



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

Refresh: 2022/2023

Updated 31 October 2022

Section Number	Section	Page Number
1	Introduction	3
2	Transparency and coproduction	4
3	Whole system working	8
4	Local need and advancing health equalities	10
5	Wider transformation	12
6	Workforce	23
7	Improving access to services and outcomes	27
8	Young Adults - understanding system progress in 2022/23	28
9	Urgent & Emergency (Crisis) MH Care for CYP	31
10	Eating Disorders	37
11	Children and young people mental health services working with educational settings	41
12	Early Intervention in Psychosis	45
13	CYPMH Digitally enabled care pathways	45
14	Health and Justice	54
15	Glossary	58

1. Introduction

This is Coventry and Warwickshire's local transformation plan (LTP) for improving Children and Young People's Mental Health and Emotional Wellbeing. It sets out how Commissioners, providers and partners across the Coventry and Warwickshire will work together to ensure that services across Coventry and Warwickshire will be developed and improved to meet children and young people's mental health and emotional well-being needs in a range of settings appropriate for them – school, community or hospital.

This plan provides information on mental health provision in Coventry and Warwickshire; the progress made over the last year, the governance arrangements, our ambition for 2022/23 onwards and future activities. In addition to this, it seeks to reinforce the system wide commitment to improving and transforming mental health and wellbeing services for children and young people. It covers the mental health and emotional well-being of children and young people from 0 – 25 to:

- Develop psychologically, socially and intellectually
- Initiate, develop and sustain mutually satisfying personal relationships
- Gain self-esteem and resilience
- Play and learn
- Become aware of others and empathies with them
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

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

Good mental health support for children and young people is characterised by:

- Early identification of mental health needs
- Access to assessment and treatment in a timely manner
- Supporting the person with self-management and recovery
- Recognising the role of the family and carers.

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

- Children and Young People Specialist Mental Health, delivered by Coventry and Warwickshire Partnership Trust (CWPT)
- Mental Health Support Teams (MHSTs)
- Targeted mental health support, through Coventry and Warwickshire Mind (CW Mind); and from December 2022 Compass will be a targeted mental health provided in Coventry, delivering Tier 2 services.
- Universal and preventative support through schools, public health, and local authorities

This plan will be published and made available on the Coventry and Warwickshire Integrated Commissioning Board (ICB) website.

This document reflects the range of services that are available to children and young people but there is a recognition that there is further work need to develop and enhance the local system.

2. Transparency and coproduction

Children and young people's mental health

The oversight, governance, and scrutiny of the Local Transformation Plan (LTP) outlined in figure one below is provided through the Children and Young People's Mental Health and Wellbeing Board (CYPMHB). The CYPMHB have strategic links into the Coventry and Warwickshire Health and Care Partnerships Strategic Board, the CYP Integrated Health and Care Partnership Board, and both Coventry and Warwickshire's Health and Wellbeing Boards.

With the recent introductions of the Integrated Care Boards (ICBs) the CYP Integrated Health and Care Partnership Board is being set up to provide oversight of the children's system across Coventry and Warwickshire.

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



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

In addition to this, annual updates are provided to the two Health and Wellbeing Boards and regular updates to Coventry's Education and Children's Services Scrutiny Board the Warwickshire's Children and Young People's Overview and Scrutiny Committee.

Within the CAMHS system a wide range of consultation, engagement and co-production is done as part of the system development. CW Mind, a voluntary sector mental health charity, seek views of its children and young people they support on a regular basis. This is done via surveys, feedback following interventions, and workshops to help develop and improve its offer. CW Mind also support feedback to help develop the wider system.

Commissioners undertake a range of consultation and engagement to ensure the views of children and young people and their parent / carers are heard and are used to help develop service offers locally, particularly through a recommissioning process. A detailed consultation and engagement event took place in Coventry which has been used to develop and shape the recommissioning of its 'Tier 2' service offer, which has now been concluded. Section 5 'Wider Transformation' will provide further details of this new offer. Other consultation and engagement have taken place as part of the 18-25 work which has incorporated voices of children and young people, their parent / carers and wider professionals. Further information can be found in section 8: Young Adults.

The Rise service, which is delivered primarily by CWPT, in collaboration with CW Mind, are in the process of embedding iWantGreatCare (iWGC). iWGC is an opportunity for parents, carers, children and young people to provide feedback on the service they receive. Individuals are requested to visit the [iWGC website](#) and select the relevant heading to find all the Rise services, then they can give feedback on the one(s) they have engaged with. Feedback will be used to help the system understand gaps and make improvements to services, to ensure the best service as possible is offered to young people and their families and carers.

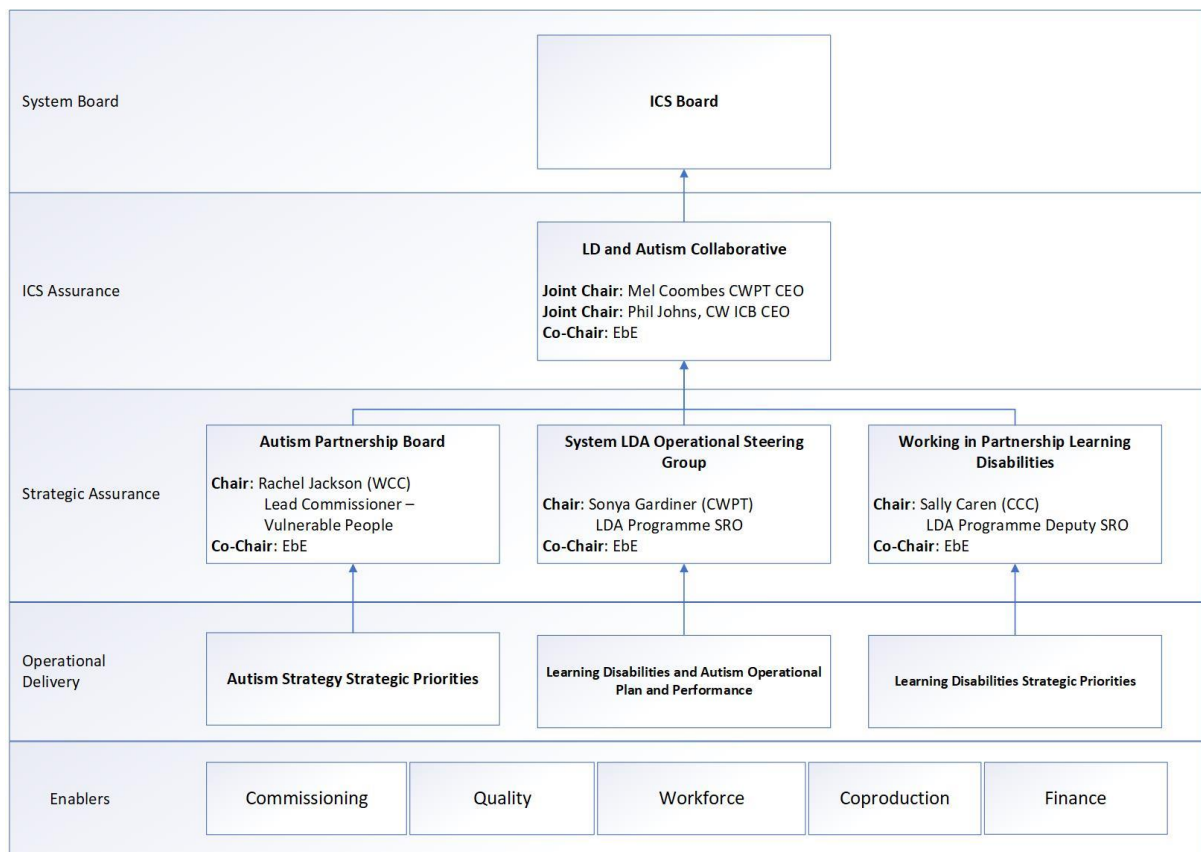
Learning Disabilities and Autism (LDA)

There is a separate governance arrangement in place for Learning Disabilities and Autism (LDA) work that is ongoing across Coventry and Warwickshire. Experts by Experience (EbE) are involved in all layers of the local LDA governance process, from co-chairing the operational delivery level groups to presenting individual stories at the LD and Autism Collaborative meeting as a standing item.

Co-production is recognised as a key enabler for the success of the programme. Work with the local Learning Disabilities and Autism (PCV) and the Third Sector organisation, Grapevine, help to support people with lived experience to participate as equal partners throughout the programme.

Figure 2 below details the governance arrangements for the LDA programme

Figure two: Learning Disabilities and Autism governance



A Joint Strategic Needs Assessment (JSNA) was undertaken in 2019 to inform the development of the Autism Strategy. The strategy and delivery planning are fully informed by Experts by Experience (EbE) reflecting on both their own experience and those within their local networks. Many individuals were enabled to contribute to these processes and have continued to be involved in the associated work that emerged from this.

EbEs are involved throughout the commissioning cycle when opportunities arise to consider new provision. This includes co-production and engagement. EbEs are also involved in the development of service specifications to ensure that service provision is accessible and meet service user needs. EbEs are encouraged to share insight from their wider networks to ensure broad representation. The PCV group has a far-reaching network and mechanisms in place to gather feedback from across its membership.

Involvement of young people and their parents/carers is always sought during evaluation activities. For example, young people were closely involved in the evaluation of the Key Worker Service and their feedback helped to shape the revised service specification. More recently, there are established arrangements for parent/carer EbEs to be members of forthcoming tender evaluation panels.

EbEs are also involved in the steering groups that oversee service delivery for some schemes – for example, the Community Autism Support Service. This has helped to

address issues and develop the provision in line with local need so that support offers, and communication are developed and tailored appropriately.

All Care and Treatment Reviews (CTRs) are attended by an expert adviser who will be someone with lived experience of having a learning disability or autism or a family carer.

Regular contact is maintained with EbEs and there is a generic inbox where feedback and other information can be shared. A first iteration of an information and advice e-booklet has been launched and EbEs have actively encouraged and sought feedback from their wider networks.

Through involvement in the working groups and Boards, such as the Autism Partnership Board, people with lived experience have a platform for sharing feedback. There has recently been a 'Together with Autism Conference' with a further 2 more planned, through which feedback from autistic people and their parents/carers will be used to inform the future delivery.

Finance

In 2021/22, Coventry and Warwickshire ICB funded a combined total of circa £13.7m of mental health services for children and young people.

The spending profile for 2017/18 to 2022/23 is presented in the below tables. The information includes the allocations made to the CCG / ICB for CAMHS transformation.

Coventry funding

Table one: Coventry funding

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
ICB	Core CAMHS	£3,038,000	£3,041,000	£3,041,000	£3,126,000	£4,935,200	£5,830,350
	Tier 2 Services	£0	£0	£0	£0	£115,000	£241,850
Coventry City Council	Tier 2 Services	£413,000	£413,000	£413,000	£413,000	£469,000	£436,600
Total		£3,451,000	£3,454,000	£3,454,000	£3,539,000	£5,519,200	£6,508,800

Warwickshire funding

Table two: Warwickshire funding

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
ICB	Core CAMHS	£3,483,000	£3,507,500	£3,532,000	£3,556,700	£3,581,500	£3,671,200
	Acute admissions	£9,500	£10,000	£9,900	£10,000	£10,000	£10,300
Warwickshire County Council	CAMHS	£757,000	£757,000	£757,000	£757,000	£757,000	£757,000
	Youth Justice Service	£103,000	£103,000	£103,000	£103,000	£103,000	£103,000
Total		£4,352,500	£4,377,500	£4,401,900	£4,426,700	£4,451,500	£4,541,500

Transformation funding

Table three: Transformation funding

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Transformation Funds	£973,000	£1,132,500	£1,585,000	£1,881,000	£1,634,500	£1,705,950
Transformation Eating Disorders	£466,000	£466,000	£466,000	£371,500	£898,000	£937,250
Total	£1,439,000	£1,598,500	£2,051,000	£2,252,500	£2,532,500	£2,643,200

3. Whole system working

The delivery of the LTP ambitions will continue to be supported across Coventry and Warwickshire via the Health Care Partnership (HCP) and the Integrated Care System (ICS) as it emerges and the broader system structure that surrounds this as it develops. The ICB/ICP Plan is currently being developed, which will be shaped by residents' requirements across both Coventry and Warwickshire places. It will also be shaped by key national strategic documents such as the NHS Long-Term Plan. To realise system ambitions around mental health, the premise of a 'mental health collaborative'¹ is being explored which could bring together the key elements of strategy and delivery around mental health and wellbeing across all ages. In addition to this, both Health and Wellbeing Boards have made a commitment to enriching the mental health and wellbeing of children and young people. This is reflected in their current Health and Wellbeing strategies. The Coventry Health and Well-being Strategy 2019 – 2023 continues to be implemented, with children and young people included as one of three strategic priorities which include:

- People are healthier and independent for longer.
- Children and young people fulfil their potential.

¹ <https://www.england.nhs.uk/mental-health/nhs-led-provider-collaboratives/#:~:text=As%20detailed%20in%20the%20NHS,pathway%20for%20their%20local%20population.>

- People live in safe, connected communities.

