
To: Education and Children's Services Scrutiny Board (2)

Date: 4 April 2019

Subject: Emotional Well-being and Mental Health support to Children and Young People in Coventry

1. Purpose of the Note

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

2. Recommendations

- 2.1. The Education and Children's Services Scrutiny Board (2) are recommended to:

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

3. Context/Background

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

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

alternative to hospital admission. These services are usually commissioned on a regional or national basis by NHS England (NHSE).

- 3.2 Appendix 1 shows the services that are delivered in Coventry and make up the CAMHS system locally.
- 3.3 The specialist tier 3 Child and Adolescent Mental Health service (CAMHS), supports children aged from 0 – 18. This specialist service is funded by Coventry and Rugby Clinical Commissioning Group (CRCCG) and delivered by Coventry and Warwickshire Partnership Trust (CWPT). There are a range of other mental health services in the city, funded by both the City Council and CRCCG. Coventry and Warwickshire Mind is another significant service provider.
- 3.4 In the UK, child and adolescent mental health problems have been a significant concern for successive governments. Problems can have a range of negative impacts on individuals and families which can continue into adult life. Challenges have included a significant increase in demand, which outweighs available capacity and resources. Since 2011, there have been a number of Government strategies, policies and funding initiatives which have aimed to tackle this issue. These include the 2011 mental health strategy, No Health without Mental Health, the Children and Young People's Mental Health and Wellbeing Taskforce 2015 report, Future in Mind, and the 2017 Green Paper on Children and Young People's Mental Health.
- 3.5 Since 2015, the government has increased NHS funding nationally to support mental health for children and young people through the CAMHS Transformation Fund. This has led to the establishment of a multi-agency CAMHS Transformation Board led by the CRCCG, and the development of a CAMHS Transformation plan. The plan is designed to drive improvements across the CAMHS system locally, and is refreshed and signed off annually by NHS England. The NHS 10 year plan published in January 2019 made reference to expanding children and young people's mental health services and committed to the following:
- Improved early intervention/prevention
 - An increased digital offer
 - Mental health funding for children and young people will rise faster than overall funding
 - Mental health support embedded within schools and colleges (this service is funded by central government from the Public Health grant with funding over the next 5 years being decided in the next spending review)
 - Crisis and home treatment functions
 - Reduced waiting times for children and young people with Autistic Spectrum Disorder (ASD)
- 3.6 To support the above, the NHS 10-year plan commits a ring-fenced local investment fund worth at least £2.3 billion a year nationally by 2023/24 for both adults' and children's mental health services. This investment is a recognition from government the need to invest into mental health support, and clearly evidences a national concern, with the increase prevalence of children and young people experiencing mental health conditions.
- 3.7 The local CAMHS Transformation Plan has made progress over the first three years in relation to the following:
- a. Improved service responsiveness by CWPT's specialist services – maintaining referral to treatment waiting times, with strengthened waiting list management arrangements (which involve close working with Commissioners) and reduced time for those waiting for their first follow-up appointment.
 - b. Implementing the new ASD pathway for school-aged children.

- c. The ongoing development of the Dimensions Tool, which provides an on-line resource to help parents and professionals gauge a child or young person's emotional well-being and signpost them to appropriate help.
- d. Delivery of support in schools particularly through the enhanced Primary Mental Health Offer and the positive outcomes this has achieved.
- e. Launch of an integrated CAMHS Looked after Children (LAC) Service, with consultation and advice to social workers.
- f. Establishment and on-going development of the community eating disorders service and the implementation of access and treatment target timescales.
- g. Sourcing additional clinical capacity via an independent provider to offset recruitment challenges.
- h. Launch of a new website, plus utilisation of social media (Instagram, Facebook and Twitter).
- i. Positive feedback from service users in many areas via the Experience of Service User Questionnaires, as well as feedback on CAMHS LAC and Primary Mental Health Services.
- j. Enhancement of the response for children and young people in crisis, including the creation and expansion of the Acute Liaison Team.

