

Engagement Update Paper: Mental Health and Emotional Wellbeing Services for Children and Young People in Coventry and Warwickshire



NHS South Warwickshire Clinical Commissioning Group **NHS** Warwickshire North Clinical Commissioning Group **NHS** Coventry and Rugby Clinical Commissioning Group



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Glossary:

Term	Explanation
ASD	Autistic Spectrum Disorder
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
Commissioning	The process of funding, planning and monitoring local services. The commissioning organisations leading this redesign process are South Warwickshire CCG, Warwickshire North CCG, Coventry and Rugby CCG, Coventry City Council and Warwickshire County Council.
Service Specification	The contractual document that sets out what a service will deliver, and what outcomes need to be achieved.
YoungMinds	The leading national mental health charity that has worked with commissioners to understand what support is required in future.

1. CAMHS Redesign Project and How to Get Involved

Child and Adolescent Mental Health Services (CAMHS) and emotional wellbeing services are delivered across Coventry and Warwickshire by a range of providers. These are commissioned by our three local clinical commissioning groups and two local authorities who have formed a Project Board, including other key partners such as NHS England, school and parent representatives.

Commissioning partners are working together to improve how mental health and emotional wellbeing services are provided for children and young adults.

Together we have an opportunity to change community mental health services for children and young people. It is widely recognised that it is not within the gift of one agency, or group of individuals, to improve emotional wellbeing and community mental health. Therefore, in partnership with national organisation YoungMinds, we are working with people to jointly develop a new way of delivering mental health and emotional wellbeing services in Coventry and Warwickshire. So far we have included families, schools, social care, youth services and people working in mental health.

This document gives feedback on what people have told us so far about:

- Current support
- What outcomes should be commissioned in future, and to deliver them:
 - What is required to prevent issues emerging
 - What is required to intervene early
 - What specialist support is required

To set out what this could mean for future services, feedback has been captured in a draft outcomes and support framework in section 5. This could form the basis of what is commissioned in future.

To comment on the draft outcomes framework and what support is required in future, please complete a survey online at :

<https://www.surveymonkey.com/s/CandWprofessionalsandproviders>

This is part of our engagement work to ensure any future proposals are informed by those who have expertise and experience of the CAMHS system. Consultation will take place at a future date when more detailed proposals are available. For more information on the project, please visit <http://www.camhscovwarks.nhs.uk/>

The high level next steps are outlined below:

Table 1. Next Steps

Activity	Date
Seek feedback from referring agencies and professionals on the draft outcomes and support framework	April 2015
Commissioners consider responses and develop draft service specification (s)	May 2015
Phased Implementation of new services	April 2016

2. The Current Position

A range of mental health and emotional wellbeing services are commissioned in Coventry and Warwickshire. These services are delivered against four levels of support, often referred to as 'tiers'.

Some services try to support other professionals (such as teachers) to work with young people who have low level, or emerging needs. Other services work with young people directly on a one to one, or group basis, where young people need higher levels of support.

Table 1. Current local services commissioned

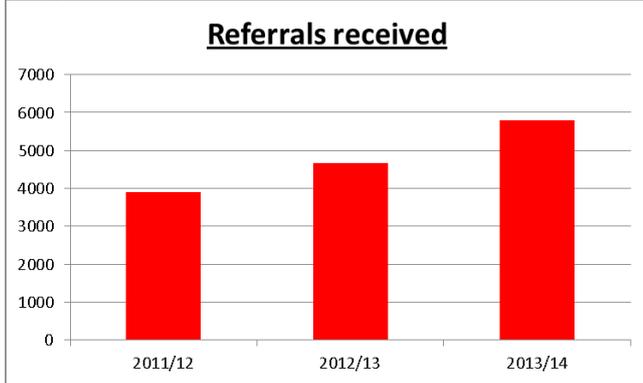
Tier	Service	Description	Which Organisations Fund the Service
Tier 1: Universal Services	Primary Mental Health Service (Coventry)	Primary mental health support to professionals (e.g. teachers & Social Workers) through consultation, advice and training to practitioners. Also holding small caseload.	Coventry City Council/ Coventry and Rugby CCG
	Primary Mental Health Service (Warwickshire)		Warwickshire County Council
Tier 2: Targeted	Reach (Coventry & Warwickshire)	Counselling, group work, peer support and self-help activities (including online)	Warwickshire County Council Coventry City Council
	Journeys (Looked After Children service)	Targeted support to Looked After Children and young people (LAC), families/ carers, and associated professionals (e.g. Social Worker).	Warwickshire County Council Coventry City Council
	Mental Health Interventions for School Children (Warwickshire)	Targeted interventions for young people with an open Common Assessment Framework (CAF).	Warwickshire County Council
	Early Intervention Service (EIS)	Interventions for sexual health, substance misuse and poor and coercive relationships.	Coventry City Council
Tier 3: Specialist	Specialist CAMHS	Specialist services to address moderate to severe mental health needs.	Coventry and Rugby CCG South Warwickshire CCG North Warwickshire CCG
Tier 4: In-patient	In-Patient CAMHS	In-patient admissions for children and young people that require hospitalisation.	NHS England