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

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

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

The key areas of focus in this LTP are driven forward using task / working / steering groups which align to each area of work. For example, Mental Health Support Teams (MHSTs) has its own governance framework with one overarching steering group and two local working groups to cover each geographical area. Each of these thematic focussed groups will bring together partners from other organisations – these will include organisations working on the delivery of services for children and young people's mental health (such as Coventry Warwickshire Partnership Trust) but also other wider system partners such as local authority social care representatives, public health, early help practitioners, education, schools, local voluntary sector partners, participation groups who represent children, young people, parents and carers, health visitors and school nursing. Additionally, in Warwickshire, place-based working means that issues around children and young people's mental health can be discussed at a more local level in placed based health partnerships with local partner organisations working at a much greater community and grassroots level.

Warwickshire County Council is currently leading on a Joint Strategic Needs Assessment (JSNA) for the Mental Health of Infant, Children, and Young People's which will be published in March 2023. This process has involved a whole range of partner organisations and has invited contributions from all stakeholders who work with children and young people generally. As such, it is a wide-ranging piece of work which details the system and services which target work around mental health or compliment it. Strengths and assets of the system will be highlighted through the JSNA with any recommendations helping to identify gaps and issues to focus on for the future.

4. Local need and advancing health equalities

A brief picture of health inequalities in Coventry and Warwickshire

Coventry is a diverse and cohesive city with a relatively young population, with a median age of 32 years compared to the UK average of 40 years. In recent years, the city has experienced an 8.9% growth in its population, from 316,915 in 2011 to 345,300 residents on Census Day 2021. This is higher than the rate in the region (6.2%) or England (6.6%)².

In 2021, just over one-fifth (22%) of the city's population are children and young people aged under 18, 65% are of working-age (18-64), and the remaining 13% are aged 65 and over. The city's population has grown particularly amongst younger adults, alongside the growth and success of the city's two universities in attracting students locally and internationally; as well as better-paid jobs in certain sectors of the local economy. The number of births in Coventry increased in the period from 2001 (3,559) to 2011 (4,801) but has steadily declined to 4,047 in 2020. The number of under-5s has increased from 18,634 in 2001 to 22,395 in 2020³.

Over the past decade, the city has become increasingly ethnically diverse, with just under half of its school-aged population from an ethnic minority background in 2021; up from around one-third of the city's population from an ethnic minority background at the 2011 census. According to the Census 2011, the majority (66.6%) of Coventry's total population is White British, which includes English, Welsh, Scottish, and Northern Irish. This is notably lower than West Midlands region's figures (79.2%) and national figures (79.8%). It means that Coventry has a notably higher percentage of black and minority ethnic population (BME) compared to the national average. The second largest ethnic group in Coventry is Asian/Asian British (16.3%), followed by White Other, which includes White Irish, White Gypsy or Irish Traveller, and White, Other White (7.2%)⁴.

The percentage of Coventry neighbourhoods that are amongst the 10% most deprived in England reduced from 18.5% to 14.4% between 2015 and 2019. Based on this measure, Coventry ranked 64th nationally in 2019 (with 1st being the most deprived), an improvement in ranking from 46th in 2015. The latest available data, for 2020/21, suggest that 23% of Coventry children aged 0-15 live in relative low-income families compared to 19% nationally⁵.

In 2020, the estimated usual resident population of Warwickshire was 583,786, of whom 288,334 were males and 295,452 females; this is an 8.9% increase in the population since 2010. Compared to England, Warwickshire currently has an older population profile, with 20.8% of the population being aged 65 or over in

² <https://www.coventry.gov.uk/facts-coventry/coventry-72>

³ *ibid.*

⁴ *ibid.*

⁵ *ibid.*

Warwickshire compared to 18.5% in England. Within Warwickshire, this varies, with the more rural areas having older populations⁶.

The number of births in Warwickshire increased in the period from 2001 (5,253) to 2010 (6,313) but has also steadily declined to 5,854 in 2019. The number of under-5s has increased from 28,531 in 2001 to 31,870 in 2018⁷.

In Warwickshire, the 2011 Census suggests that non - 'White British' groups make up approximately 12% of Warwickshire's total population, an increase from 7% in 2001. In volume terms, the 'Asian' and 'Other White' ethnic groups are the largest non-'White British' groups in the county. At district level, Warwick District is estimated to have the highest proportion of non- 'White British' residents, at 17%, and North Warwickshire Borough has the lowest proportion, at 4%.⁸

The county of Warwickshire ranks 121 out of 151 Local Authorities in England (1 being most deprived, and 151 least deprived; Warwickshire is therefore one of the 20% least deprived local authorities in England) using the 'rank of average score' measure in 2019 – slightly higher than in 2015 when Warwickshire's national ranking was 124 out of 151⁹

Tackling Inequalities

All system partners recognise that delivering the priorities of the LTP and providing mental health services for children and young people in Coventry and Warwickshire requires focus on those who may find it harder to access support and services owing to experiencing disadvantages in all its forms.

From a strategic perspective, the ICB has developed a Health Inequalities Strategic Plan for 2022-2027 which will directly influence and deliver improvements in health outcomes and reduce health inequalities experienced by the population of Coventry and Warwickshire. It seeks to:

- embed action to tackle inequalities at both strategic and operational levels as part of the core ICS work;
- recognise that health inequalities can only be reduced by a system-wide approach to population health – and using the system influence to achieve positive alignment with strategies and activities linked to the wider determinants of health; and

⁶ <https://democracy.warwickshire.gov.uk/documents/s20935/Appendix%20%20-%20State%20of%20Warwickshire%202022.pdf>

⁷ Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

⁸ <https://www.ons.gov.uk/census/2011census>

⁹

<https://democracy.warwickshire.gov.uk/documents/s18725/Appendix%201%20for%20Tackling%20Social%20inequalities%20in%20Warwickshire.pdf>

- identifying specifically how the NHS can contribute, in terms of health service delivery and working in partnership with the wider system.

The Warwickshire JSNA for infant, children and young people mental health and wellbeing will also examine what inequalities exist locally, what services are supporting children and young people's mental health and where there are gaps, especially for those who are disadvantaged and marginalised.

All services and programmes delivered as part of the LTP have mechanisms in place to address health inequalities. Ways in which this is undertaken include:

- **Understanding the socio- economic demographics and service reach** – keeping detailed information about the children and young people who use services in Coventry and Warwickshire helps to understand who uses services and what groups may struggle to access them.
- **Coproduction with service users and experts by experience** - ensuring there are robust structures in place to engage with services users who are harder to reach – for example with the MSHT programme, youth workers have been employed to engage with children and young people in different ways and to target children from different backgrounds and communities.
- **Building on local partnerships and current networks** – ensuring that partnership groups/networks/service user groups in places and localities are accessed and also the wide and varied voluntary and community groups to reach all children and younger people with Coventry and Warwickshire communities.
- **Training for front line staff and other professionals working in the system** – regular training in equalities is imperative for staff in understanding approaches to working with and reaching children and young people from different backgrounds and varying needs.
- **Learning from examples of good practice** - this can be from other areas and through forums such as NHSE providing networking opportunities such as the recent Advancing Health Inequalities masterclass.

5. Wider transformation

There are a range of services across Coventry and Warwickshire that provide early intervention and prevention support to the local children and young people. The services promote themselves individually via online platforms and by engaging with local communities and schools to inform them of the offers.

Mental Health Surge Working Group

As a consequence of national lockdown and school closures, Coventry and Warwickshire developed a system wide working group, known as the 'Mental Health Surge Working Group', to monitor and review referral data into mental health services. The purpose of the group is to ensure a co-ordinated system wide response to supporting children and young people with emotional wellbeing and mental health issues. The working group provides an opportunity for services to

come together to build working relationships, understand each other services, and to help avoid duplication across the system. Despite the restrictions associate with Covid lifting, the working group continues to meet monthly and works towards the achievement of the Coventry Early Help Strategy 2020- 2022¹⁰ outcome '*Children, young people and their families are healthier and emotionally well*'.

In Coventry, the mental health surge working group have reviewed its children's and adults' mental health service offer leaflet in July 2022¹¹. This has been cascaded out to all schools across Coventry. The leaflet was also shared across social media and webpages to support the promotion of local service offers. Warwickshire County Council also promotes their range of services on their website.¹²

Alongside this, the working group hosts two webinars each year for schools and other professionals to hear more about the local service offers¹³.

School and College support

Education support

Schools across Coventry and Warwickshire have a focus on emotional wellbeing and mental health which also forms part of the Ofsted inspection framework. Schools across the system buy in a range of traded support offers including:

- Educational Psychologist, which is a traded offer, delivered by Coventry City Council and Warwickshire County Council.
- Counsellors through Time For You Programme¹⁴

Wellbeing for Education return

In September 2020, the Government launched a Wellbeing for Education return training programme as a response to providing mental health and emotional wellbeing support to schools and colleges. This training programme was led by Educational Psychologist Teams in both Coventry and Warwickshire and was delivered through a partnership approach with voluntary and community organisations. Local experts took part in 'Train the Trainer' webinars and have delivered webinars to mental health leads in schools.

By the end of the Winter Term the national training package developed from The Anna Freud Centre (and made available by Department for Education (DFE)) was rolled out to Warwickshire schools and colleges. The training has been delivered by colleagues from WCC Educational Psychology Service and Compass, who received

¹⁰ https://www.coventry.gov.uk/downloads/file/33358/early_help_strategy

¹¹ <https://www.coventry.gov.uk/downloads/file/37590/coventry-schools-mental-health-leaflet>

¹² <https://www.warwickshire.gov.uk/mentalhealthyoungpeople>

¹³ https://www.youtube.com/playlist?list=PLhpduM3svftDppw0qalg59-gVVCX_k8W4

¹⁴ <https://relatecoventry.org/services/time-for-you-counselling-service-for-schools/#:~:text=Relate%20is%20one%20of%20the,and%20young%20people%20a%20year.>

the training themselves and adapted the materials as per DFE requirements. The training consisted of two sessions, delivered remotely and at 'twilight' times to avoid the need for school cover. Delivery was organised into local school groups (consortia and area networks) in the hope that local networks could be strengthened for mental health lead staff in schools.

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

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

- Phase 1: is a 90-minute webinar, which was rolled out across Coventry by the Educational Psychology Service, during November 2020.
- Phase 2: included an allocated Educational Psychologist to work within the school setting; to develop, implement and review a bespoke package of support for students and staff. This work began in January 2021.

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

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

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

- Identifying and training Young Peer Wellbeing Champions
- Identifying a named school lead to support champions and shadow their training
- Empowering children and young people, schools and professionals to develop skills and strategies to self- sustain a champions package through bespoke support

- Enhancing support, not duplicating, replacing, or re-inventing

Senior Mental Health Lead training

The Department for Education (DfE) has offered a grant of £1,200 for eligible state-funded schools and colleges in England to train a senior mental health lead to develop and implement a whole school or college approach to mental health and wellbeing. This training is not compulsory, but it is part of the Government's commitment to offer this training to all eligible schools and colleges by 2025. Currently in Coventry and Warwickshire around 57% of school and colleges have sign up to / received this training offer.

Family Health and Lifestyle Service

Coventry's Family Health and Lifestyles Service commenced in September 2018, delivered by South Warwickshire University Foundation Trust (SWFT). The service provides support to children and young people from 0 to 19 years. Part of this offer is the School Nursing service which provides a named school nurse in each school in Coventry, to help children and young people (from school entry to 19 years old) to take responsibility for their own health and to adopt a healthy lifestyle. The nurses work with children, young people and parents and undertake health needs assessments at reception (completed by parents), year 6 and year 9 (completed by young people). One of the areas the assessment helps identify is concerns related to mental health and supports the service and the school to develop sessions and programmes and activities to support children and young people on emotional wellbeing, resilience, relaxation etc. In relation to mental health, the service provides targeted health promotion groups, one to one support or appropriate referrals for children with mental health and wellbeing issues, including self-esteem and self-harm. School nurses offer a range of opportunities for young people to engage including drop- in sessions at schools and a CHAT Health text function as well as providing support to schools around Personal Social Health Education (PHSE).

The Family Health and Lifestyles Service is an integrated universal offer to all families across Coventry. All elements of the service will consider mental health factors with Health Visitors undertaking mandated checks throughout the first few years of the child's life via a family plan which considers the requirements of the family. As part of the support offer in the first few weeks of birth Health Visitors assessments include maternal mental health and attachment. Other elements of the service offer are more targeted (Family Nurse Partnership, Infant Feeding, Be Active Be Healthy, MAMTA (a child and Maternal health project), Stop Smoking) but mental health concerns will be picked up by these services when seeing children / young people / families that access these elements of the service and work with health visitors and school nurses to ensure appropriate support is identified and offered.

