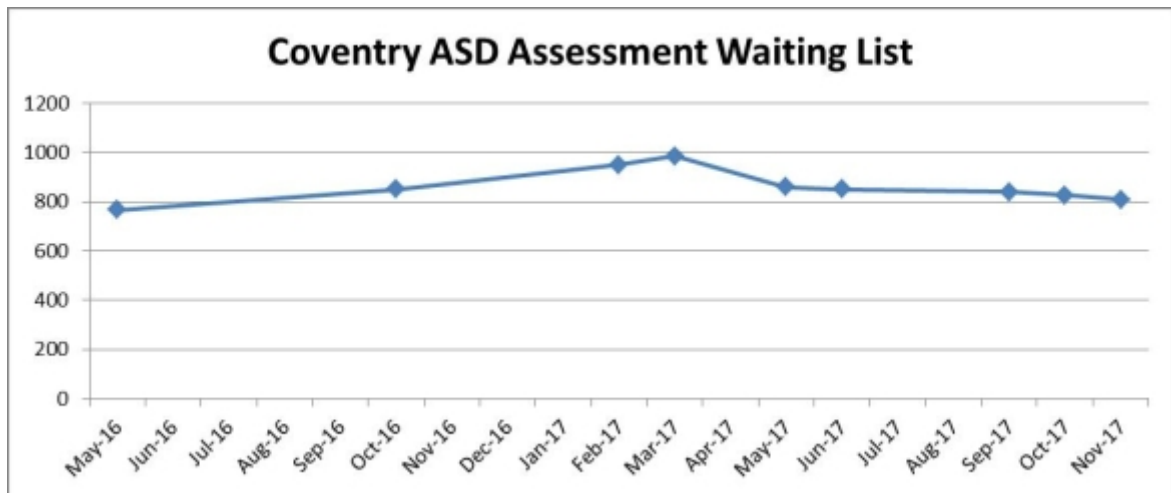
4.4 ASD ASSESSMENTS

4.4.1 **National context:** Waiting times for ASD assessment are a challenge nationally. Research from City University London published in 2015, sampled 1047 parents and found on average there was a delay of around **3.5 years** from the point at which parents first approach a health professional with their concerns to the confirmation of an autism diagnosis.

4.4.2 The local picture is below:

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

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



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

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

4.4.4 The issues have been progressed through the following activity:

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

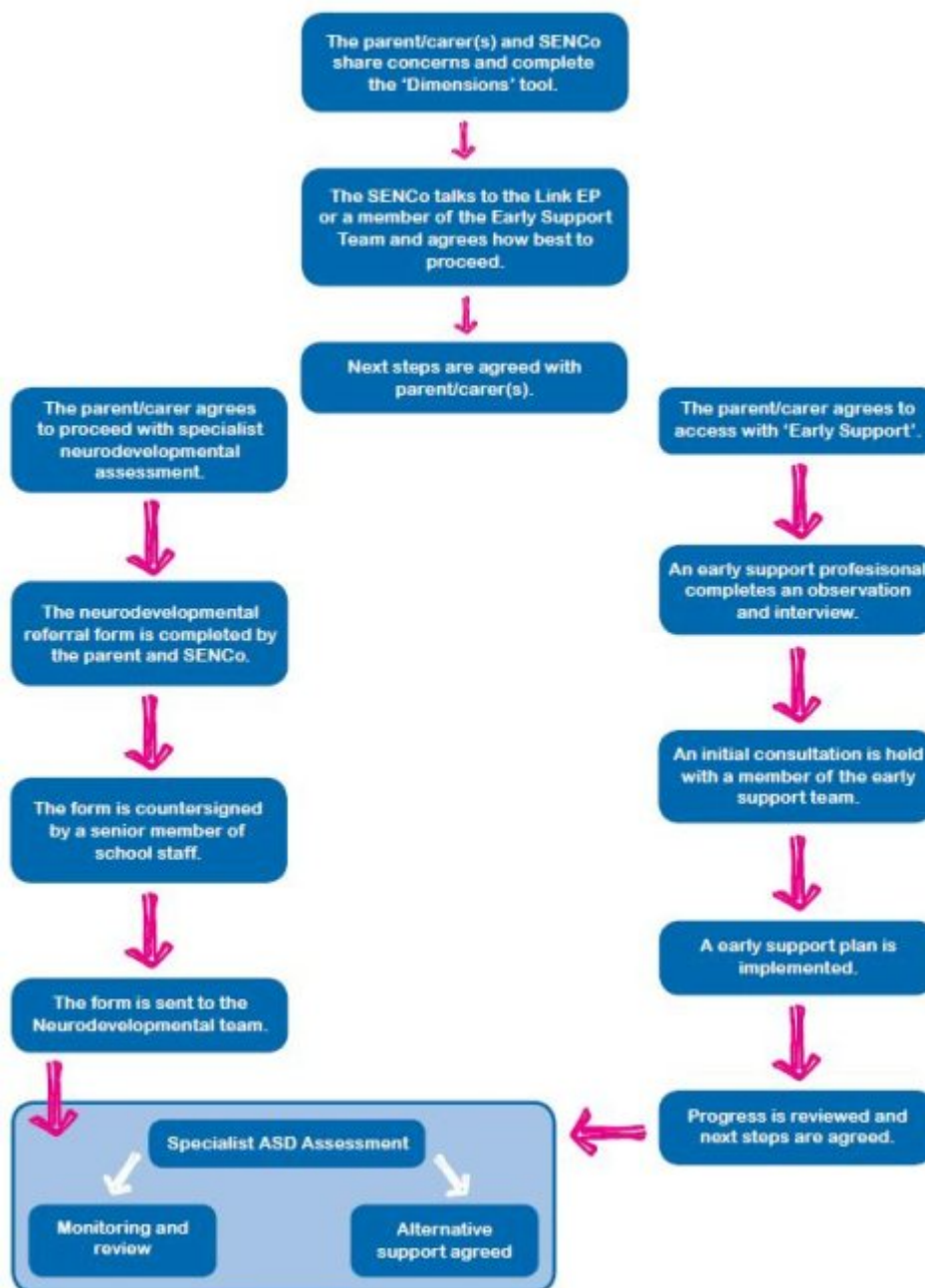
4.4.5 The key features of the new pathway are:

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

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

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

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



4.5 SELF HARM

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

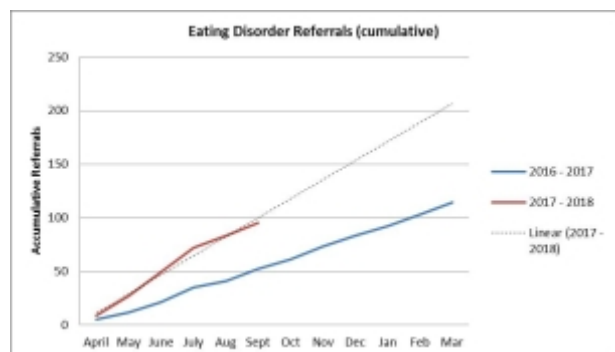
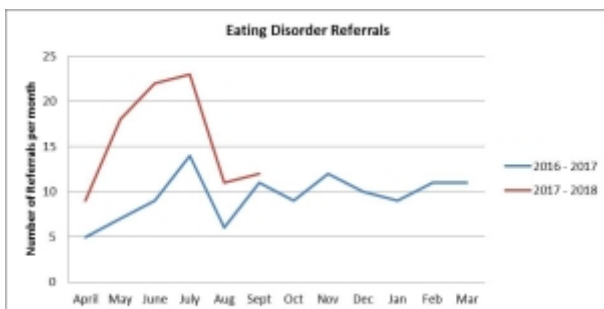
Table 7: reasons for referral / admission

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

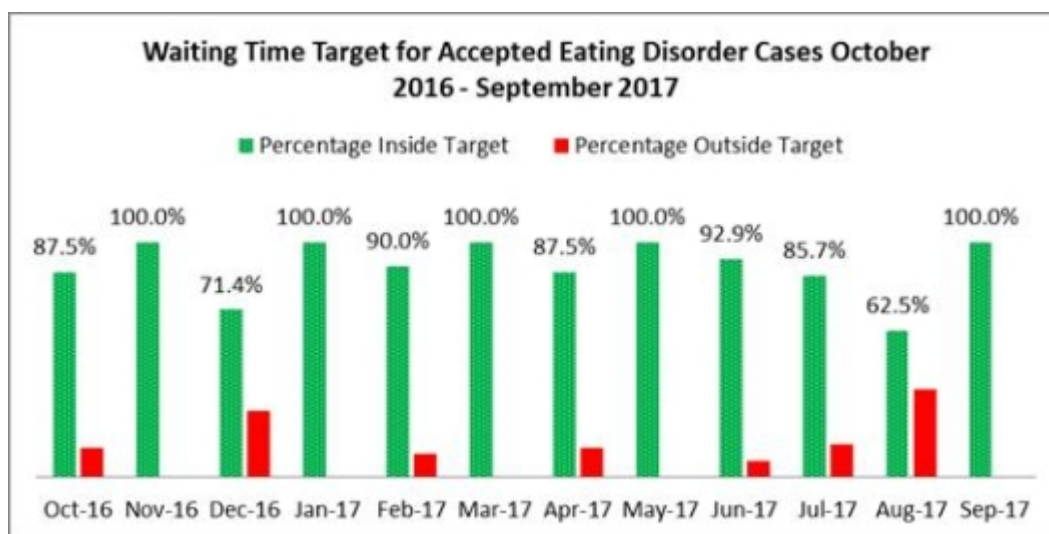
- 4.5.3 UHCW has experienced significant pressures due to complex cases often linked to waits for Tier 4 beds, which are beyond the remit of CWPT’s Acute Liaison Team (ALT). Discussions have been taking place between Commissioners, CWPT, the acute sector to consider action that might assist the management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