4. What are we concerned about?

- 4.1. The national picture is reflected in Coventry, where the same increases in demand are being experienced, alongside difficulties in recruiting staff. So far in 2018/19 there has already been an increase in referrals to the specialist tier 3 CAMHS service of 66% compared with 2017/18, and this is estimated to rise further to 81% by the end of this financial year. A graph showing this data can be found at Appendix 2.
- 4.2 The responsiveness of the specialist service has continued to improve – highlighted by the Care Quality Commission's (CQC) 'Good' rating for responsiveness in December 2018. A key local target is to maintain an average 'referral to treatment' waiting time of 18 weeks (it should be noted that the national target is 26 weeks). Since January 2018, the average wait for a routine first appointment has been fairly stable at 6.8 weeks. As at February 2019, 50% of Coventry children waiting for their first follow-up specialist appointment waited less than 12 weeks. Given the demand pressures, concerns about waiting times inevitably remain. Between August 2017 and November 2018 the number of children and young people waiting over 36 weeks for a follow up appointment reduced from 15 to 6 (4 in Coventry and 2 in Rugby). February 2018 has seen a further reduction with only 3 children and young people waiting more than 37 weeks.
- 4.3 In November 2018, CWPT established fortnightly waiting list management meetings, which provide detailed understanding of young people who are waiting, including those young people who are waiting over 37 weeks - how long the children have been waiting, what interventions they are waiting for, and what involvement and support there has been with them whilst they are waiting for intervention. The service also identifies which children and young people have the potential to move into a wait over 49 weeks. CWPT are looking at what is available in the wider system, including the third sector and other providers, such as Healios (a digital healthcare technology company), to provide interventions and increase capacity.
- 4.4 CWPT are able provide data on waiting times across each of their pathways showing where in the system there are bottlenecks and delays. It can be seen that these delays are typically for children and young people requiring more specialist interventions where there is less staffing resource or where there are challenges to recruit to required skills such as psychotherapy and family therapy.

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

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

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

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

5. What is working well?

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

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

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

5.2. The provision of nurturing environments within the school system is therefore the starting point in satisfying school responsibilities. The report on Social, Emotional and Mental Health in Schools presented to Scrutiny Board 2 by a Task and Finish Group on 29 November 2018,

identified many examples of good practice across both the primary and secondary sector. This report exemplifies some common areas of practice across the area as follows:

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

Between spring and summer term 2018, there was a net improvement in attendance of 1% across all Thrive schools. The largest increase was 5.6% at Hearsall, and in Longford Park, where almost half the pupils were based, attendance increased by 1.9% points. Whilst Thrive is measurably effective, it demands an ongoing investment from schools of around £6000 per annum to sustain the training commitments required for Thrive accreditation, which is subject to copyright. The fact that more than half of the targeted schools continue to prioritise this as a whole school strategy, is testament to the partnership commitment to educate the whole child.

- b) **ACES (Adverse Child Experience Survey):** Secondary colleagues have begun to evaluate the ACES (Adverse Child Experience Survey) research in order to consider how it could support their work. A working group will consider this in the light of advancing the Primary Thrive work and building a coherent informed response to needs in secondary school for vulnerable young people. This also includes initiatives around transition and is funded by the schools.
- c) **Primary Mental Health in Schools roll out:** CWPT has been commissioned by the CRCCG to provide targeted support across all primary schools to increase capacity and skill base to support children with mental health difficulties. The programme targets six schools over a one-term period. Schools report that the programme has had a positive impact on both staff and pupils.
- d) **Specialist Services:** The Local Authority offer a range of specialist services to schools on a traded basis. These include:
- **Educational Psychology (including Clinical Psychology):** The Educational Psychology Service (EPS) provides an assessment, advice, training and intervention service for all areas of need. Social, emotional and mental health difficulties has a high prevalence in terms of referrals. The psychology assessment enables practitioners and families to understand if there is an underlying cause or contributing factor to the young person's presenting mental health difficulties. The assessments will identify any underlying learning difficulties. Dyslexia, social communication difficulties (speech and language and autism spectrum conditions) and general learning difficulties are commonly identified. In response to the rising demand for mental health support, the LA has begun an expansion of the EP service to include Clinical Psychology, creating an integrated Psychology team.
 - Educational Psychology also offer a critical response to major incidents impacting on children and young people attending schools within the City. This provides immediate support in incidences such as a child death, enabling children and young people (and

staff) to express their emotions and begin the journey of coming to terms with their experience.