The Warwickshire School Health and Wellbeing service, delivered by third sector organisation Compass, has been in place for five years. Locality Teams are led by experienced qualified school nurses with a diverse and dynamic skill mix of staff from a range of health backgrounds including staff nurses, family brief intervention

workers and administrators. Through working in close partnership with the Education and Learning team and schools, they have successfully increased the completion rates of the Health Needs Assessments providing a rich picture of the health and wellbeing of young people in Warwickshire. As well as informing local delivery, this health intelligence is being used by Commissioners across the county to support decision making around provision including emotional and mental health services. In addition to core universal services, there is also a Chat Health offer for teenagers and parents and Youth Health Champions have been identified in schools across Warwickshire, raising awareness of issues around emotional and mental health and providing early interventions. The newest version of the contract has enhanced the service to include a family lifestyle and weight management offer, which complements the mandated National Child Measurement Programme. Alongside this, the service has a Lead Nurse for Mental Health who works in partnership with the Rise service to help ensure emotional wellbeing and mental health needs of children and young people are identified earlier and supported. The contract for the service has recently been varied to include delivery of the Relationship and Sex Education and Health Education (RSHE) support, advice, and training to schools.

During the pandemic, the service continued to provide support to children, young people, and families via a virtual offer where there was limited face to face contact. The service ensured good communication was in place via a regular newsletter sent to schools and continue to promote their Chat Health facility and worked closely with the children and family centres to consider utilising those sites for face- to-face meetings where appropriate. More recently, the service is now operating as business as usual and are not applying any covid restrictions

Kooth

In 2021, Coventry and Warwickshire commissioned Kooth - an anonymised online wellbeing support offer to children and young people aged 11 to 25. A vast amount of engagement has taken place in Coventry and Warwickshire with communities, schools professionals, parent and carers, children and young people, and other professionals to help promote the offer. Kooth have an Engagement Lead who maintains regular communication updates and puts on several different information sessions and workshops to a range of people.

Kooth was implemented to complement the existing system providing additional options for children and young people to access support. Further information can be found below in section 13: 'Digitally enabled care pathways'.

Reach Service

CW Mind in partnership with Relate Coventry and Warwickshire provide an integrated offer to support low to moderate level of emotional wellbeing and mental health needs to children and young people aged 5 to 18, in Coventry.

The 'Reach' service offers counselling support, therapeutic, resilience building and peer support group webinars, digital workbooks and online self-help tools / activities.

Webinar themes in response to the Covid pandemic were also developed and delivered, which included:

1. Early Warning Signs and strategies
2. Mindfulness
3. Thoughts, Feelings, Behaviours
4. Managing Worries
5. Resilience

Various resource materials have been produced which are for children and young people and the adults around them. Some resources are designed to support children, young people and parents/carers with their connection and relationship by completing together. These resources were sent to schools and directly to children, young people, parents, and carers via email.

The Reach service provides training to school professionals and delivers workshops to classes around specific topics, such as exams, and anxiety.

More recently, Coventry City Council has recommissioned its Tier 2 offer with a focus on providing community based emotional wellbeing and mental health support. Additional investment has been made into this offer to focus on providing early intervention / prevention support to children and young people and their families. The new service, which will be delivered by Compass, will commence in December 2022, and will see an integrated offer with Early Help / Family Hubs in Coventry, providing a range of early intervention support including a family support offer to ensure children and their families live well within the community. The new model works alongside children and young people and their families providing a support offer that meets their needs in a way they need support.

Big Umbrella

The Big Umbrella is an early intervention project aimed at building young people's resilience and equipping them with the skills to manage and maintain good mental wellbeing, across Warwickshire.

The Big Umbrella is delivered in three ways:

- **Whole school assembly** – This might be the first time a young person has heard about mental health. The aim is to raise awareness and talk openly about mental health. The assemblies explore what mental health, emotional wellbeing and resilience is and provides a brief focus on coping mechanisms.
- **Resilience workshops** – Children and young people might then be part of a workshop which is delivered to individual classes. The workshops are open and friendly, equipping young people with the skills to help them talk about and deal with their emotions, giving them an understanding of what resilience means, and how they can build their own resilience.
- **One-to-one support sessions** – for those who need further support, the service will offer one-to-one session to talk to a trained professional. The one-

to-one sessions are designed to support young people's understanding of their own mental health and to give them the tools to stay well. Schools will also be supported by signposting them to other appropriate services if necessary.

Mental Health Interventions for School Children (MHISC)

The service provides a range of targeted interventions for 4- to 18-year-olds within Warwickshire. Sessions are offered within educational settings for those with mild to moderate mental health and emotional well-being issues. The offer brings together a range of providers including:

1. **Equine Learning CIC** – delivering therapeutic horsemanship interventions through Equine Facilitated Learning and Therapeutic Riding.
2. **Hooves in Harmony CIC** – equine therapy offer who specialise in working with young people who are, or at risk of, Not in Education, Employment, or Training (NEET).
3. **Liz Headley Consultant Counsellor** – one-to-one, group work, and family therapy/family work counselling support via: systemic therapy, psychodynamic therapy, dyadic developmental psychotherapy, compassion focussed therapy, cognitive behavioural therapy (CBT), and play therapy.
4. **One Nation Studios Ltd** – Therapeutic music, design, digital media, and art mentoring sessions.
5. **Parenting Project** – Group work for primary aged children aged 4 to 11 years old which includes: therapy and friendship groups, parenting programmes, family therapy, and counselling.
6. **Springfield Mind** – one-to-one support through active monitoring programme; a CBT based intervention and prevention programme supporting young people to learn to manage mental health symptoms. Group work, including family engagement, through wellbeing workshops.
7. **The Really Youthful Theatre Company** – Youth focused service helping young people to develop through performing.
8. **Warwickshire Counselling Centre** – one-to-one counselling support for 11+ year olds via talking therapies. Therapy through creative interventions is also support to 4- to 18-year-olds.
9. **Wellbeing For Us** – online wellbeing platform providing online help and support (further information on this offer can be found in section 13)

Primary Mental Health Team: Rise Early Help offer

Within CWPT Rise services there is a positive foundation of an established Primary Mental Health team (PMHT) across Coventry and Warwickshire. The PMHT help CYP who display signs of emotional distress and emerging mental health difficulties by working with those around the child, such as teachers, to put in place plans to manage issues and stop them becoming more serious. The CYP PMHT work alongside CW Mind as part of an Early Help model of care.

PMHT are working in collaboration with the Recovery and Wellbeing Academy to deliver online sessions to support parents/carers with various mental health topics.

Mental Health in Schools Team

The Mental Health in Schools Team (MHST) is an NHS service that has been introduced as part of national plans to expand mental health services for children, young people and their families within the education setting. This offer is led by Coventry and Warwickshire Partnership Trust (CWPT)

Working across Coventry and Warwickshire, the service provides mental health interventions, advice, and liaison with specialist services to help children and young people get the right support. The service works closely with schools to develop a 'whole school approach' to mental health and wellbeing.

MHST programme continues to be expanded as part of the NHSE planned expansion. In 2022/2023 there will be an MHST team in all areas across Coventry and Warwickshire.

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

Community Support

Peer Mentoring Support Service

As part of the CAMHS Transformation programme, the Peer Mentoring Support Service (PMSS) was commissioned across Coventry and Warwickshire and aims to improve mental health outcomes for young people (CYP) aged 16 to 25 years old. The service commenced in December 2021.

The PMSS was commissioned as it was recognised that it can be a difficult time when transitioning between child and adult mental health support services and many young adults fail to seek advice and support early enough. This is an early intervention / prevention service providing peer mentor via 1:1 and group support with the goal of enabling a smoother transition from children's mental health services into adult support or community services.

The service offers support to three main groups of children and young people:

- Young adults aged 16 to 18, transitioning through pathways from children and young people's mental health services into adult mental health services
- Young adults aged 17 to 25, who have never accessed mental health services but are at risk of needing a mental health intervention; and
- Young adults leaving care aged 18 to 25 who are at risk of accessing mental health services.

An evaluation of the service will be undertaken during 2022-2023 to determine the impact of the offer to determine the commissioning intentions.

Young Black Men's Mental Health Project

CW Mind identified that young black men are one of the most overrepresented BME groups in in-patient mental health services and are overrepresented in the criminal justice system. Young black men are also massively underrepresented in asking for help, speaking about mental health, or seeking services. This project wants to work to see this change. The project offers group based and one to one intervention to local young black men which are delivered across schools, community spaced, and places of worship and designed to be culturally appropriate.

Additional Roles Reimbursement Scheme (ARRS)

The ARRS scheme is in the process of being developed through a pilot process. The service will offer an evidence based clinical model strengthening the mild to moderate children and young people mental health care provision within one Primary Care Network (PCN). Locally, it is proposed to introduce 2 children and young people mental health practitioners, one at Band 5 and one at Band 6, alongside a youth worker, to work alongside GPs in the Primary Care setting to support children and young people requiring access to children and young people mental health support or services.

Low intensity children and young people mental health support delivered at a PCN level will not be a multi-disciplinary team (MDT) approach. The proposed model and skills of the practitioners needs to be considered in the context of the type of referrals and level of complexity of the presenting need.

Crisis care and intensive interventions

Crisis and Home Treatment

The Rise Crisis & Home Treatment team (Coventry & Warwickshire Partnership NHS Trust) provide multi-disciplinary support to children and young people (under 18s) who present in mental health crisis.

Rise assess those who are:

1. An immediate and significant risk to others due to their mental health
2. Being considered for admission to a mental health inpatient unit

3. At risk of immediate and significant self-harm
4. In acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves

Rise has committed to the priorities of transforming the crisis provision by expanding the Crisis service, providing a sustainable 24/7 crisis line and increasing the children and young people patient flow by increasing the CBT workforce. Rise are currently working alongside CW Mind to shape a combined voluntary sector and specialist mental health crisis line.

There may be cases where young adults aged 16+ may get referred into adult crisis services or core adult mental health services for intervention or ongoing support. Further work will be done to understand the frequency of this.

Think Family Outreach

The aim of the Think Family Outreach Team is to support a young person and family who are in emotional distress and either at risk of requiring crisis intervention (from Crisis and Home Treatment Team or Acute Hospital Settings) or moving from Crisis and Home Treatment Team to locality teams. The ambition of the team is to provide a multi-agency approach that is responsive and creative at the time of crisis to enable support to be provided to the young person and their family by offering a personalized “wrap around service” that would lay the foundations for a more positive outcome. The clinical offer is tailored to suit each individual young person and/or family's needs and focus on empowerment and skills to be responsive to the young person and family's needs.

The Think Family Outreach Team provides a service seven days a week, including twilight sessions. Work is offered via face to face, Attend Anywhere, Zoom, texting, phone, emails, and letters. The Think Family Outreach Team covers three main areas of work, the Eating Disorder Team, the Crisis and Home Treatment Team (which includes the Paediatric wards at UHCW and SWFT) and the Community offer from Crisis and Home Treatment Team referrals, with staff embedded within each team.

When the Think Family Outreach Team began in January 2020 it was initially funded using winter pressure resources from NHSEI Specialised Commissioning. The funding was provided to support the wider system as there was a large number of children and young people waiting for tier four beds, including eating disorder provision.

The Team is made up from a range of professional backgrounds which offers a multi-agency approach to support the young person and their families from being 'bounced' from one agency to another and ensuring the wider system agencies strengths and understanding is shared. The Think Family Outreach Team have completed regular evaluations since it began which has repeatedly shown the service has been positively received by young people, their families and

professionals, with an in-depth evaluation report completed in June 2020. Mini Reports are additionally created monthly which demonstrates the activity within the previous monthly period, broken down into contact in each team, number of young people seen, number of contacts made, and feedback received from parent workshops. The Think Family Outreach Team annual report is currently being finalised which is due to be completed in February 2023.

Rise services are complemented further by the presence of social care and those from alternative professional backgrounds. This offers a multi-agency approach and provides:

1. Support on Paediatric wards at University Hospital Coventry and Warwickshire (UHCW) and Warwick Hospital – both individual and group work
2. Specific work within eating disorder team; allocated staff directly to the team who will be directed by team lead.
3. Deliver Emotional Regulation Packs to young people (for clients at risk of going into crisis) 4-week workshop.
4. Deliver Emotional Regulation packs to parents (for clients at risk of going into crisis) 4-week workshop.
5. Workshops on Mindfulness, Anxiety, Depression, Healthy relationships, and self-harm for young people.
6. Workshops on Mindfulness, Anxiety, Depression, Healthy relationships, and self-harm for parents / carers.
7. Check in calls with family for those YP who are hard to reach (holding them in mind).
8. Development of psycho education packs for young people.
9. Goal Based intervention / 1:1 CBT work.
10. Signposting and linking in with other areas of support that is personalized to the family's needs.
11. Supportive phone calls to young people and Supportive phone calls to parents.
12. Support to complete Dimensions and Liaise with other agencies.

Inpatient care

Birmingham Women's and Children's NHS Foundation Trust are the lead provider for the West Midlands Children and Young People Mental Health Service Provider Collaborative (WMCP). This is an integrated provision of specialist mental health, learning disabilities and autism services, for children and young people aged 12 to 18 years old.