Key Issues Facing Current Services

There are a range of key issues facing mental health and emotional wellbeing services.

- **Increasing demand for Specialist services** – In the region of 20% year on year for Specialist CAMHS services. This has put significant pressure on waiting times for appointments.

Graph 1. Specialist CAMHS referrals 11/2-13/14.



- **Self-harm incidences and crises response** – The Specialist CAMHS service is increasingly responding to incidences of self-harm among young people admitted to hospital. This requires an immediate response from the service, and stretches capacity to respond to more routine CAMHS cases.
- **Autistic Spectrum Disorder (ASD)** - Increasing referrals of children and young people requiring assessment for potential autism. In Coventry the new ASD pathway was launched with an anticipated 300 referrals annually, however, approximately 900 referrals were received. In Warwickshire ASD assessment is complicated by the involvement of several organisations operating with different levels of resource across different parts of the county.
- **Complexity of mental health referrals** – Over 50% of specialist mental health referrals now require access to two or more clinical pathways.
- **Meeting the complex needs of vulnerable young people** – A health needs audit in Coventry of two vulnerable groups of young people demonstrated that over 50% had two or more of the following issues; risky sexual health behaviours, emotional wellbeing needs, and or substance misuse needs.
- **Fragmented service arrangements** – Mental health and emotional wellbeing services are commissioned by five organisations across Coventry and Warwickshire, resulting in children and young people’s journey through services being confusing.

3. The National Picture

In 2011, the coalition Government published their all age **Mental Health Strategy 'No health without mental health'**. This strategy set out a vision for improving mental health in England, for the whole population. The strategy recognises that mental health is 'everyone's business'. No health without mental health commits to six objectives which focus on key areas for improvement:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Perhaps most significantly the strategy recognises the importance of intervening early.

In October 2014, the **House Of Commons Health Committee** reported that there are serious and deeply ingrained problems in CAMHS. Several key areas for improvement were identified:

- **Information** – There is a lack of reliable information about CAMHS and that means that those planning are operating in a fog. Ensuring commissioners and Providers have up to date information must be a priority for the Department of Health/ NHS England Taskforce.
- **Early intervention** – There are compelling arguments for focusing investment in early intervention. The Department of Health/ NHS England should audit local authorities on this, and look to provide incentives.
- **Specialist tier 3 CAMHS** –
 - Providers are reporting increasing waiting times and referral thresholds.
 - Demand appears to be rising.
 - Transition to adult mental health is described as a 'cliff edge'.
- **Tier 4** – There are problems with accessing tier 4 provision.
- **Bridging the gap between inpatient and community services** –
 - Out of hours crisis services and paediatric liaison teams within acute hospitals can have a positive impact, reducing risk and length of admission.
 - National funding streams need to be changed to ensure that commissioners have more scope to invest in tier 3.5 services.
- **Education** – Variability exists across schools. It is recommended that the Department of Education introduce mandatory mental health training for teachers.
- **GP's** – Many GP's feel ill equipped and lacking in confidence to deal with mental health issues.
- **National priority and scrutiny** – Recommend a national specification and removal of funding barriers to developing tier 3.5 services.

Building on the work above, on the 17th March 2015 **NHS England and the Department of Health** published the report '**Future in Mind**': Promoting, protecting and improving our children and young people's mental health'. This report presented the conclusion of a taskforce established to consider issues in the delivery of CAMHS services.

The 'Future in Mind' report calls for change nationally in the way CAMHS services are delivered and Commissioned. Some of its proposals included:

- A five year programme to develop a comprehensive set of access and waiting times standards.
- Joining up services locally through collaborative commissioning approaches between CCG's and Local Authorities.