- The Social Emotional and Learning Team (SEML) and Complex Communication Team(ASC) provide a range of training, assessment, intervention and support for schools and individual children and young people. This includes building emotional resilience, providing coping strategies and self-regulation. This service is fully subscribed and the offer is now being extended to include for example yoga for ASC (specialist intervention).
- e) **School Partnerships**: Coventry's strong partnership with schools is evident through the outcomes of the Primary Inclusion Group. The group comprises of primary Head teachers and local authority officers working in partnership to develop inclusive practice across the City. The work includes:
- A Primary Behaviour Pathway – this is an agreed framework of support and intervention that guides schools through a graduated response to behaviour support from universal (available to all) through to targeted specialist intervention. The pathway sets out the range of services available to schools, which includes local authority traded interventions and provision.
 - The Dimensions tool – is a health led initiative that enables parents and practitioners to identify presenting difficulties and thereby be signposted to self-help resources or referral pathways for specialist intervention when appropriate.
 - The Lancaster Model – is a health led survey, which will be conducted in schools at Years reception, 6 and 9. It provides an analysis at a whole school as well as individual child level, giving the opportunity for planned intervention as well as reactive support
 - The local authority is currently working in partnership with schools, to deliver a project to encourage daily physical activity for all pupils, using the year of wellbeing and the City's UK European City of Sport status as the contextual backdrop to more specialised projects.

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

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

6. What are the next steps?

6.1. Recent discussion at the Children and Young People Partnership Board underlined the need to view mental health services as a system, and to understand the interrelationships between the

tiers. This will be taken forward by the CAMHS Transformation Board, which is currently undergoing a refresh. The

- 6.2. Commissioners and providers need to undertake further work together to fully understand the capacity and demand gaps in services. The refreshed CAMHS Transformation Board will oversee the mapping and harnessing of support available in the wider system, including the third sector.
- 6.3. Continue the work of the Primary Mental Health Service which has undertaken a rolling programme to up skill and build capacity in the wider workforce through training and consultation. In schools the Primary Mental Health Team offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about.
- 6.4. Continue to support the development and roll-out of the Dimensions Tool includes ongoing development and engagement work across key stakeholders. The leaflet and video content is being updated and the roll out of Dimensions Champions has progressed. A new GP Infographic is available on the tool and is being distributed to GP's across localities. CWPT are also embedding the use of the Dimensions tool within the service to continue to build a detailed picture of ratings against key domains indicating strengths and difficulties.
- 6.5. Testing and evaluation work of the Dimensions tool is ongoing and involves CWPT Internal Audit and Warwick Business School. An initial evaluation report will be ready soon.
- 6.6. Work within the Education Service will focus on monitoring the Lancaster Survey for effectiveness and its impact on children, evaluating the ACES Survey and how this could inform secondary initiatives, ensuring that the Behaviour Pathways is consistently used, supports schools and has enough local authority funded provision to meet need, and expanding the local authority traded services to meet increasing demand.