The West Midlands Children and Young People Mental Health Service (CYPMHS) Provider Collaborative (WMCP) launched a new 24/7 centralised referral Hub for CYPMHS Tier 4 referrals in the region on the 01 November 2021. The 'Coordination Hub' offers a referral coordination and bed finding service 24/7, 365 days per year. All referrals go directly to a single point of contact for screening by the clinically informed referrals coordination and bed finding team.

This is supported by an internal spoke operated by the Darwin Centre for local system knowledge.

CYPMHS admission criteria is in accordance with the NHS England (NHSE) Service Specifications for CAMHS Inpatient Units¹⁵.

Specialist care

Coventry and Warwickshire Liaison and Diversion Team consists of mental health practitioners and support workers, who are in place to support children and young people, who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service supports young people through the early stages of criminal system pathway, following an assessment, and may refer them to more appropriate health or social care services, where appropriate. By providing a route to treatment for people whose offending behaviour is linked to their illness or vulnerability, to support the reduction of reoffending. The service also supports children and young people within custody when have been arrested, and particularly when crisis care is required 7 days a week, following an initial assessment and identification of needs.

The service also provides court reports with the young person's consent to inform court decision around sentencing and support. The teams provide ongoing assessment referral on and support to attend first appointments in the community following release from custody/court. Where the Liaison and Diversion service requires support from Forensic CAMHS the YJS workers are able to access this from Forensic CAMHS service based in Birmingham, which they have an established and good working relationships with.

The team also aim to raise awareness and understanding of vulnerabilities for those working within the criminal justice system through formal, informal training and networking days. To enable possible signs of vulnerability in people when to be recognised and ensure they get the right support early, to reduce the likelihood that people will reach a crisis-point¹⁶.

6. Workforce

This is a summary of the latest reported workforce update provided by CWPT:

Overall, the summary projection is showing a growth in total numbers from Staff in post March 2022 of 1,448.63 to 1,737.97 by March 2023. This relates only to the Mental Health Workforce in terms of these numbers which have a detailed breakdown within the MH workforce planning return.

¹⁵ <https://bwc.nhs.uk/wmcpc/>

¹⁶ <https://www.covwarkpt.nhs.uk/service-detail/health-service/criminal-justice-liaison-and-diversion-74/>

At the end of Q1 the number of staff in post is 1,498.42 which is 45.23 less than the projected Q1 growth target of 1,543.65.

Table four: projected expansion of staff within mental health during 2022/2023

Within Mental Health a projected an expansion of staff in post figures of:	
1609.28 at the end of Q2	+110.86 staff in post from Q1 position
1711.37 at the end of Q3	+212.95 staff in post from Q1 position
1737.97 at the end of Q4	+239.55 staff in post from Q1 position

Children & Young People

Overall, the picture is relatively static. The number of employees in post at end of Q1 is 209.69 against a baseline of 209.64 on 31 March 2022.

When considering the projected figure there is a - 8.95 variance. Therefore, this does not meet the anticipated growth at the end of Q1 within CYP which was targeted at 218.64 staff in post.

A detailed leavers analysis is required to understand the explanation for this reduction in employees in post within the CYP mental health element of CWPT.

With regards to the *'of which'* roles categorised under Psychotherapists and psychological professionals and support to clinical staff, these categories may require refinement as we review the data further into these areas. This is because of the variety of roles within those categories; and the bandings; professional status and the lack of clarity between professional and support roles (as per categorisation of this information on the return).

'Of which' roles are referring to the new roles that are identified as a subset of the main staff group i.e., Education Mental Health Practitioner/Children's Wellbeing Practitioner (EMHPs/CWPs) etc. These staff are not necessarily identified against the main staff group that we would expect them to be e.g., Psychological Wellbeing Practitioner (PWPs) are ordinarily identified as clinical support to staff but on this return are categorised as Psychotherapist and other psychological staff. There will be further tracking of movement as data is continually refined.

Table five: children and young people project workforce expansion for 2022/2023

CYP projected expansion of employees in post figures of:	
267.20 at the end of Q2	+57.51 staff in post from Q1 position
295.20 at the end of Q3	+85.60 staff in post from Q1 position
309.20 at the end of Q4	+99.51 staff in post from Q1 position

Perinatal Mental Health

CWPT have failed to meet their proposed trajectory for their workforce and a detailed analysis of leavers will be sought.

Table six: Projected perinatal mental health workforce expansion for 2022/2023

Within Perinatal Mental Health CWPT have projected an expansion of staff in post figures of:
22.20 at the end of Q4

Improving Access to Psychological Therapies (IAPT)

Within IAPT, CWPT had not projected any growth in Q1 2022-2023 from the baseline figure of 154.62 on 31 March 2022 although there has been a small decrease in headcount of -2.80 Whole Time Equivalent (WTE) at the end of Q1 of 2022-2023.

The expansion in the workforce numbers is projected to take place in Q3 2022-2023 when trainee Psychological Wellbeing Practitioner (PWP) move to qualified PWP roles and the subsequent cohort of trainee PWP and trainee High Intensity Therapist (HIT) commence.

The IAPT return was adjusted significantly at the point of submission to establish and track movement and further dialogue with IAPT leads will be required to understand the impact of staff movement in relation to our Q3 projection

Table seven: Projected IAPT workforce expansion for 2022/2023

Within IAPT CWPT have projected an expansion of staff in post figures of:
178.62 at the end of Q3 / Q4

Community Mental Health Team (CMHT)

The baseline figure within CMHT was 386.98 on 31 March 2022. Projected growth within CMHT at the end of Q1 was to 455.75. Therefore, in this period CWPT had set an ambitious target of expansion of 68.77 increase of staff in Q1 2022-2023.

In Q1 2022-2023 there were 442.76 staff in post. The CMHT has increased its workforce numbers overall by 55.78 in Q1. However, it is -12.99 behind the projected growth target. There has been a significant increase in recruitment activity and joiners within CMHT in Q1 particularly in support to clinical staff and Social Workers.

Further refinement is required against some categorisations to establish and track movement of certain staff groups i.e., Peer support workers who are currently mapped to the support to clinical staff and psychotherapists and psychological professionals versus support to clinical staff. This is because of the variety of roles within those categories; and the bandings; professional status and the lack of clarity between professional and support roles (as per categorisation of this information on the return).

CWPT also need to understand the reduction of -9.00 in other therapists / other Scientific, Therapeutic and Technical. (STT) category. STT roles typically refer to Allied Health Professions (AHP) and other scientific staff.

Table eight: Projected Community Mental Health Team workforce expansion for 2022/2023

Within CMHT CWPT have projected an expansion of staff in post figures of:	
469.82 at the end of Q2	+26.96 staff in post from Q1 position
518.91 at the end of Q3	+76.15 staff in post from Q1 position
528.81 at the end of Q4	+86.05 staff in post from Q1 position

Acute Inpatient

Within this area CWPT had projected growth from a baseline of 461.19 on 31 March 2022 to 471.29 at the end of Q1 2022-2023.

At the end of Q1 the staff in post figure is 466.04, therefore, some growth has been achieved of 4.85 staff in post in this period.

However, the variance is -5.25 from the projected figure of 471.29. CWPT will need to understand the reduction of Occupational Therapists (-1.98) and support to clinical staff (-3.28) during Q1 including a leavers analysis.

Table nine: Projected Acute inpatient workforce expansion for 2022/2023

Within Acute Inpatient CWPT have projected an expansion of staff in post figures of:	
474.29 at the end of Q2	+8.25 staff in post from Q1 position
475.29 at the end of Q3	+9.25 staff in post from Q1 position
478.29 at the end of Q4	+12.25 staff in post from Q1 position

Table ten: Overall employee turnover figures Q1 2022-2023

	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Adult MH	12%	12.4%	13%	13.8%	13.8%
Rise	14.7%	15.7%	16.1%	15.9%	14.6%

Rates of turnover across Mental Health have steadily increased over Q1 and continue to remain high entering into Q2. Issues regarding retention have been escalated to appropriate internal groups to analyse further and address through remedial action.

Multi-professional Education and Training Investment Plan (METIP) – Health Education England (HEE)

HEE has established a new annual investment planning process called the Multi-Professional Education and Training Investment Plan (METIP). The METIP is not a workforce plan, but an investment plan for HEE’s ‘Future Workforce’ and ‘Workforce

Development' budgets – around 90% of HEE's spending – which includes funding the future workforce supply needed to deliver NHS workforce strategies. It will enable HEE to respond positively to NHS workforce challenges through prioritising its spending to generate the biggest and best impact for patients.

CWPT has completed and returned the latest round of workforce training needs scoping exercises in the areas of:

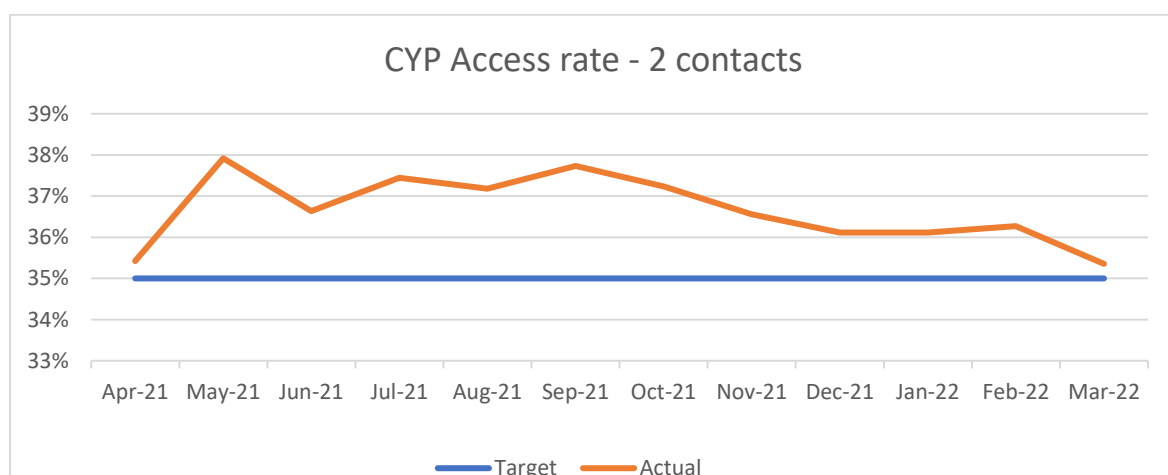
- CYP - Workforce Needs Scoping - 2023/24 & 2024/25
- IAPT Workforce Needs Scoping - 2023/24 & 2024/25
- Advancing Practice Workforce Needs Scoping (Trust wide) - 2023/24 & 2024/25
- Perinatal MH workforce training needs scoping – 2023/24 & 2024/25
- PT-SMHP Clinical Psychology and Child Adolescent Psychotherapy – 2023/24 & 2024/25
- Urgent Emergency Care – 2023/24 & 2024/25
- PSW and ACRC Workforce Training Needs Scoping 2023/24 & 2024/25

The information gathered from this exercise, will be used to inform the funding request to support clinical training and education across the Midlands. It will also enable HEE to have a view of commissioning at a system level and to understand the demand across each ICS for HEE commissioned programmes, through the ICB.

7. Improving access to services and outcomes

In 2021/2022 Coventry and Warwickshire ICB successfully met the CYP Access Rate target of 35%. This is the first time the ICB have continuously met the 35% target across Coventry and Warwickshire. Figure three below shows the monthly data:

Figure three: children and young people access rate data for 2 contacts



Kooth has been commissioned in Coventry and Warwickshire, since March/April 2021, supporting children and young people aged 11 to 25 years old. Kooth and

other services such as those delivered by CW Mind and Coventry and Warwickshire Partnership Trust (CWPT) flow data into Mental Health Services Data Set (MHSDS), which contribute towards the CYP Access rate target. With Compass commencing its service from 01 December 2022 in Coventry the requirement to flow and submit data into MHSDS has been built within the service contract.

CYP access rate data is drawn down from NHS Digital on a monthly basis, by the Commissioners. This data is then analysed to understand the current performance target. With the recent change from 2 contacts to 1 contract reporting, Coventry and Warwickshire are expected to see around 11,482 children and young people, aged 0 to 25 on a 12-month rolling performance. Table thirteen below shows the current numbers:

Table eleven: children and young people access rate data for 1 contact

2021						2022					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
8,815	8,870	8,920	9,005	9,210	9,310	9,450	9,590	9,580	9,665	9,715	9,725

Work is underway to develop a 0 to 25 mental health support offer, which can be found in section 8 below.