- CCG's and Local Authorities to publish their annual investment and needs of the local population.
- Investing in evidence-based treatments.
- Every area having a 'one stop shop' which provides support and advice.
- Integrating mental health professionals directly in to schools and GP practices.
- Improving public awareness.
- Implementing clear home treatment pathways to avoid admission to inpatient care.
- Improving the information available to inform commissioning and delivery of services.

In January 2015, **Public Health England published the 'Improving young people's health and wellbeing' framework.** The framework is clear that there is a need to

- Promote cross-sector approaches by working on integrated models for service delivery, helped by bringing staff from different disciplines together with agreed information sharing protocols.
- Consider joint commissioning and development of an integrated health and wellbeing offer to young people locally. The involvement of child and adult services is important as both will be part of the offer.

4. Engagement So Far – What You Told Us

The Approach Taken

YoungMinds were commissioned to undertake a range of co-production activities with parents and children and young people to support and inform the CAMHS Redesign Project in Coventry and Warwickshire.

As a first step, co-production groups were established with young people, parents/carers, professionals and service providers. Initial contacts were identified through publicity and with support from commissioners and voluntary sector infrastructure bodies locally. Relationships were developed with participants and built upon throughout the process.

YoungMinds used a range of activities to ensure young people and parents/carers were enabled and empowered to contribute to the redesign project both prior to meetings and during sessions.

This included developing the groups' understanding of co-production; the commissioning process and CAMHS (Tiers 1-3); providing information about resilience to inform their activities around Tier 1 and supporting them to see themselves as equal partners within the co-production process.

To date the following activity has taken place:

- Young people's workshops - 35 participants
- Parent/ carer workshops – 21 participants
- Workshops with referrers and professionals - 66 participants
- On line survey– 151 responses
- Co-production workshops consisting of a mix of young people, parents/carers, referrers and providers with the aim of pulling together all the ideas generated in to a coherent model.

Key Themes

In exploring needs and aspirations with the groups six key themes emerged which were then used to focus further, more detailed discussion. The themes were;

- System – how the range of support needs to work together
- Mental health promotion – how we promote positive mental health
- Navigator role – how families are supported through their care pathways
- Resilience – promoting and building a resilient community of young people
- The Hub - access to a range of support in a single community space
- Outcomes – focussing on the outcome, not inputs

All of the stakeholder groups commonly identified issues which applied across the system – from earlier intervention though to more specialist services. Common issues and some suggested solutions included the following;

- Experience of **the system was often disjointed** and participants describing having to retell their story many times to lots of different services;
- **Communication** - a lack of consistency and cohesion between service providers and the need for accessible information in a range of formats and for different audiences; also an integrated IT system would support communication.
- **Single assessments** rather than multiple – with the option for young people and/or parents to take their own notes with them between services.
- In T1 & 2 there was an appetite for **self-help** and a need for a wider wellbeing / mental health campaign which would offer everyone access to the right information and

opportunities e.g. social prescribing activities, encouragement of support networks (cited especially for parent/carer support) and other resilience based activity in the community.

- **Staff attitudes and skills** throughout the system – more training and continued professional development. There was also the suggestion of a universal requirement for staff to have mental health awareness training sessions.
- Need to develop **integrated pathways earlier (before issues escalated)**.
- **Smooth transition** between service areas and especially at transition points for example into adult services.
- **0-25 pathways** reducing transition points and creating continuity of services and relationships.
- Requests for **consistent relationships** i.e. one person being a lead for a young person and honest and effective communication when this couldn't happen.
- **Support for the family and staff as a wider support network** utilising a range of approaches with reference to help lines and, online support and apps that could provide such support.
- **Waiting time reduction**
- Suggestions for **schools** included training and development to deepen understanding of mental health and resilience; for example to provide staff with a deeper understanding of self-harming behaviours. CAMHS staff delivering training to schools and universal services was also suggested.
- **Swifter access to diagnosis via ASD and ADHD pathways**
- Children who are placed in **short term foster care** are not provided with a service until such a time when the placement is secured or permanent. This was cited as a system issue which is having a negative impact on services trying to prevent placement breakdown.
- It was felt that often families needed **support to steer through the system** which led to discussions regarding the Navigator role.