4.6 EATING DISORDERS

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



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



4.7 SUPPORT FOR LOOKED AFTER CHILDREN

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

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

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

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

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

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

4.7.5 Office & delivery locations: The CAMHS LAC team has developed close working relationships with Coventry Social Care LAC and Care leaver's teams to support the LAC population of Coventry City where an emotional wellbeing and mental health need require assessment and intervention. Initially, the team was based at Logan Road to try to maximise the benefits of co-location, but with its closure, interim accommodation arrangements have been put in place involving co-location with CWPT CAMHS Coventry Team at the Paybody Building. Therapy sessions and assessments are respectively delivered from CW Mind accommodation in Far Gosford Street, some children centres and the City of Coventry Community Health Centre (where appropriate).

4.7.6 The team is working closely with Commissioning colleagues and Social Care colleagues to agree future office accommodation, including joint planning for the future utilisation of Broadgate House.

4.7.7 The CAMHS LAC team work within the agreed 20 mile radius of Coventry. This includes face-to-face contacts and consultations for professionals. However, the 20 mile radius does not exclude consultations for Social Workers and / or support to engage the young person with the respective local CAMHS service in the area they are placed within. During consultations, staff encourage Social Workers to discuss possible placement options so that the expertise of the CAMHS LAC team can support informed decision-making on any therapeutic element in the placement being considered.

4.7.8 Key service information including how to refer can be found at <https://www.cwrise.com/lac>

4.7.9 It is important to remember that not all LAC want to be seen by a mental health professional and re tell a story that is often traumatic to them. The CAMHS LAC team hold the specialist skills to work with the carers and professionals that around the child so as to ensure an impact can be made without causing unnecessary distress to that young person.

4.7.10 Service activity: The CAMHS LAC service has a key performance indicator of providing assessments within 4 weeks of referral – commencing when the service was fully staffed. Where the LAC status is specified on the referral form, this 4-week target is consistently being met.

4.7.11 It has been the case that some referrers have not been declaring the LAC status at the point of referral. The lack of this key information has meant that the referral has not been prioritised for a 4-week response in these cases – they have been treated as a “routine” CAMHS referral. In addition, the change to the new clinical system, Carenotes, has had some teething problems linked to the coding of activity and the subsequent extraction of data. The historic data is being refreshed to provide a more accurate picture.

4.7.12 Caseloads – the picture is as follows:

Table 8. CAMHS LAC caseload

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

4.7.13 Length of interventions – the position is as follows:

Table 9. Length of intervention

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

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

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

Table 10 – SDQ ratings

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

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



"Self-reflection. Practical techniques to manage emotions"

"The course has directly improved the way we relate to our son and may have been significant in avoiding a full break down of the relationship"

"An immense amount of insight into understanding and accepting certain behaviour"

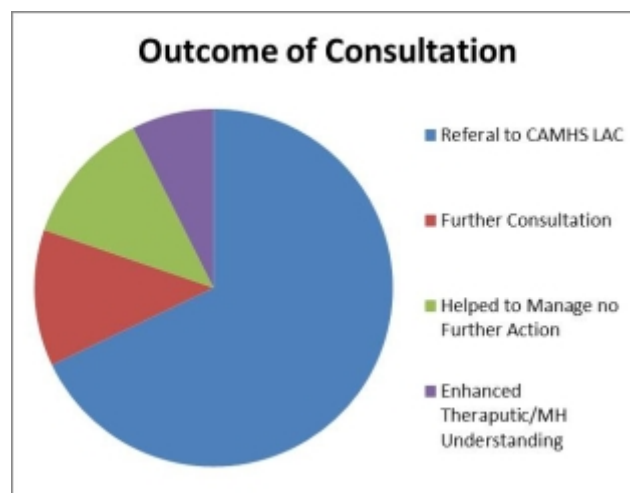
4.7.17 At the end of the training programme, parents and carers are asked to rate the course and are given a ranging scale from very poor to very good. Of the carers who completed evaluations, 90% rated the programme as being either very good or good (75% = good; 15% = very good). No negative comments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

4.7.18 Feedback from social workers and other professionals

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

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

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



4.7.20 In addition, the following specific comments made were:

"The consultation is very positive as it helped me unpicked some areas that I did not think of before the meeting".