8. Young Adults - understanding system progress in 2022/23

Locally, CAMHS is available for children and young people aged 0-18. Commissioners and providers are committed to reviewing and developing the current offer for young adults aged 18 – 25. During 2021, a multi-agency Project Working Group led by Commissioners was developed to focus on this along with a project plan. The Transitions Working Group undertook Phase 1 and 2 of the planned work and three workstreams were identified as part of this work:

- **Data Analysis** - data was collected on the age cohort accessing the Rise service and then entering adult services. Work was undertaken mapping the journeys of some children and young people who had progressed through the system.
- **Co-production** – engagement with children and young people utilising existing networks and forums was undertaken to ask questions and gain feedback around their thoughts on the support offered to this age group and their experiences of accessing support and services.
- **Models of best practice** – desk-based research was undertaken along with some further discussions with areas that had transformed services on their 18-25 pathway.

In 2021-2022 Transformation Funding from NHSE was received to develop a Peer Mentoring Project for young adults aged 16 – 25. This service aimed offer one to one peer mentoring support to:

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

Coventry and Warwickshire Mind was commissioned to deliver a pilot service with the service co-produced by young adults to ensure the offer met the needs of children and young people. The pilot was initially to run for twelve months. Approval has recently been sought to extend this for a further four months which will enable Commissioners to fully evaluate the service at the twelve month point and also work on a possible business case to fund a similar service if it is found to have improved the experience of young people accessing and transitioning through services.

Some of the intended outcomes of this pilot project are to:

- Reduce the numbers of young adults entering mental health services after leaving care
- Improve resilience, independence, confidence, self-esteem, mental health and wellbeing
- Prevent young adults referring or being referred to mental health service for the first time
- Support the reduction of young people presenting in crisis.

As the work moves from its first phase and the focus on the initial three workstreams, changes to the governance of the working group arrangements have been made to widen out conversations across the whole system of adult and children's mental health services. This has resulted in a reconfigured Working Group, which is now led by the ICB, with wider membership encompassing more all-age representation from across the system. This will enable a more comprehensive review of the current provision from children to adult mental health services to be undertaken. Some of the key lines of enquiry to explore as part of this work are highlighted in the information below.

There is still work to do around all services supporting young adults (including both CYP and AMH services) to eliminate rigid age-based thresholds for 18-year-olds. Adult services will take some 17-year-olds into the service dependant on their education status but generally the age someone is accepted into adult mental health services is 18 years old. The only exception to this would be in urgent care cases where there may be more flexibility – for example, there are some community services offered which will take children who are 16 years and over, especially for those that need a safe place or are in crisis. All areas of the system need to continue work around removing age based thresholds in the pathway and this is an area of focus for us.

There are some joint-working arrangements in place between children, young people's and adults' mental health services and there is a transitions policy in place to enable the smooth joint working. However, this policy has not been co-produced

with service users so this will need to be undertaken through the newly reconfigured 18-25 working group.

From the Community Mental Health Transformation perspective, adult services are being adapted to offer developmentally appropriate support for young adults. A crucial step is the establishment of a psychotherapy service which will operate across all of Coventry and Warwickshire. This will greatly enhance the range of therapies that will be available, aiming to work with patients more quickly and broadening the range of people able to access these treatments. So far, the following elements listed below have been offered.

- Dialectical Behaviour Therapy (DBT) is offering evidence based DBT skills courses, which can be accessed by those waiting for care coordination or 1:1 therapy. This has been developed and supervised by fully qualified DBT therapists. This will be rolled out to Warwickshire over the coming months.
- All current psychotherapist within Psychotherapy Service have been enrolled on Mentalisation Based Therapy (MBT) training. The service is currently offering 2 introductory programmes, one of which is specifically for service users 18-25. An adult MBT programme and Young Adults (18-25) programme will commence January 2023 in Coventry. Following successful recruitment to an expanded service. Introductory and Full MBT programmes will be offered across the Trust in 3 localities, with the possibility of an online offering as well.
- Psychotherapy Service is open to referrals for Individual Psychodynamic Psychotherapy for service users over 18.
- Psychotherapy Service is committed to working with CAMHS Services to ensure transitions between services and will endeavour to offer engagement work to service users aged 17 who are identified as requiring transfer to Adult MH services. This will involve psychoeducation and support to carers of Young adults in transition to Adult Services
- Psychotherapy Services are currently establishing provision for Dissociative Identity Disorder (DID) assessment and treatment and this will be available to service users aged 18-25.

The system is fully committed to support coproduction and working closely with EbEs to transform local services including the 18-25 pathway. It is envisaged that work will engage and involve young adults and their families at all levels of service design, delivery evaluation and governance arrangements across systems and services. Partnership working is important to this programme of work and work has begun with Rethink and Grapevine¹⁷ to identify, recruit, train and support a cohort of EbEs who can represent the 18-25 cohort, contribute to this workstream, join programme boards and receive ongoing training and support to enable them to input continually into this work as it develops.

Staff in all services are receiving some support to develop their skills, competencies and knowledge to work with and engage young adults. CWPT have developed training for all system partners to access trauma informed training which will equip

¹⁷ Local third sector providers

and support staff in as many services as possible to have the skills, competencies and knowledge to work with and engage young adults.

With regards to joint arrangements with social care to ensure mental health needs of young adults leaving care are being met, it is recognised that this is an important element of work to focus on with the recent OFSTED inspection highlighting this as an issue. There is no specific policy or protocol to follow for care leavers but again, this is another area for focus for the ongoing 18-25 pathway working group. Making linkages with key / support workers such as the personal advisors allocated for each young care leaver in Coventry will be crucial for developing this element of the pathway for this particular cohort of young people.

9. Urgent & Emergency (Crisis) MH Care for CYP

Crisis Line

CWPT mobilised a 24/7 crisis line in response to the pandemic and have continued to deliver this since. The crisis line is a free phone number for adults and children and young people and their families with a team of trained adult children and young people practitioners. There is a specialist children and young people mental health clinical on-call system to support any out of hours escalations to the 24/7 crisis response. The offer provides support, advice, and a triage function by qualified mental health crisis professionals and the co-ordination of all referrals into the crisis service. There may be cases where young adults aged 16+ may get referred into adult crisis services or core adult mental health services for intervention or ongoing support. Further work will be done to understand the frequency of this.

The service has been able to recognise the strengths and needs of a crisis line including advice and help for children and young people and their families. As a result, CWPT are currently working alongside CW Mind, to shape a combined voluntary sector and specialist mental health crisis line. Preparation is underway as a system to align the local 24/7 crisis offer with the NHS 111 non-emergency telephone line.

The Rise crisis service for CYP delivers direct crisis care 7 days a week 8am-8pm¹⁸.

Crisis assessment

The crisis team provide a comprehensive mental health and biopsychosocial assessments which are always completed face to face, either in the acute hospital environment and/or the community dependent on the needs of the young person. The expansion of the crisis team workforce will provide further capacity which includes an integrated local authority social care workforce.

¹⁸ <https://cwrise.com/download.cfm?doc=docm93jijm4n5142.pdf&ver=7066>

Brief interventions

Work is ongoing to support the implementation of brief responses within the crisis team and the Think Family Outreach Team. Specific therapeutic interventions have been identified that meets the brief response criteria and SNOWMED codes are being identified to support the dataflow on MHSDS.

Home treatment service

The crisis service currently delivers an intensive home treatment service to support children and young people who might otherwise require inpatient care and/or support admission avoidance or step down. This is currently available 7 days per week between the hours of 8am – 8pm. Expansion of the crisis service will also support further capacity within the home treatment service if needed. Home treatment packages are typically modelled over a 6-week model of care.

A set of Guiding Principles have been developed to support safe and effective high-quality care for children and young people presenting in Crisis and requiring Emergency and or Urgent pathway care across Health (Physical and Mental), Social Care and Education.

Coventry and Warwickshire Integrated Multi Agency Approach

Partners within the system are working alongside each other to both understand and change the need of children and young people presenting in crisis while supporting for those children and young people who do present in crisis a safe, therapeutic plan of care with multi-agency support when the urgent and emergency pathway is required.

Translation of National Context to Local delivery

1. The NHS Confederation 2021 identifies that to enable services and structures to see a step change, services, structures, and staff will need to be more imaginative and ambitious in how they support children and young people. Included in this approach is for all to recognise that mental health services are not the only services that can support children and young people's mental health needs. Children and young people's mental health and wellbeing is everybody's responsibility and different agencies need to work together in a strategic and integrated way.
2. Across the Coventry and Warwickshire footprint, the services, structures and staff have a shared commitment to work alongside each other for the children and young people of Coventry and Warwickshire to support and manage existing challenges, including mental health inequalities, the sustainability of a system approach that allows for ongoing responsive urgent care for those in crisis.
3. This commitment within all layers of the Health, ICB and Social care economy will enable the safe, effective high-quality care for children and young people

presenting in crisis and requiring emergency and or urgent pathway of care across health (physical and mental), social care and education.

To enable and offer assurance to both the system structures as well as the child, young person, and/or their family, a local escalation structure of a Bronze, Silver and Gold meetings has been mobilised, working in the existing foundation of a system escalation process agreed prior to the covid pandemic.

A structure of oversight and decision making has been established via accountable officers in a Gold command and supported by a silver command team, a bronze command development meeting and a Bronze multi-disciplinary team to ensure that all agencies are engaged at all levels of problem solving. Alongside the Gold, Silver and Bronze command calls, there are also multi-disciplinary team meetings to review all the children and young people who are in hospital and to mobilise discharge plans in a co-ordinated way when children and young people are medically for discharge.

There are two components to the Bronze level of function:

- Clinical multi agency discussion and decision making to support children and young people care and treatment
 - The Bronze Group is chaired by senior operational lead within the children and young people field of mental health care. All partners in the Bronze multi-agency group will, within their own areas of children and young people field, represent and have the delegated authority of their own organisation. This level of authority is critical so that the multi-agency meeting is informed and has the ability to make timely decision of care for the best outcome of the children and young people presenting in crisis in a responsive manner.
- Bronze working group which acts on the intelligence from the clinical multi agency group with the addition of the ICB and education to support non patient identifiable discussion
 - The Purpose of the Bronze Working group is to:
 - Inform and support the agreed commissioning and delivery of high quality safe responsive and clinically effective children and young people Crisis mental health care that spans across the Acute Hospital and community provision.
 - Support service improvement integration and seamlessness across children and young people emotional, Mental and physical health alongside the social care umbrella of services to deliver evidence-based person-centred holistic and outcome informed treatment care and support
 - To work together as one system to support elimination of delayed discharges and reduce lengths of stay where an admission is necessary. The group will use each presentation and admission as an opportunity to review and deliver right care right time in hospital and community

settings through a multi-agency approach with no threshold for care delivery.

- The group will in its action and intelligence findings inform next steps in terms of resource allocation recruitment training and integrated delivery across mental and physical health services, hospital and community settings including Local Authority social and educational services.

The Bronze working group launched a survey in September 2022 to seek feedback from children and young people who have been admitted into hospital across Coventry and Warwickshire. The survey will run for around 3 months. The survey questions were developed in collaboration with the voices of children and young people who are members of CW Mind's Shadow Board.

The survey has a focus on 3 aspects:

- What support, if any, was provided to the child or young person prior to hospital admission
- What the care and support was like within hospital
- What support was provided following hospital discharge

Alongside the survey localised workshops are also underway which will try feedback from children and young people via workshop forums, hosted by existing groups that already meet.

The feedback obtained via these methods will be used to help develop the local mental health system across Coventry and Warwickshire for children and young people to help prevent crisis, hospital admissions, and tier 4 placements.

Principles of the Children in Crisis approach

- ✓ To support the effective, safe delivery of high-quality care during the children and young people crisis presentation in the Emergency pathway all members of the described services, structures and staff within the Bronze, Silver and Gold governance sign up to the guiding principles detailed below.
- ✓ The key principles should be used to inform and guide delivery of best practice. They will inform design and delivery of services and support joined up integrated care and treatment and support across both physical and mental health alongside Local Authority provision including social care and education.

Our guiding principles are structured around the values of

- ✓ Person Centred care
- ✓ Forward Thinking
- ✓ Evidence based
- ✓ Empowering

They are built upon the 4 key standards of providing

- Timely assessment, intervention, treatment, and support
- Representing an opportunity to review and re set plans of care and support
- Joined up seamless care and support across the systems
- Working together to improve service delivery through quantitative and qualitative measures

A multiagency dashboard provides significant intelligence, detailing the themes and trends to understand the growing requirements of children in crisis responses in Coventry and Warwickshire.

Reasonable adjustments

The neurodevelopment needs for any children and young people presenting to crisis are considered as part of their holistic assessment, if needs show potential risk of admission within the immediate or proceeding 2-4 weeks a Multiagency Disciplinary Team (MDT) support system is begun. As part of this process the Clinical Support Tool Dynamic Support Register (DSR) is completed, completion of this tool will trigger an Electronic Multiagency Disciplinary Team (EMDT) or Care, Education and Treatment Review (CETR) as required. Involvement from Integrated Support Team or Key Worker project will also be triggered to support.

To support reasonable adjustments the clinical support tool is regularly reviewed dependent of the RAG rating of the young person. In order to prevent admissions all agencies meet on a weekly basis to identify gaps in service to prevent admissions. Multiagency MDT will take place on a daily or weekly basis dependent on whether the young person is rated Red or Amber.