5. Draft Outcomes and Support Framework

The table below represents a draft framework of outcomes and support considered for the future system of mental health and emotional well-being services locally. YoungMinds developed this from their findings (see appendix 1). This could form the basis of future commissioning, in addition to the national specification for services.

We are requesting that families, referring agencies and Providers give feedback on the potential outline framework where they have specific comments, or can identify further opportunities, or gaps.

The feedback will then be considered, in the context of current and predicted demand and the resource constraints relevant across health and social care. By 2016 Coventry City Council will have had its government funding cut by nearly half since 2010 and further reductions of approximately £50million in the years 2015/16 to 2017/18. In Shaping the Future, Warwickshire County Council's One Organisational Plan for 2014 – 2018 the Council has identified the need to make around £92million savings by 2018. The health economy faces similar pressures – by 2021 there will be an estimated £30billion funding gap in the NHS due to increased demand for services.

In the Chancellors recent budget statement (18th March 2015) it was announced that there will be new funding nationally over 5 years to treat 110,000 children with mental health issues in England. This will provide an additional £250m a year from 2015/16. However, as yet, specific details have not been released as to how this funding will be allocated.

Therefore, although there is significant pressure on CAMHS services, detailed in national reports, any future commissioning proposals will need to be delivered within the available resources and any future resources to be released nationally and in the context of each organisations overall budget plan.

To comment on the draft outcomes framework and what support is required in future, please complete a survey online at <https://www.surveymonkey.com/s/CandWprofessionalsandproviders>. This will help commissioners understand within the framework what the specific priorities are.

The commissioners are also specifically interested in understanding in more detail:

- Are the outcomes right?
- Have we captured the right features and principles within each function (prevention, early help and specialist)?
- Transition between services
- The age range of services
- Services for Looked After Children

DRAFT OUTCOMES & SUPPORT FRAMEWORK

<p>OUTCOMES The MH services we deliver to children and young people (CYP) will ensure:</p>	<p>What is needed to achieve the outcome (based on local consultation and national good practice)?</p>		
	<p>Prevention and Promotion</p>	<p>Early help and intervention</p>	<p>Specialist Support</p>
<p>Health promotion and increased resilience Including;</p> <ul style="list-style-type: none"> • Staying well • Improved feeling of wellbeing • Increased resilience (able to navigate to, and negotiate for, resources when things are not going well - both individually and with help from others) <p>YP Outcomes</p> <ul style="list-style-type: none"> • I understand how I can help improve my own health and wellbeing • I know where to go if I feel I need help • I feel in control • I feel good about myself • I have positive relationships • My life has purpose • I can sleep and relax • I am confident • I have control over what happens to me • I am independent • I can solve problems • I am better able to cope with stigma • Stigma is challenged by others 	<ul style="list-style-type: none"> • Health promotion - raising awareness of key issues (mental health, positive relationships & sexual health, substance misuse) • Building resilience across the family • Training - parents and professionals to identify and refer families, including online • Online resources are used to inform young people about their mental health and signpost them to support • Awareness raising – promotion of services and provision available • Promotion of young people’s involvement in positive activities including CAMHS peer support groups and local youth services • Young People have increased opportunities to become involved in local decision making • Delivery of mindfulness / stress management sessions within schools or Hubs • Peer support mechanisms developed. 	<ul style="list-style-type: none"> • Design of a co-produced wellbeing scale or Outcome Star to capture wellbeing meaningfully, periodic delivery of this would enable assessment of distance travelled and support the performance management of change. • ‘Walk in’ services and self referral services are available in the community • Accessible times and places make access easier • Young people are involved in co-producing services (so they better meet young people’s needs) 	<ul style="list-style-type: none"> • Advice and guidance from CAMHs staff to universal services to increase staff confidence and capacity to support a child effectively • ‘Walk in’ services and self referral services are available in the community • Accessible times and places make access easier • Young people are involved in co-producing services (so they better meet young people’s needs)