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Appendix 1: CAMHS Tiers

Appendix 2: Data

Appendix 1

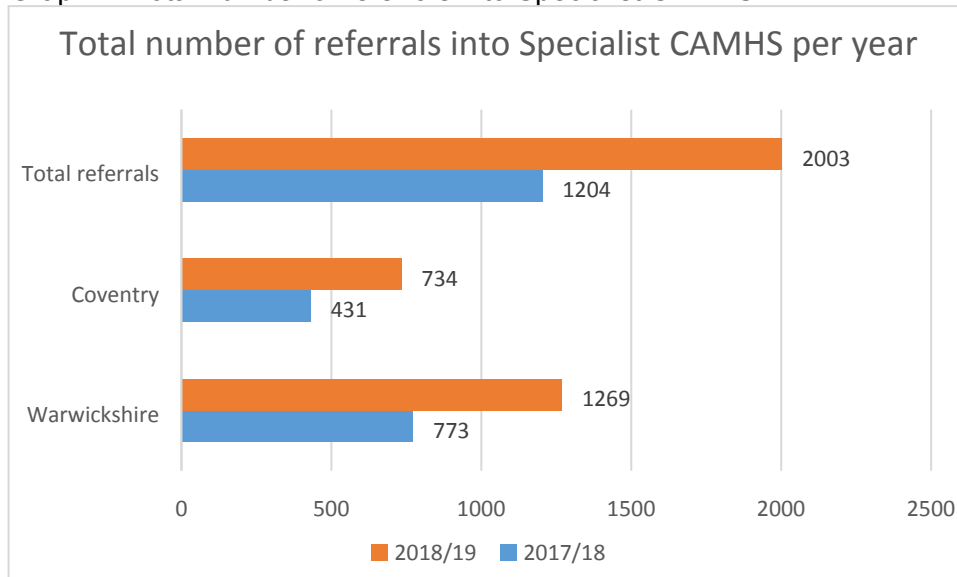
Tier	Description	Service / Provision	Detail of Service offer	Spend for the tier
Tier 1 - Universal Services	Primary mental health support to address low level issues.	Dimensions Tool	<ul style="list-style-type: none"> Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child. Involves a number of questions which are rated to indicate how the child or young person is feeling. The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary. Depending on the young person's score, the tool may signpost on to relevant services. 	<p>N/A</p> <p>This is difficult to cost as it forms part of a universal offer that is embedded across provision</p>
		GPs	<ul style="list-style-type: none"> Support children and young people and their families to complete the Dimensions tool. Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing. 	
		Family Health and Lifestyles Service: School Nurses and health visitors (The Lancaster Model)	<ul style="list-style-type: none"> Support children young people's mental wellbeing within schools Undertake survey for children in reception, years 6 and 9 (which include focus on emotional wellbeing) to support early identification of any health and wellbeing needs. Delivering evidence based approaches and programmes that contribute to improving children and young people's health and wellbeing including. For example, delivery of lessons to support children and young people with anxiety through exam periods 	
		Coventry Young Person's Service (Positive Choices)	<ul style="list-style-type: none"> Early Intervention service to support children and young people who are experiencing difficulties and/or facing risks around: <ul style="list-style-type: none"> ✓ Sexual health ✓ Substance misuse including hidden harm ✓ Difficult relationships with peers (including coercive relationships) Early intervention support with an aim to work with children and young people at a point before they hit crisis. For example, children and young people demonstrating attitudes or behaviours that indicate that they are at risk of misusing substances. Other support includes: <ul style="list-style-type: none"> ✓ Young person's peer mentor programme ✓ Training for professionals ✓ Digital interventions ✓ Deliver interventions / awareness sessions for parents / carers to support a preventative approach around the behavioural strands, signposting onto relevant services. ✓ Provides a secure messaging service which gives access to confidential 1:1 risky attitudes / behaviours advice for children and young people and parents / carers, signposting to other service where relevant. 	
		Young carers assessments	<ul style="list-style-type: none"> Assessing and providing support to children and young people, who are young carers to develop their emotional resilience. Support includes techniques which enable young people to manage and deal with anxiety and stress which arises from being a young carer. 	

		THRIVE – school based programme commissioned through schools	<ul style="list-style-type: none"> • Training programme in schools for teachers to support them to identify emotional and mental health concerns through a child's behaviour. • Early intervention support and action plans are implemented within schools if required. 	
		Coventry City Council - Physical well-being service	<ul style="list-style-type: none"> • Engagement with schools to encourage daily physical activity, to keep children and young people active • Focus on the year of wellbeing and the UK European City of Sport 	
Tier 2 - Targeted	Targeted early intervention services to prevent emerging issues from escalating.	Journeys Service	<ul style="list-style-type: none"> • A dedicated mental health service for LAC provided by CWPT and CW Mind which includes: <ul style="list-style-type: none"> ✓ Case consultations for LAC ✓ Therapeutic interventions for LAC, such as Art Therapy ✓ Training for (foster carers / residential homes), to increase placement stability ✓ Mental health Assessments for LAC (and Carers / Emotional wellbeing?) 	£435k
		Reach Service	<ul style="list-style-type: none"> • A service provided by CW Mind and Relate Counselling that provides: <ul style="list-style-type: none"> ✓ 1:1 counselling support ✓ Group Cognitive Behavioural Therapy (CBT) ✓ Peer Support ✓ Bereavement Support 	
		VIBES	<ul style="list-style-type: none"> • A service provided by CW Mind that provides: <ul style="list-style-type: none"> ✓ Support for children and young people with Autistic Spectrum Disorder (ASD) ✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health 	
		Youth Offending	<ul style="list-style-type: none"> • Two dedicated primary mental health workers from CAMHS integrated with Youth offending service that: <ul style="list-style-type: none"> ✓ Support children and young people with their emotional wellbeing who have offended / going through criminal justice ✓ Support assessing and delivering interventions, to young people receiving out-of-court-disposals, to try and prevent further offending ✓ Offer parenting assessments and services and support and the management of parenting orders ✓ Support children and young people with substance misuse / mental health conditions 	
Tier 3 - Specialist	Specialist services to address moderate to severe mental health needs.	CAMHS Looked after children (LAC)	<ul style="list-style-type: none"> • A dedicated service for LAC provided by CWPT and CW Mind and provides: <ul style="list-style-type: none"> ✓ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy 	£3.96m
		Specialist CAMHS	<ul style="list-style-type: none"> • Service provided by CWPT providing • Specialist mental health diagnosis and treatment for moderate mental health needs. • Specialist ASD diagnosis and treatment • Specialist Eating Disorder (ED) diagnosis and treatment • Specialist Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment • Primary Mental Health Team (PMHT) 	