CWPT are working alongside the Warwickshire statement of action plan, which is a targeted piece of work to ensure there is an appropriate and accessible offer within specialist mental health services for autistic children and young people through a combination of staff training and increased joint working. To understand this need, a comprehensive skills audit has been completed which will inform the necessary training requirements for the Rise children and young people mental health offer.

Specialist Key Worker Team

The primary aim of the team is to ensure that the voice of the young person is heard – providing strategic support by looking at the background and history of the young person, identify blockages and challenges in their support journey, so that reasonable adjustments are made and to avoid unnecessary hospital admission.

The keyworkers work with children and young people aged between 14 to 25, who are at risk of mental health hospitalisation or who are currently inpatients.

Offer beyond crisis presentation

The Rise service is able to support ongoing specialist mental health care for those children and young people under 18 following crisis needs being met, if required.

Rise has a multiagency, MDT team to support transfer from crisis care to other teams across the wider Rise teams.

CWPT has developed a Rise Waiting List Team to reduce demand on the core team, to help improve patient flow, and better manage children, young people and their families. Prior to the pandemic, under the four-week-wait initiative, CWPT identified a gap whereby children and young people could receive specialist intervention while waiting for their follow-up appointment. This need became more apparent as the pandemic hit. The initiative involved a Waiting List Team consisting of clinical and non-clinical staff, who would provide a dedicated resource to support children and young people during the four-week-wait. This would deliver a responsive approach to any changes that may occur with the young person and create a sustainable, consistent, transparent way to manage waits. Introduced in 2019, the dedicated Waiting List Team has continued to develop with positive learning outcomes for both its scope and function throughout the Covid period. The initiative has successfully supported capacity and demand across the core services, which resulted in the team's expansion in both clinical and non-clinical resource. The Waiting List Team has subsequently evolved into the Intervention Hub, comprising staff with roles and responsibilities to support, hold and actively manage children and young people waits.

Service user focused

The responsive, dedicated offer manages waits with active engagement of the child or young person, including any change of circumstances. Rise demonstrates a seamless patient flow process, with the aim of holding the children and young people during all contact points, which gives reassurance to the individual and their support network.

Clinical oversight

The involvement of clinical staff members allows reviews and intervention amendments to be actioned, improving the onward care and support of children and young people. Cases also receive a RAG rating while waiting, contributing to improved, efficient patient flow through the system.

Collaborative working

The Rise service provides accurate intelligence of the demands and length of waits for the core services allowing greater collaborative working with commissioners to appropriately plan and respond to children and young people. The Knowledge Hub, developed by Rise, supports greater transparency of wait times at each stage of a children and young people's journey. Combined with the active management of the clinical record system, the service delivers a high standard of care. Further benefits include risk management of children and young people who do not access interventions when they are contacted.

10. Eating Disorders

A children and young people's eating disorder service has been developed to reduce hospital admissions and improve long term outcomes for young people and adolescents with eating disorders (Anorexia Nervosa, Bulimia and other binge eating disorders). The community-based eating disorder service is delivered across Coventry and Warwickshire by CWPT. The service offers interventions for 0–18-year-olds and works closely with the adult eating disorder services to ensure transition arrangements at clinically appropriate times. This also means that a joint assessment between both services takes place where appropriate.

Referrals to the service are accepted from GPs and other professionals, including school nurses. The service offers specialist assessments, which are undertaken in Coventry, and treatment is provided across Coventry and Warwickshire. Every new referral has a telephone contact triage by the specialists in the team to determine the urgency of the situation and the allocation of appropriate resources. All referral time scales are clinically informed.

During the pandemic, CWPT reviewed what offer the eating disorder service provides to children and young people. As a critical service, urgent referrals have been maintained and routine referrals were prioritised as soon as the service had capacity to undertake these. There has continued to be a mixture of face-to-face support and also support provided via the 'Attend Anywhere' video platform.

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

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

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

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

Table twelve: Waiting times for Routine and Urgent Referrals 2021-22

CCG	Indicator	2021/2022				2022/2023	
		Jun/Q1 2021	Sep/Q2 2021	Dec/Q3 2021	Mar/Q4 2022	Jun/Q1 2022	
ALL	Actuals	No of CYP referred	9	8	6	21	10
		No of CYP seen within 1 week	1	2	2	5	1
		% of CYP seen within 1 week	11.11%	25.00%	33.33%	23.81%	10%
		No of Adults referred	0	1	0	2	1
		No of Adults seen within 1 week	0	1	0	0	1
		% of Adults seen within 1 week	0%	100%	0%	0%	100%
		UrgentTotal (%)	11.11%	33.33%	33.33%	21.74%	18.18%
	Actuals	No of CYP referred	45	41	38	29	33
		No of CYP seen within 4 weeks	10	7	3	0	2
		% of CYP seen within 4 weeks	22.22%	17.07%	7.89%	0%	6.06%
		No of Adults referred	4	7	8	3	3
		No of Adults seen within 4 weeks	2	5	6	3	1
		% of Adults seen within 4 weeks	50%	71.43%	75%	100%	33.33%
		Routine Total (%)	24.49%	25.00%	19.57%	9.38%	8.33%

Owing to data capture issues, the latest access and waiting time standard data has not able to have been produced but it can be seen from the table above that wait times for both routine and urgent referrals have not been met. While additional investment has been provided against increased demand during the pandemic, the increased levels of need alongside more complex cases, further investment is required to provide additional resources, and this is being planned for. In addition, as a system we are working closely with NHSE to support the development and capacity of this service offer.

The current Transformation Plan maps performance against the eating disorders access and waiting time standards, it additionally is mapped against funding that has been received to deliver the service model. It is acknowledged that the current offer does not have the capacity within the clinical establishment to meet the demand. Locally, the national picture is mirrored, and consists of increased referrals with children and young people presenting with significant eating disorder needs. This, alongside the previous clinical established capacity difficulties, has a been a challenge locally across Coventry and Warwickshire. The team is working closely with the NHS England assurance team to support achieving the 95% access and waiting team standards.

Within the Transformation Plan, four key priorities have been identified to support achieving the access and waiting time standard:

1. expansion of the core team,
2. 18–19-year-olds pathway,
3. Avoidant Restrictive Food Intake Disorder (ARFID) pathway, and
4. intensive home support pathway.

The ARFID pathway and intensive home support pathway will be additional offers provided by the current eating disorders service rather than newly established teams and offers.

The team have committed to developing their skill base with relevant NICE led training to ensure the needs locally are met. The team has undertaken ARFID training, Maudsley training and are also exploring Autism Spectrum Disorder (ASD) & eating disorders training and Dialectic Behavioural Therapy (DBT) skills. The team is also part of the West Midlands collaboratives and are utilising their clinical networks to learn and support from other services.

Additionally, to support early help and the provision for children and young people developing eating disorders both our community eating disorder team and the MHST programme have been working alongside a local charity, Taste Life, to co-deliver psycho educational programmes and parenting support for Coventry and Warwickshire. The eating disorder team has also been exploring working with other voluntary organisations to support step up and step down to specialist eating disorders services to improve patient flow, recovery, and experience.

Increased Referral & contacts information

Table thirteen: referrals and performance against waiting time standards for children and young people eating disorders service

	Mar/Q4 2021 Referrals	Mar/Q4 2022 Referrals	Increase in referrals (%)	Mar/Q4 2021 Performance	Mar/Q4 2022 Performance	Decrease in performance
Urgent	9	21	133%	48%	23%	51%
Routine	24	29	21%	52%	21%	60%

The above shows how although the routine performance level has decreased more than the referral numbers have risen, the urgent performance has dropped much less than the referral rate has increased – therefore this demonstrates that diverted capacity has had an impact.

A clear trend can also be seen in increased demand and increased contacts from table fifteen below (being prepared currently for a demand and capacity paper, due to be finalised with Grant Thornton who are currently scoping the demand and capacity for the children and young people’s service, with eating disorders a starting priority):

Table fourteen: referrals and contacts into the children and young people eating disorder team from 2019/2020 to 2021/2022

	19/20	20/21	21/22
Referrals	156	179	222
	19/20	20/21	21/22
Contacts	3210	3379	4329

This shows referrals increasing by 42% from 19/20-21/22 and contacts increasing by 34% to attempt to meet demand. However, noticeably discharges from the children and young people's eating disorders team have dropped by 20%. This indicates that for whatever reason (potentially lack of step-down services and capacity within core CAMHS) the team are holding on to more individuals. This has a knock-on effect on capacity to see new cases.

This is coupled with a challenging staffing position. This remains the single biggest priority to improve the waiting times, with positive recruitment in progress– which includes:

- An additional band 7 nurse
- 3 CYP MH practitioners
- A second dietician
- A psychologist
- A CBT therapist
- A clinical coordinator
- A team lead

These roles will be in post by September 2022.

There is a further plan to source a GP and have them embedded within the eating disorders service to support physical health monitoring and improve relationships with GPs. The community eating disorder service has also been equipped with the ability to undertake ECGs in the home environment.

RISE as a community mental health provider presently engages with Quality Network for Community CAMHS and are exploring engaging with the QNCC eating disorders quality improvement peer support network.

As part of the ongoing quality improvement across the RISE service generally (which includes the eating disorders service), the service is participating in the Child Outcomes Research Consortium (CORC) accreditation for children and young people routine outcome measures. This is a mental health quality goal for CWPT with full accreditation planned to be achieved by March 2023. The CORC Accreditation Scheme is a voluntary quality assurance scheme that supports those interested in children and young people's mental health and emotional well-being to identify services that use outcome and feedback measures to a high standard. The Best Practice Framework is a set of standards, tools, and guidance for ensuring the highest quality use of outcome and feedback measurement in organisations supporting children and young people's mental health.

There are four key areas of focus within the accreditation: leadership and management; staff development; infrastructure and information management; and service user experience. As a result of implementing the framework, it has enabled RISE to obtain meaningful data (including that of the eating disorders service) which helps to evaluate clinical effectiveness, to plan workforce, training needs and to ensure children and young people's mental health needs are met at the right place

and right time. It additionally encourages staff and children and young people participation in a meaningful use of outcome measures feedback and engagement with the resulting data.

11. Children and young people mental health services working with educational settings

The Mental Health Support Team (MHST) programme is currently established in 47 education settings in South Warwickshire and is in the process of being rolled out to 28 schools in Nuneaton and Bedworth. Approval to implement an MHST in Rugby has been granted by NHSE and work towards this has commenced.

The MHST programme is currently established in 30 schools across Coventry.

The Rise MHST provision across the county is delivering on the three core functions:

- To deliver evidence-based interventions for mild-to-moderate mental health issues
- To support each school or college to introduce or develop a whole school or college approach and
- To give timely advice to school and college staff and liaise with external specialist service to help children and young people to get the right support and stay in education.

There are several elements which make up the MHST programme in schools which include the following:

- Low level intensity work using Cognitive Behavioural Techniques (CBT) and methods – these focus on the prevention of issues getting worse. This often includes one to one sessions – usually with approximately 6 sessions for each referred child. Issues which can be treated include anxiety, low mood, exam stress, worry, panic, developing coping techniques; and building resilience. Issues which cannot be treated include severe and active self-harm, anger management, chronic depression, severe attachment disorders; and eating disorders.
- Specialist support – there is some scope to provide more intensive CBT for pupils requiring it and who are struggling with obsessive compulsive disorder (OCD), Post Traumatic Stress Disorder (PTSD), social anxiety, and single incident trauma.

There is a whole school approach (WSA) with practitioners working with the school to embed strategies to support good mental health in all aspects of it. This often involves class group work, assemblies, teacher training sessions and parental support.

It is still early in the process of implementing the overall MHST programme across the Coventry and Warwickshire so a formal evaluation of the impact of the MHSTs

has not yet been conducted however early indication from Warwickshire demonstrates that:

- Over the last year the MHST programme has supported a total of 788 referrals for children and young people in school settings.
- Of those 788 referrals direct work with 592 children and young people as been conducted.
- All referrals to the MHST if not accepted for direct work are offered advice, guidance, and signposting.

Currently, there is not data available for Coventry's referral numbers.

The top 3 referral themes are:

- Anxiety and phobias
- Depression and low mood
- Behaviours and attachment-based difficulties

During the first year of running this MHST, there was an underspend across Coventry and Warwickshire on workforce and so it was agreed to establish a Youth Participation Worker role with this funding to further enhance the support available. These roles supported and enhanced school engagement, coproduction, and the development of the WSA. They were particularly useful for engaging with those children harder to reach and getting them involved in the programme. If there is reoccurring underspend in the future, it is likely that it will be utilised for the continuation of these roles, given the added value they provide to the impact of the programme.

There are some notable key achievements of the MHST programme in Warwickshire so far. In terms of school staff, it has helped schools and staff:

- Feel more confident talking to children and young people about mental health issues
- Be able to access advice about mental health issues more easily
- Help staff access quicker direct support for children and young people with some mental health problems much more quickly; and
- Develop a positive and proactive culture within schools where the discussion of mental health is encouraged and is supported.