<p>in my life</p> <ul style="list-style-type: none"> • I have better coping skills • Other people help me cope 	<ul style="list-style-type: none"> • Schools understand how resilience can be promoted and know how to identify risk within a school population • Stigma reduction programmes are delivered within schools • Move away from using the terms 'mental health' and 'CAMHS' to help engage young people earlier on • Targeted communication campaign to help reduce stigma 		
<p>Children and young people's mental health needs are identified and treated earlier including;</p> <ul style="list-style-type: none"> • Better understanding of mental health • Earlier access to services • Right service first time • Support offered within appropriate timescales <p>YP outcomes</p> <ul style="list-style-type: none"> • I know where to go if I feel I need help • I understand how I can improve my own health and wellbeing • I can access services near to where I live or go to school • I can access support whilst I am waiting for an appointment with a specialist service • I can access the right support for as long as I need it. • I can access a range of self-help support mechanisms and 	<ul style="list-style-type: none"> • Awareness raising – promotion of services and provision available • Advice and guidance from CAMHS staff to universal services to increase staff confidence and capacity to support a child effectively • Staff across the children and young people's workforce including schools receive training so they can recognise when a child is struggling and signpost them to support • Schools inform young people about looking after their mental health and how to access support if they need it – clarity on the role of School Nurses for both parents and young people • Move away from using the terms 'mental health' and 'CAMHS' to help engage young people earlier on 	<ul style="list-style-type: none"> • Single Point of Entry / Hub and Triage • Joint care planning and delivery (team around the family) • Stepped care - Online, telephone, group, and one to one support. • Evidence based holistic interventions • Family systemic interventions • Shorter waiting time for LAC • Online resources are used to inform young people about their mental health and signpost them to support • Co-location of services (provision of mental health support within universal settings) • CAMHS services are available in a variety of community settings that young people already access such as schools and youth services and at times that fit young people's lives • Feedback process within 	<ul style="list-style-type: none"> • Single Point of Entry / Hub and Triage • Joint care planning and delivery (team around the family) • Stepped care - Online, telephone, group, and one to one support. • Evidence based holistic interventions • Family systemic interventions • Shorter waiting time for LAC • Online resources are used to inform young people about their mental health and signpost them to support • Co-location of services (provision of mental health support within universal settings) • CAMHS services are available in a variety of community settings that young people already access such as schools and youth services and at times that fit young people's lives • Feedback process within

<p>materials</p>		<p>services so young people have clear process to communicate if they feel they are not receiving the right support – dedicated phone app to see how sessions went, virtual FAQ option and ability to send reminders for appointments</p> <ul style="list-style-type: none"> • Holistic assessment that looks at every aspect of the young person's life • Young people are involved in co-producing services (so they better meet young people's needs) • Staff across the children and young people's workforce including schools receive training so they can recognise when a child is struggling and signpost them to support 	<p>services so young people have clear process to communicate if they feel they are not receiving the right support – dedicated phone app to see how sessions went, virtual FAQ option and ability to send reminders for appointments</p> <ul style="list-style-type: none"> • Holistic assessment that looks at every aspect of the young person's life • Young people are involved in co-producing services (so they better meet young people's needs) • More accessible branding of CAMHS
<p>Quality services including;</p> <ul style="list-style-type: none"> • Improvement in mental health (e.g. functioning, self management) • Intervention appropriate to need and age and evidence based • participation in setting goals and outcomes for treatment and interventions • culturally appropriate services <p>YP Outcomes</p> <ul style="list-style-type: none"> • The difficulties associated with my mental health are improving • I feel safe within the service • I feel I am treated respectfully • I am listened to • I feel included and valued 	<ul style="list-style-type: none"> • The use of technology to provide online self-help, advice and guidance for young people and parents • Service users tell their story once and information is shared across service boundaries when it makes sense for the child's care and with permission 	<ul style="list-style-type: none"> • Training for CAMHS staff in shared decision making in CAMHS • Use of Routine Outcomes Measures within CAMHS (including young people self-completion) • All young people help write their own care plan • Peer support programmes for service users • Stepped care model, to ensure young people can access the lowest appropriate level of support in the first instance, and support while they are waiting. • Parents and carers feel welcome and are engaged appropriately by service providers – both in individual support and service improvement • Meeting of service standards (e.g. 	<ul style="list-style-type: none"> • Crisis is responded to quickly (within 24 hrs) and jointly where more than one service is involved (including school involvement) • Training for CAMHS staff in shared decision making in CAMHS • Use of Routine Outcomes Measures within CAMHS (including young people self-completion) • All young people help write their own care plan • Peer support programmes for service users • Stepped care model, to ensure young people can access the lowest appropriate level of support in the first instance, and support while they are waiting. • Parents and carers feel welcome