"I was very happy with the service and how fast the consultation was arranged."

"Workers were proactive and easy to engage with."

4.8 TECHNOLOGY

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

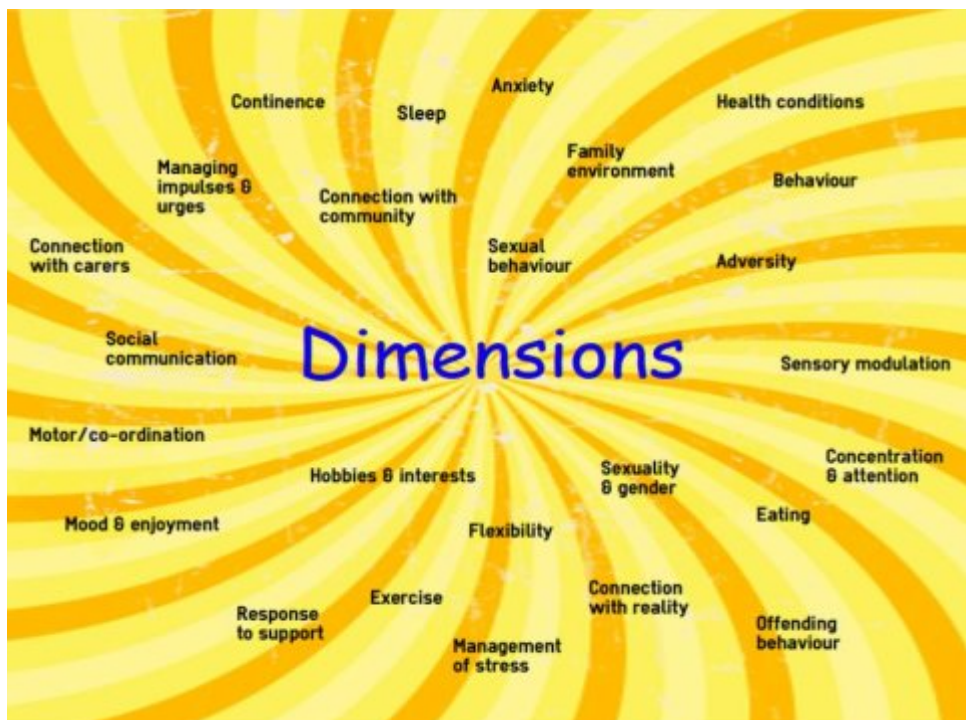
4.8.2 **Dimensions Tool:** The Dimensions Tool is a really positive innovation that has been developed by 2 clinicians in CWPT. It is a multi-functional online tool and app which supports:

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

4.8.3 The Tool supports the following:

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

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



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

5 OUTCOMES & SERVICE USER FEEDBACK

5.1 Experience of Service Questionnaires (ESQs) – Q2

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

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

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

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

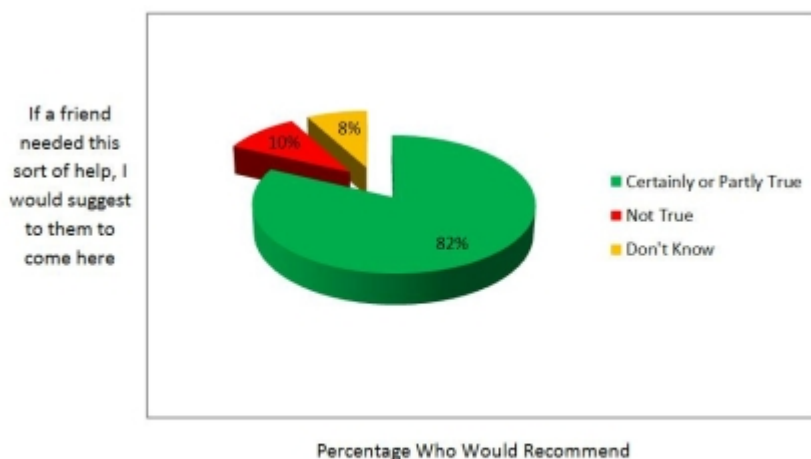


Figure 2

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

Percentages rounded for ease of reading

5.5 Session by Session outcome ratings

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

4 questions asked

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

5.5.2 Each question is subject to the following rating system:

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

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

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

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

6.1 CAMHS Transformation Deliverables year 3, 2017/18

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

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

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