The following video clip shows some positive feedback from a local teacher - [Lead in school gives her experience of Rise Mental Health in Schools Teams](#)

Children and young people and their parents have experienced several positive elements from the programme which include:

- Accessing support for mild to moderate mental health issues more quickly than going through traditional support routes
- More children being able to access support

- Being able to receive support in a familiar setting
- Support given early on which prevents children becoming worse and struggling with their mental health at a later age
- Reducing the need for children to be referred into specialist mental health services
- Assisting children in developing coping strategies and building resilience which can take them through the rest of childhood into adulthood.

Some of the feedback received from children and young people about the impact of the MHST have included the following:

“I started getting help from MHST in December through my school. I was going through an extremely difficult time mental-health wise, which was having an enormously negative effect on my ability to concentrate in school, as well as my ability to function in day-to-day life. I was taking a lot of time off school at a time that was crucial for me, so my parents and I decided to reach out and ask if there was any help available.”

“Because of MHST, I have made so much progress. Treatment can be tough at times, especially if you’re going through a rough time with mental health. I always felt, however, that the people who worked with me were on my side and were there to help me. I never felt alone in my time with Camhs and always felt comfortable talking to the people who helped me. At the beginning of my treatment, I was unable to focus during school or hang out with friends. Now, at the end, I’m in sixth form studying A-levels and am able to enjoy time with friends and family, which feels amazing. Even though I know I’ll still have bad days, I have all the knowledge I need to deal with any issues that come my way on my own, which was unfathomable to me last year. My worker even helped me come up with an in-depth plan for the bad days that may come, which gave me the confidence to finish my treatment knowing that I’ll be okay. I am so thankful to the people that have helped me this past year, because I’ve had an incredibly positive experience throughout.”

Some of the feedback received from parents about the impact of the MHST have included an email received from a parent of a young person (in year 7). The young person undertook Worry Management sessions and achieved her goal – “To feel better in lessons by May half term, shown by feeling good about lessons and feeling able to try to do the work in lessons”.

Other notable positive outcomes include:

- Support for parents included in the process and the way in which this gives parents confidence in dealing with their children’s mental health issues
- Development of better partnership working mechanisms between education, health and other partners; and general greater levels of awareness of mental health problems across educational settings, amongst pupils and their families.

To support early help and prevention of children and young people developing eating disorders both the community eating disorder service and the MHST programme

have been working alongside a local charity, Taste Life, to co-deliver psychological educational programmes and parenting support.

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

Employee progression within the MHSTs has been explored with support from Rise IAPT lead and collaboration with HEE. As a result of this integration into the structure both in MHST and PMHT the role of senior Educational Mental Health Practitioner (EMHP) and CWPT has improved. This structure within the EMHP career progression will be within all the MHST models and will further support recruitment and retention success.

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

12. Early Intervention in Psychosis

For children and young people at risk of experiencing psychosis, the Coventry and Warwickshire Early Intervention in Psychosis service (EIP) delivers a full age-range service, including all those aged 14 or over experiencing a first episode of psychosis, with strong links into CAMHS services. The EIP team managers meet bi-monthly with Rise where there are opportunities for training requests and training to be provided. All EIP staff are trained in safeguarding level 3 which includes children and young people.

EIP and Rise have a joint working policy which is in the process of being converted from a policy document format to a Standard Operating Procedure (SOP). Within this joint working protocol as per this document children and young people mental health retain clinical responsibility with specific input from Early Intervention clinicians and consultants where necessary. All Early Intervention Psychologists have training and experience in working with children and young people, so they can provide support and supervision to Early Interventions Clinicians who deliver Carers Groups and BFT. Recent uplifts in service provision have also further enhanced the provision of BFT and carers support.

The EIP service provides evidence-based treatment linked to the IPS offer, delivered by Rethink, and embedded in CWPT EIP teams. Early Intervention actively support young people in education settings.

13. CYPMH Digitally enabled care pathways

CWPT continues to improve and expand the digital offer in line with the Local Transformation Plan across Coventry and Warwickshire. A refresh is required to move away from the emergency measures implemented during the Covid Pandemic, therefore, the service has planned for a review of the website at the end of September 2022 utilising the framework and feedback from the Young Minds mystery shopper exercise presented by NHSE. Youth workers will seek to engage children and young people and families in this exercise so that the future site can be co-produced.

24/7 crisis helpline

After the initial mobilising of a 24hr accessible crisis line in support of children, young people and their families across Coventry and Warwickshire during the initial phase of the pandemic. The Rise service has maintained their freephone crisis line which is available 24-hours a day, 7-days a week, with an advice-only service outside the core hours of 8am-8pm. *The Crisis support section provides more details about this offer.*

Online Consultations and counselling sessions

CWPT continue the use of 'Attend Anywhere' (AA), the NHS digital consultation platform. Rise presented the use of AA as part of the Global Digital Exemplar programme, enabling continued support to children and young people while also working within the NHS and COVID safe guidance.

The Primary Mental Health team continue to provide parent and professional consultations remotely via their attend anywhere video platform and telephone. Rise continue to partner with HEALIOS, (an online treatment service), that has been commissioned through CWPT ensuring children and young people have the best chance of achieving their goals to fulfil their life's potential through supporting mental health, emotional wellbeing and resilience. This offer provides direct support to children and young people, through an online approach, who may not require

specialist CAMHS intervention thus supporting the improvement of waiting times. HEALIOS also provide support to children and young people undertaking initial mental health assessments and deliver online cognitive behavioural therapy (CBT) sessions.

The Mental Health Interventions for School Children (MHISC) Framework

The MHISC Framework in Warwickshire delivers low level early interventions provided by a pool of non-specialist organisations to address mild to moderate emotional wellbeing and mental health issues. In this way, issues faced by children and young people are addressed early, reducing the likelihood of becoming entrenched and escalating thus and therefore preventing the need to be referred into the Rise Service.

Many of the current providers on the framework are now able to offer their interventions via digital/online means in addition to the face-to-face offer. Wellbeing For Us¹⁹ is a new Online Wellbeing Platform offer on the framework which aims to provide young people support with a qualified and experienced mental health team.

The digital offer enables immediate online help from accredited therapists who can help with a range of issues including depression, anxiety, stress, grief, and more. There is an online chat facility, workshops, or a video call with a therapist.

Rise Website

The Rise website²⁰ remains under constant review to ensure the content is updated and responsive to the local need and national updates. The website hosts a link to 'need help now' where children, young people and their families can find urgent information and support in a crisis.

The website provides a comprehensive gateway of information and support around mental health and emotional wellbeing, the front page has three portals for one for CYP, one for parents/carers and one for professionals.

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

- Access to Think Ninja,
- Dimensions tool App
- NHS and other recommended Apps
- Recommended local and national website links
- Access to confidential text support
- Courses and support through IAPT services
- Mental health Factsheets
- Suggested resources including YouTube videos,

¹⁹ <https://wellbeingforus.com/>

²⁰ www.cwrise.com

- Signposting to other local and national support organisations
- How and where to get support
- Information video clips from the Rise service staff.
- Access to telephone consultations for parents and carers
- Access to self-help action plans in supporting parent of CYP who are returning to school post COVID restrictions

The professional portal provides information for all professionals, including schools, GP's and social care on:

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

Kooth

Coventry and Warwickshire, Kooth is an online wellbeing community available for young people aged 11-25 years across Coventry & Warwickshire. As a fully commissioned service, Kooth is a completely safe and anonymous website where young people can go to receive advice, support and guidance up to 10pm, 365 days a year. Kooth's experienced online team, moderated message forums, magazine and online Activity Hub can offer emotional support to young people with a wide range of issues, from having a bad day or falling out with their friends, to more serious issues such as bullying, stress, anxiety, depression, family relationships, sexuality, eating disorders, self-harm, abuse etc.

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

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

Kooth also provide online local and national webinars to support professionals and parent carers understand wider topics on mental health and supporting children and young people

Dear Life

Dear Life²¹ is a suicide prevention portal for Coventry and Warwickshire which aims to reach people who are desperately seeking support and information, or, to provide support and information to anyone who is worried about a loved one or someone they know. The Dear Life blog on the website also includes inspirational stories from people with lived experience. The news of this positive development was picked up by local press in Bedworth and Atherstone and it is hoped to see a wider reach over the coming weeks

Facebook, Twitter and Instagram

The need to keep connected with children, young people and their families at this time has been more important than ever due to limitations around face-to-face contact. Social media outlets have played their part in keeping them connected not just with support services but their friends, peers and wider communities. The Rise service has a continued presence across social media sharing motivational, supporting and informative messages around managing anxiety, loneliness, self-care, #YouAreNotAlone, #BetterTogether, #Kindness, resilience, positivity alongside sharing messages of support and information around exams and transitioning through school.

The Rise service has also participated in several local and national campaigns over the year including Wellbeing 4 Life event

Digital Apps

The Dimensions of Health and Wellbeing is a free online tool providing self-care information to support adults, children and young people in Coventry and Warwickshire. You can rate yourself or another person against a number of dimensions related to health and wellbeing. The Dimensions tool is available 24/7 and creates a Dimensions report which provides information about self-care, local services and support.

The Dimensions tool continues to support the delivery of the digital care in Coventry and Warwickshire and is in line with the ambitions of the NHS Long Term Plan, especially supporting digitally enabled care and joined up care, with Dimensions being the 'go to' tool of choice for CWPT.

The Dimensions Tool has good support from partner agencies in education and social care. This allows the Trust to provide information in a consistent manner and our community can signpost to this one tool to find self-care information. Dimensions information flyers are clearly branded as part of the CWPT's work to assist all the people in our area - the public, service users, local professionals and CWPT clinicians.

Health care inequalities are addressed by ensuring that people can more easily find support and information, regardless of their postcode or their ability to access face-

²¹ <http://dearlife.org.uk/>

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

All parents/carers are encouraged to complete the digital Dimensions Tool before completing a consultation. This is used to inform consultations with parents/carers which is proving very successful.

The ease of access via self-referral for parent consultation supports the early help vision well. Data from the dimensions tool helps to understand the main presenting difficulties. The current themes/trends that have been extracted show the main area of difficulties for our CYP is anxiety and worry. There continues to be a reduction in presentation with challenging behaviour possibly due to the embedded early help pathway and parent support available

The Dimensions team have been developing a new e-booklet²² ready for publication. The e-booklet is hosted on the Dimensions website news page and has had over 2,000 views in the first three weeks since its launch.

The Dimensions Team has been out and about promoting the Dimensions Tool, the e-booklet and the upcoming Autism Conferences at a wide variety of events in Bedworth, Rugby, Nuneaton, Leamington, Kenilworth, Stratford and Coventry.

Training and webinars

The Primary Mental Health Service continues to deliver a programme of workshops for all parents and carers.

Parent Workshops delivered via Zoom

- Understanding and Supporting Children Aged 3-11 Years with Anxiety
- Understanding and Supporting Children Aged 12+ Years with Anxiety
- Understanding Emotional Regulation in School Aged Children
- Understanding and Supporting Children and Young People with School Refusal
- Understanding and Supporting School Aged Children Who Self-harm
- Understanding Self-esteem in Children & Young People

²² <https://dimensions.covwarkpt.nhs.uk/>

Feedback has been consistent with average scoring of Very satisfied or extremely satisfied for all or out workshops. Qualitative feedback from delegates when asked about the workshops

- *Informative, great to find out where extra support can be found. Feeling not so alone. Very supportive.*
- *This workshop gave me Insight into ways to build up children's self-confidence and about adopting appropriate language*
- *I received clear and useful information which will help my child*
- *I have gained an understanding and ways to improve self-esteem and links to further support*
- *Really clearly explained, great summary and ideas to try*
- *Is it nice to hear we are not alone going through this tough time. It was great to find the services available to help us*
- *Informative and well executed, lots to take away and implement.*
- *Very informative, good tutor who explained things well*
- *I received Practical ideas, reassurance that what I've been doing has been right.*

The Primary Mental Health Service continues to deliver a programme of workshops for all professionals. This is co-facilitated/delivered with the Coventry PMHT

100% of professionals report being better able to support after contact with PMHT whether it is training, consultation or advice and guidance

Training workshops for professionals could include:

- Mood
- Self-Harm
- Attachment
- Eating disorders
- Boomerang
- Self Esteem
- Challenging Behaviours 12+
- Challenging Behaviours 3-11
- Transgender Awareness
- Staff Wellbeing
- Bespoke front door Rise training

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

Coventry and Warwickshire Mind (CWMind)

CW Mind deliver group interventions to children and young people with low to moderate level of emotional wellbeing needs through the Reach Service in Coventry,

and the RISE service in Warwickshire. In response to the COVID pandemic CW Mind completed a SWOT analysis and produced an action plan to mobilise and implement a revised digital offer to children, young people and their families.