<ul style="list-style-type: none"> • I value the care I receive • I've been interested in new things • I've been able to make up my own mind about the next steps for me 		<p>'Delivering with, delivering well', ACE-V. QNCC, etc)</p> <ul style="list-style-type: none"> • The use of drop in sessions, so young people, and families can access support • The use of technology to provide online self-help, advice and guidance for young people and parents • Service users tell their story once and information is shared across service boundaries when it makes sense for the child's care and with permission 	<p>and are engaged appropriately by service providers – both in individual support and service improvement</p> <ul style="list-style-type: none"> • Meeting of service standards (e.g. 'Delivering with, delivering well', ACE-V. QNCC, etc) • The use of drop in sessions, so young people, and families can access support • The use of technology to provide online self-help, advice and guidance for young people and parents • Service users tell their story once and information is shared across service boundaries when it makes sense for the child's care and with permission • shorter waiting times for LAC
<p>Quality services - Transition – (Assuming a continued need for transition at 18 to adult services) - Support mental health during the transition into adulthood (between 18-25 years)</p> <p>YP Outcome</p> <ul style="list-style-type: none"> • I can get and sustain work • I have ambitions and aspirations • I've been interested in new things • I've been able to make up my own mind about the next steps for me 	<ul style="list-style-type: none"> • Involvement of all services supporting the young person during transition planning e.g. social services; housing, schools etc. • Sign posting to full range of organisations and community groups in the voluntary and community sector 	<ul style="list-style-type: none"> • Age appropriate mental health services are available to young people aged 18-25 • Transition peer support programme available for young people leaving services or transitioning to adult services • Families have a key worker/ navigator throughout their journey in mental health services • Joint commissioning of CAMHs and AMHs • Involvement of all services supporting the young person during transition planning e.g. social services; housing, schools etc. • Sign posting to full range of organisations and community groups in the voluntary and community sector 	<ul style="list-style-type: none"> • A transition policy that is co-produced with CAMHS service users • Age appropriate mental health services are available to young people aged 18-25 • Transition peer support programme available for young people leaving services or transitioning to adult services • Joint commissioning of CAMHs and AMHs • Involvement of all services supporting the young person during transition planning e.g. social services; housing, schools etc. • Sign posting to full range of organisations and community groups in the voluntary and community sector

<p>Family support - Enable parents and carers and other family members to support children and young people's mental health</p> <p>YP / Family Outcomes</p> <ul style="list-style-type: none"> • I've been dealing with problems well. • I feel supported • Other people have a better understanding and knowledge of my mental health issues • I have a better understanding and knowledge of my child's mental health issues • I can manage my child's behaviour better • I am better able to cope with my child's needs 	<ul style="list-style-type: none"> • Parents receive information about mental health and accessing services through universal services like schools and their GP • Online information • Culturally appropriate information 	<ul style="list-style-type: none"> • Online information • Culturally appropriate information • Enhanced parenting programmes are available, and in some cases are offered before a young person accesses CAMHS • Community based support and awareness raising of services, based in community venues such as local grocery stores, one stop shop etc. Development of Hubs • Peer support is provided for parents whose children are accessing services (could be online or community based) • Outreach support for families • Parents and carers feel welcome and are engaged appropriately by service providers – both in individual support and service improvement 	<ul style="list-style-type: none"> • Online information • Culturally appropriate information • Peer support is provided for parents whose children are accessing services (could be online or community based) • Outreach support for families • Parents and carers feel welcome and are engaged appropriately by service providers – both in individual support and service improvement
<p>Vulnerable groups - Ensure that the most vulnerable young people including Looked After Children, substance misusers or those in the criminal justice system are supported to improve their mental health</p> <p>YP / Family Outcomes</p> <ul style="list-style-type: none"> • I don't feel judged by others • I feel safe in the service I attend • I trust the professionals involved in my support • Other people have better understanding and knowledge of my mental health issues • I can manage life better and take 	<ul style="list-style-type: none"> • Vulnerable CYP identified in universal settings and provided with better preventative support and resilience building activities 	<ul style="list-style-type: none"> • Disadvantaged young people informed about looking after their mental health and accessing support through services they access such as children in care councils; YOTs etc. • A coordinated system with integration between all the services supporting vulnerable children including IT • Information sharing (within permitted boundaries) between all services working with vulnerable children • Targeted youth provision for 	<ul style="list-style-type: none"> • A coordinated system with integration between all the services supporting vulnerable children including IT • Information sharing (within permitted boundaries) between all services working with vulnerable children • Targeted youth provision for disadvantaged young people at greater risk of mental illness • Training for staff working with vulnerable groups around mental health and accessing support (including Police)