Tier 3.5 plus	Specialist service to aid prevention of hospital admissions	Acute Liaison Team (ALT)	<ul style="list-style-type: none"> Mental health assessment and triage service for young people presenting at A&E/acute wards at UHCW with a mental health crisis, to determine either admission or refer onto community support 	£1.2m
		Community Support for children with an emergency mental health need	<ul style="list-style-type: none"> Mental health assessment in the community within 48 hours? Supporting young people referred away from A&E by the ALT Community support for two weeks after discharge from A&E/Acute ward UHCW? Intense package of support, with the young person and their family, over a 6 week period (48 hour assessment) 	
		Bespoke Packages	<ul style="list-style-type: none"> Pilot service to support 10 young people in the community who have at risk of mental health crisis, through an individual package to commence from April 2019 	
Tier 4 - Inpatient	In-patient admissions for the most severe presenting needs	Inpatient hospital e.g. Parkview	<ul style="list-style-type: none"> Acute hospital admission for children and young people in CRISIS (NHS England funded) and require medical intervention 	N/A

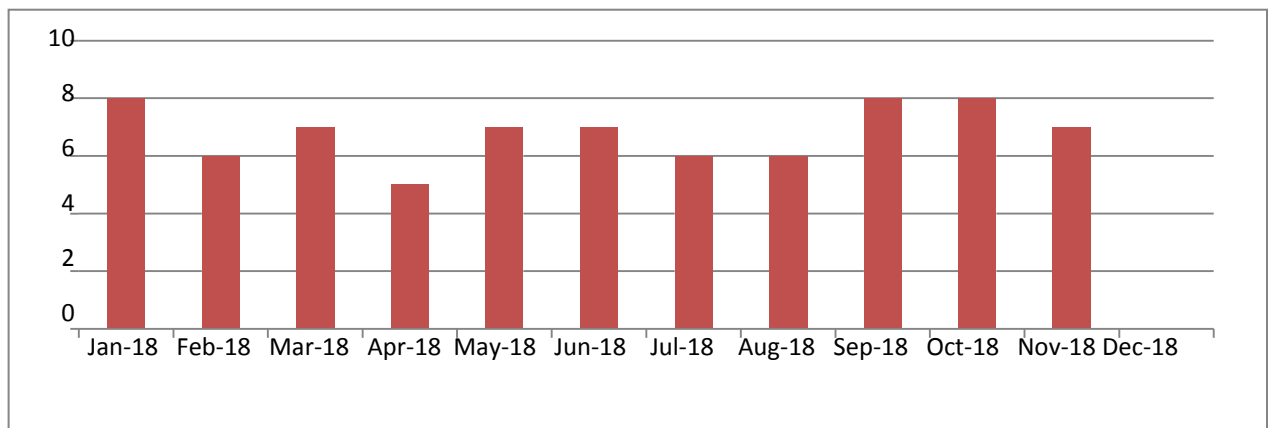
Appendix 2

Graph 1: Total number of referrals into Specialist CAMHS

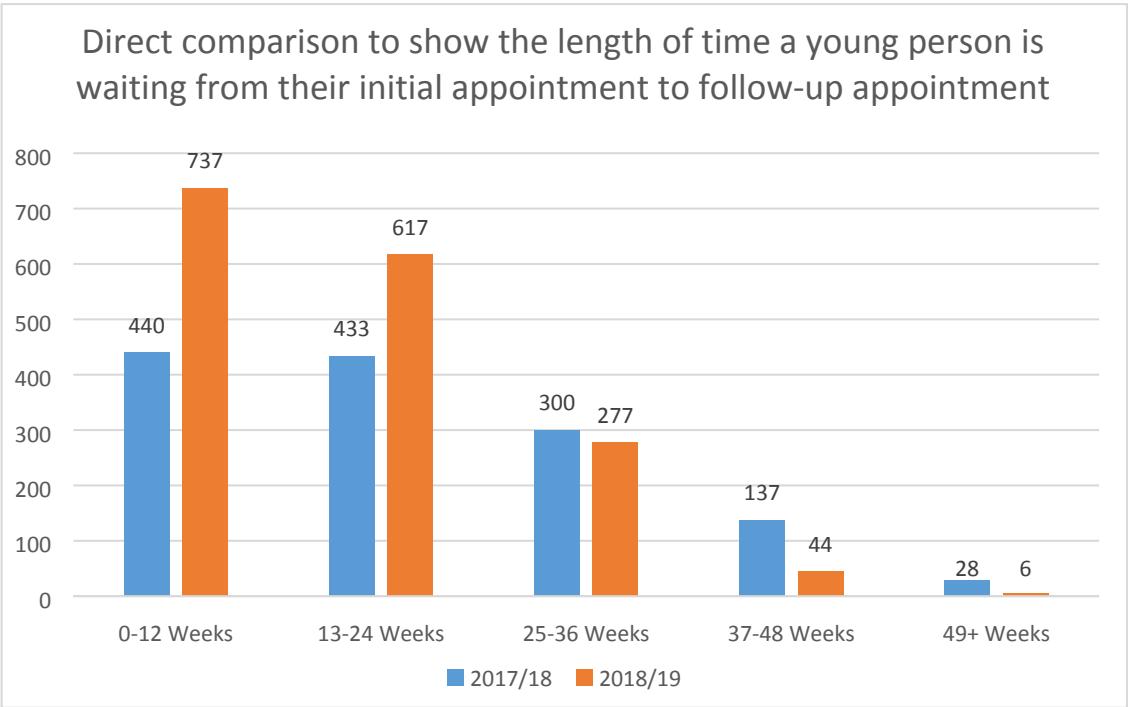


The data for 2018/19 is not a full year effect (April 2018 to February 2019)

Graph 2: Average waiting time in weeks from referral to first appointment

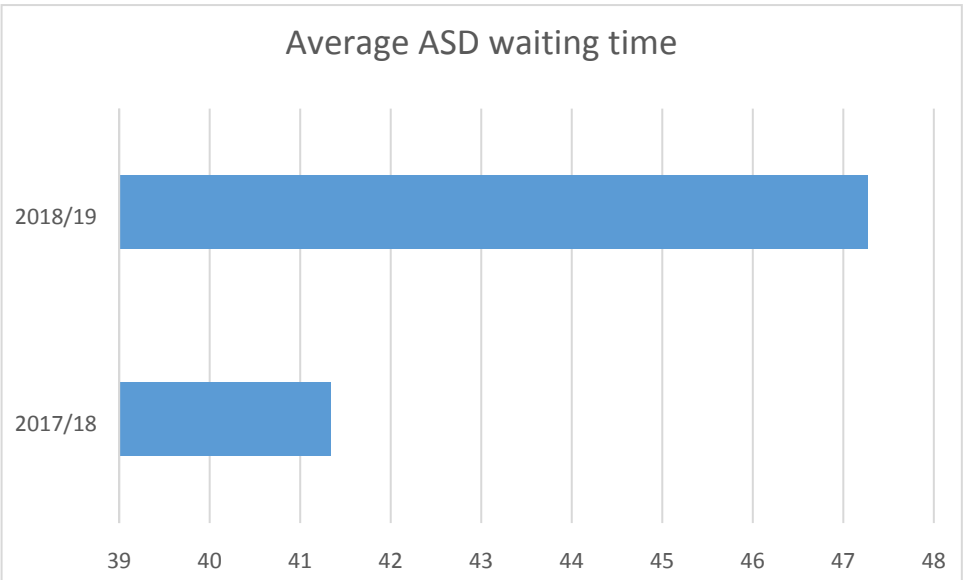


Graph 3: Length of time children and young people are waiting between their initial appointment and follow-up appointment



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

Graph 4: The average waiting time for ASD



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