The service mobilised over to a digital platform, where children and young people were able to access a 6-week webinar programme designed to build resilience and help them identify and regulate emotions. This was a rolling programme for ages 7-11 and 11-18 and following feedback, these were further broken down into age ranges of 7-11, 11-14 and 15-18 years old. Pre-recorded webinars were also produced and have been accessible to children and young people on the waiting list for the Reach and Rise service since August 2020. These are currently being updated again following further feedback and the changing climate of needs, utilising the feedback received from those who have accessed the webinars and also from our return to face to face work.

CWMind also created workbooks and self-help resources, which include the return to school resources, anxiety booklets and mindfulness workbooks. All of these have been regularly updated as we have moved through the Covid pandemic to reflect the current situation.

There are also two PowerPoint presentations on Understanding Your Child's Anxiety and Self Esteem available to parents, with a third one having been developed based on feedback from parents and professionals. The latest webinar is How To Talk To Your Child About Mental Health. Return to school resources were also produced and emailed out to all schools, professionals, and parents and carers. Feedback from children and young people was sought for views of returning to school and provided to partners. At each stage during school return during the pandemic, these were updated based on the climate at the time and have since been updated again so that they can be utilised outside of the topic of Covid and can be used for young people who are unable to attend school to help re-integrate them back in, but also during transition periods.

During the lockdowns CWMind also adapted resources so we could deliver assemblies and workshops, directly into schools and into young people's homes and so as we navigate our new way of living, we are still able to offer these which means we can deliver even if school is unable to open, for example during future periods of difficult weather conditions where schools may traditionally close.

In addition, they have spent time creating an online resources page where we have information and resources available for parents/carers, children and young people themselves, professionals, autism resources, access to the workbooks and self-help resources to name a few. [Resources for children and young people - CWMind](#)

All services including direct intervention and training/support for professionals can be delivered equally across digital or physical mediums. Due to the complexity of the Children Looked After (CLA) cohort, this is generally not deemed to be optimal, however there are a number of young people and professionals that thrive with the more varied means of accessibility they are now able to offer and so this has now become part of the core offer across all services.

The development of multiple digital delivery resources as detailed in the paragraph above, which include practitioner led work as well as self-help provision. CWMind also offer digital consultations and assessments as standard within our services, offering increased accessibility and availability to all. Digitally enabled therapy and training within the CLA service is equally within capacity, to be offered on a bespoke, personalised basis as deemed appropriate through collaborative decision making with the young person

Digital methods of delivery are now a fundamental part of CWMind' s service offer across all services and are offered as a standard element of their work for those who require this.

All registration and evaluation forms are available via digital methods and young people who use this to method in accessing the service, are asked about the effectiveness of the digital technology.

CWMind also have a mailing list of parents/carers and professionals that they can utilise with service updates, resource updates and any other communication to be shared, as well as to enable more effective collaboration. CWMind still utilise their digital platforms to provide interventions where required as well as access to their resources page. CWMind has carried out extensive work on their website to make the experience of navigating is more user friendly as well as now working on enabling referrals to come through via the website page for some services.

CWMind have multiple Children and young people social media channels (TikTok, Instagram, Facebook – Twitter is also used by the wider organisation) that they utilise to share the work they are doing, offer signposting information and utilise to engage not only young people and their families, but also those who may not have accessed our services before. CWMind also use this pathway to collaborate with followers to ensure they have the means to input into service design and delivery.

During the pandemic, the CLA team also worked to deploy a full digital service. Now that things are settling systemically, the service has acknowledged that this adds an entirely novel and resolute arm to the main service offer. Practitioners now have the capacity to adapt to the needs of each service user and professional when it comes to location, medium and shared goal and decision making

Sustaining development and next steps

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

CWPT current strategy to ensure digital transformation within CYPMH will fit into the broader digital mental health strategy for the STP is centred around interoperability of clinical systems, more integrated care through the new Integrated Care Record and using Population Health data to better design and plan services. The strategy

will also look at system-wide use of e-Consultation, a Patient Portal, remote monitoring and apps. It will also look at ways of ensuring that digitally enabled care does not widen the health inequality gap

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

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

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

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

14. Health and Justice

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

The workers provide an assertive outreach model in relation to direct therapeutic work with young people, who are subject to Court Orders, particularly working with young people with complex needs. They also work with their families where possible to provide wider and more sustained support for young people. They provide mental health input into pre-sentence reports informing sentencing and recommendations, liaising closely with police and the secure estate. The mental health workers offer enhanced case management for young people who have suffered multiple adverse experiences and require additional support is provided including transitions to adult mental health services. In addition to their clinical work, they also provide consultation and training to multi agency staff and consultation to all partner agencies involved with young people. Health practitioners prioritise children in most need, and the YJS continues to be to a good standard with specific focus to children transitioning to and from Tier 4.

When young people are in secure estates, the mental health workers within YJS provide support for young people transitioning back into the community. They are involved in the discharge planning, providing agreements on implementation of the plan and supporting the plan following release. A new resettlement process has been devised with the health team and YJS Board Members. This includes an initial custody review and Comprehensive Health Assessment Tool upon entry into custody.

Coventry and Warwickshire Liaison and Diversion Team consists of mental health practitioners and support workers, who are in place to support children and young people, who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service supports young people through the early stages of criminal system pathway, following an assessment, and may refer them to more appropriate health or social care services, where appropriate. By providing a route to treatment for people whose offending behaviour is linked to their illness or vulnerability, to support the reduction of reoffending. The service also supports children and young people within custody when have been arrested, and particularly when crisis care is required 7 days a week, following an initial assessment and identification of needs. The service also provides court reports with the young person's consent to inform court decision around sentencing and support. The teams provide ongoing assessment referral on and support to attend first appointments in the community following release from custody/court. Where the Liaison and Diversion service requires support from Forensic CAMHS the YJS workers are able to access this from Forensic CAMHS service based in Birmingham, which they have an established and good working relationships with. The team also aim to raise awareness and understanding of vulnerabilities for those working within the criminal justice system through formal, informal training and networking days.

Children and young people who come into custody are subject to a risk assessment to understand specific needs. Children who are in custody are seen by both Health Care Practitioners and the Liaison & Diversion Service. The Police have recently set up a multi-agency review team with Youth Offending Team (YOT), Emergency Duty

Team (EDT), Local Authority, Safeguarding & Vulnerability, Liaison and Diversion & Custody Managers. This team will dip sample records of children who have been in custody to better understand their journey, partnership interaction and disposal especially when remanded. Work is ongoing to improve the Inspectors Police and Criminal Evidence Act (PACE) Review of Children in Custody. A guide for Inspectors is currently being written and will be introduced in due course.

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

Within the Harm Assessment Unit (HAU), following an initial response, the completion of a Child Risk Assessment is conducted at the point of recording an event or crime. This will provide a medium or high grading and initiates a task into the HAU where it will be reviewed to identify what support services could be allocated to the child or young person in the circumstances. A referral will also be made to the most appropriate service, if available and this includes informing Children's Social Care.

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

There is a Coventry Warwickshire Mental Health Multi Agency Meeting attended by Coventry and Warwickshire Partnership NHS Trust, Warwick County Council, West Midlands and Warwickshire Police, Local Acute Trusts to discuss mental health response and the Police have a Statutory and Major Crime Review Unit who complete Domestic Homicide Reviews (DHR), peer reviews for Child Death Overview Panels (CDOP) and other reviews to assist with learning lessons in respect to any aspects of safeguarding which includes mental health in children where relevant.

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

Trauma Informed Practice

Warwickshire Youth Justice (WYJS) continue to provide ongoing consultation intervention with case managers to ensure a health narrative and trauma informed practice when working with children who have experienced adverse childhood experiences and present with complex need / difficulties.

WYJS Rise continue to have an integral part in informing Youth Justice chaired multiagency Risk, Safety and Wellbeing Meetings. This is an important part of embedding trauma informed practice within WYJS whilst Rise ensure that in depth holistic discussions take place about the child with focus on their experiences, presenting difficulties and previous experiences of interventions. Information gathered directly informs formulation around mental health need and multiagency intervention planning in the context of the child's safety, wellbeing and risk of reoffending.

This embedded process has offered a more coherent platform to both multiagency planning and direct Rise interventions which ensures a trauma informed focus and approach within Youth Justice interventions and collaborative working within the wider multiagency systems of support around the child. Embedding a trauma informed practice within WYJS processes offers opportunity to streamline number of meetings required and prevents duplication of work, ensuring the health narrative remains a consistent presence in intervention. This process has also been particularly helpful when supporting the transition of support for the young person at the point of their Youth Justice intervention coming to an end.

Information Sharing Processes with Criminal Justice Liaison and Diversion (CJLD)

The information sharing processes between WYJS and CJLD will require ongoing discussion and review. The process of information sharing has highlighted some wider challenges in relation to the safeguarding of young people who enter police custody. This has been escalated through appropriate pathways within WYJS and Rise.

Rise continue to work in partnership with YJS to inform discussions and planning around the introduction of the TIRS (Trauma Informed Recovery Service).

Positive Directions Service (Previously Trauma Informed Recovery Service)

The over-arching aim of the Positive Directions Service is to provide holistic, strengths based, child centred support to children and young people (and their families) who have experienced trauma and adversity. The service seeks to avoid the inappropriate labelling and pathologisation of children and young people and aims to provide an intersectional approach to trauma.

The framework will have a specific focus on those children who are known to youth justice and children and young person's teams, those children and young people who are registered with alternative education providers and those transitioning back into community settings from the secure estate.

Referrals will be accepted for the Positive Directions Service for any child and young person aged 10-18 years old who has been subjected to singular or cumulative incidents that have resulted in trauma and adversity and fall into one or more of the following categories:

- Adolescent Team
- Youth Justice Team
- Extended non-attenders of education (attendance less than 50%)
- Open to Youth Justice
- Children and young people transitioning from the secure estate into the community.

Local Transformation Plan - Glossary of Terms

AA	Attend Anywhere
AHP	Allied Health Professions
AMH	Adult Mental Health
ARFID	Avoidant Restrictive Food Intake Disorder
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BFT	Behavioural Family Therapy
BME	Black and Minority Ethnic (population)
CAMHS	Children and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCC	Coventry City Council
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panels
CETR	Care, Education and Treatment Review
CJLD	Criminal Justice Liaison and Diversion
CLA	Children Looked After
CMHT	Community Mental Health Team
CNCC	Quality Network for Community CAMHS
CORC	Child Outcomes Research Consortium
CTR	Care and Treatment Reviews
CW Mind	Coventry and Warwickshire Mind
CW ICB	Coventry and Warwickshire Integrated Care Board
CWP	Children's Wellbeing Practitioner
CWPT	Coventry and Warwickshire Partnership Trust
CYP	Children and Young People

CYPIHP	Children and Young People Integrated Health and Care Partnership Board
CYPMHB	Children and Young People's Mental Health Board
CYPMHS	Children and Young Peoples Mental Health Services
DBT	Dialectical Behaviour Therapy
DFE	Department for Education
DHR	Domestic Homicide Reviews
DID	Dissociative Identity Disorder
DSR	Dynamic Support Register
EbE	Experts by Experience
ECG	Electrocardiogram
EDT	Emergency Duty Team
EIP	Early Intervention in Psychosis service
EMHP	Education Mental Health Practitioner
GP	General Practitioner
HAU	Harm Assessment Unit
HCP	Health Care Partnership
HEE	Heath Education England
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
iWGC	I Want Great Care
JSNA	Joint Strategic Needs Assessment
LDA	Learning Disabilities and Autism
LTP	Local Transformation Plan
LTP	Long Term Plan
MBT	Mentalisation Based Therapy
MDT	Multi-Disciplinary Team

METIP	Multi-professional Education and Training Investment Plan
MHISC	Mental Health Interventions for School Children
MHSDS	Mental Health Services Data Set
MHSTs	Mental Health Support Teams
MHST	Mental Health Support Team
NEET	Not in Education, Employment, or Training
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Clinical Excellence
NVAP	National Vulnerability Action Plan
OCD	Obsessive Compulsive Disorder
PACE	Police and Criminal Evidence Act
PCN	Primary Care Network
PCV	Parent Carer Voice Group
PHSE	Personal Social Health Education
PMHT	Primary Mental health Team
PMSS	Peer mentoring Support Service
PTSD	Post-Traumatic Stress Disorder
PWP	Psychological Wellbeing Practitioner
RAG	Red, Amber, Green
ROM	Routine Outcome Measures
RSHE	Relationship and Sex Education and Health Education
SNOWMED	Systematized Nomenclature of Medicine Clinical Terms
SOP	Standard Operating Procedure
STT	Scientific, Therapeutic and Technical
SWFT	South Warwickshire Foundation Trust
TIRS	Trauma Informed Recovery Service
UHCW	University Hospital Coventry and Warwickshire

VKPP	Vulnerability Knowledge and Professional Practice
WCC	Warwickshire County Council
WMPCPC	West Midlands Children Provider Collaborative
WSA	Whole School Approach
WTE	Whole Time Equivalent
WYJS	Warwickshire Youth Justice Service
YJS	Youth Justice Service
YOT	Youth Offending Team
YP	Young Person