<p>less risks</p> <ul style="list-style-type: none"> • I have positive relationships 		<p>disadvantaged young people at greater risk of mental illness</p> <ul style="list-style-type: none"> • Training for staff working with vulnerable groups around mental health and accessing support (including Police) • Further work to identify vulnerable groups e,g those at risk of Child Sexual Exploitation / those living in homes where domestic abuse is prevalent / those engagement in negative risk taking behaviours . BEM/ LGBT / Transgender / non English speaking • Disadvantaged young people involved in co-producing services 	<ul style="list-style-type: none"> • Further work to identify vulnerable groups e,g those at risk of Child Sexual Exploitation / those living in homes where domestic abuse is prevalent / those engagement in negative risk taking behaviours . BEM/ LGBT / Transgender / non English speaking • Disadvantaged young people involved in co-producing services
<p>Achieving potential - Support to achieve potential in education, training or employment</p> <p>YP Outcomes</p> <ul style="list-style-type: none"> • I can concentrate • I am able to cope with pressure • I reach my potential in education • I have ambitions and aspirations • I have a sense of belonging within my school/college/work 	<ul style="list-style-type: none"> • Develop and build upon the range of In school training for staff. • Identify lead Key staff in school to support the wider wellbeing agenda 	<ul style="list-style-type: none"> • Routes into adult education and training for young people whose education was disrupted by mental illness which mental health services signpost and support them to access 	<ul style="list-style-type: none"> • Routes into adult education and training for young people whose education was disrupted by mental illness which mental health services signpost and support them to access

Appendix 1

Coventry & Warwickshire CAMHS redesign: YoungMinds & The Young Foundation Summary Report, co-production phase 1

Summary of full report

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Summary

Introduction

This is the interim report on the CAMHS Redesign Project in Coventry and Warwickshire. It describes progress and outcomes following the first phase of co-production activities with children and young people, parents, and professionals.

The project is part of on-going developments to the children's mental health system driven by collaboration between commissioners across the areas. The project is overseen by a board which includes representation from Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Warwickshire County Council and Coventry City Council, as well as Public Health, schools, parents and NHS England

Overview of process – who was involved, what we did

Professionals, Providers, Young People and Parents throughout Coventry and Warwickshire were contacted through various networks including:

- Existing CAMHS providers
- Local Authority teams working with these groups
- Other parent and youth groups in the areas
- YoungMinds channels

Engagement with parents and Children and Young People was in 2 stages:

- 21 parents and 35 children and young people attending the initial evidence gathering workshops and a further 6 CYP were interviewed by telephone, and 27 responded to a survey
- 6 Parents and 7 children and young people attended further co-production workshops
- 66 providers and professionals took part in 2 workshops, and 151 survey responses from parents and professionals/providers (60% Warwickshire/40% Coventry)
- Overall ratio of participation of young people was 22% Warwickshire 78% Coventry.
- 56 parents and carers participated overall in initial consultations (including survey) and the ratio was 77 % Warwickshire; 23 % Coventry

YoungMinds staff were largely dependent on local contacts to facilitate access to young people and parents. The engagement phase took longer than expected and many organisations in the area seemed to find it difficult to 'field' young people to take part in workshops. Comparative to our experience in other areas, there appears to be less of a culture of participation generally across services and in relation to commissioning. In most areas we would, for example, expect to find already established groups of service users working within specialist CAMHS on service improvement.

Whilst numbers engaged in Coventry and Warwickshire were not large in themselves the themes and issues raised locally resonate with those from 1,694 children, young people and parents across the country recently engaged through focus groups and surveys as part of our support to the government Taskforce for mental health. This helps validate the findings and also reassures local commissioners and service providers that the need to transform children's mental health services is both a locally and nationally identified issue.

What we found out

Feedback suggests an overwhelming consensus about the need for change including:

- Increased focus on building resilience, mental health promotion and earlier intervention across the whole children's system (all ages and settings)
- Cultural change in terms of attitudes and approaches particularly in relation participation of service users and parents as valued contributors to individual, organisational, and strategic level change
- Workforce change in terms of roles, skills, knowledge and understanding
- Organisational changes in terms of structures and processes

Initial group work identified six key themes for more detailed discussion. The themes and suggestions against each are summarised as:

System – the experience of young people and parents suggests a fragmented system with poor communication between services and with service users. The importance of services working together better and at an earlier stage was stressed by all groups. Organisational issues such as access/waiting times, environment and location were raised consistently. The culture of services was illustrated through tales of negative experiences of staff attitudes and approaches.

Transition and information sharing issues suggests the need for a 0-25 pathway approach.

Mental health promotion – all participants recognised that stigma and a lack of general awareness and understanding of not only mental health but also how to help children and families be more resilient was being reinforced through resources being focused on problem-reactive services rather than prevention. Whatever the age and at whatever stage in a pathway, better promotion of mental health including information, identification and early support was seen as a priority. A greater role and input from universal services and particularly schools was commonly requested. There is an opportunity to capitalise on digital tools.

Navigator role – having a mental health problem and needing help from the system is often a confusing and daunting experience. The number of services and therefore people involved in children's lives, and the changing staff within any one service, is an issue. Parents and young people want help to understand, access, challenge and manage their support. They would like this from one consistent person who sticks with them for as long as needed

Resilience – many of the outcomes identified come under a ‘resilience’ umbrella e.g. able to cope; learn; aspire; manage feelings; have healthy relationships; sense of control; solve problems; navigate to resources; etc. All groups including professionals and service providers wanted to see a system-wide, resilience focused approach across the tiers and age range. The value and importance of identifying and building on strengths not just as a prevention and early intervention approach but across the system was re-iterated by all groups.

Integrating service delivery e.g. Hub style provision) – Professionals suggested models for providing more than one service in one location which can make access to a range of services easier such as service hubs. This kind of model was well received by young people and parents as they talked about the need for more bespoke, flexible provision based closer to the community and able to provide age appropriate responses. The geography of some areas may require an adaptation based on the principle of integrated operations e.g. a ‘virtual hub’ for rural areas.

Outcomes - Outcomes which are important to young people and parents have been developed and prioritised and some initial work on indicators has begun. The framework of outcomes suggested is broad and includes individual and social outcomes which are not entirely within the sole ‘influence’ of services i.e. some are also impacted through family, community, school and other resources. Some are public mental health outcomes and will be impacted through a broad range of contextual and situational factors and inputs.

National perspective

The government appointed mental health Taskforce, of which YoungMinds is a member, was set up to respond to issues highlighted in the 2013 report from the Health select committee on children’s mental health. The Taskforce is due to report in March 2015 and recommendations are likely to fully support the direction of travel set out through this project. The cross system outcomes focus and the ideas for improvement suggested by young people, families and professionals in Coventry and Warwickshire concur with those reported nationally. The four taskforce sub group themes reflect the focus of the forthcoming recommendations:

- Prevention and access (includes schools focus, health promotion, early intervention)
- A co-ordinated system (includes system redesign, joint commissioning, access)
- Vulnerable groups and inequalities (includes co-ordination and integration operationally)
- Data and standards (includes IT, language, prevalence survey, common standards)

Recommendations based on findings so far

1. The ‘CAMHS on a page’ table (attached with the full report) demonstrates how co-produced outcomes can drive a new model for the system. Outcomes and ideas generated by young people and parents are aligned alongside example indicators. This table should be used as the basis for next steps (phase two consultation and development).

2. Given the cultural and structural issues indicated across the system (all tiers and ages) and the breadth of outcomes (contributed by services, schools, family, community) the potential transformation required could only be achieved in partnership and over a longer term. The board should:
 - a. Consider the scope of this project and the appetite for driving system change;
 - b. Discuss support from key strategic forums such as Health and Wellbeing boards; school leads; and commissioners in neighbouring areas with shared providers.
3. Meanwhile 'quicker wins' in improving existing provision could be explored with existing service providers in response to the feedback from local young people and parents about general areas for improvement.
4. On-going mechanisms for supporting participation of young people and parents should be developed in preparation for co-production of improvements e.g. new delivery models, service improvements, performance measurement, and challenge to providers and commissioners.
5. More work will be needed on outcomes and indicators to ensure that they will drive service provision and culture in a way that maximises resources and reflects the values and needs of children, young people and parents.