



Health and Wellbeing Together Board

17 October 2018

Time 12.30 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Councillor Roger Lawrence	(Chair)
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's Services
Helen Child	Third Sector Partnership
Brendan Clifford	Service Director - City Health
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Ben Diamond	West Midlands Fire Service
Dr Alexandra Hopkins	University of Wolverhampton
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Ged Lucas	Strategic Director - Place
Councillor Hazel Malcolm	Cabinet Member for Public Health and Wellbeing
Steven Marshall	Director of Strategy & Information, Wolverhampton CCG
Joanne Melling	NHS England
Councillor Sandra Samuels OBE	Cabinet Member for Adult Services
Linda Sanders	Independent Chair of Adults and Childrens Safeguarding Board
Sarah Smith	Head of Strategic Commissioning
Councillor Paul Sweet	Cabinet Member for Children and Young People
Mark Taylor	Strategic Director - People
Meredith Teasdale	Director of Education
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
David Watts	Director of Adult Services
Lesley Writtle	Chief Executive, Black Country Partnership Trust

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for absence (if any)**
- 2 **Notification of substitute members (if any)**
- 3 **Declarations of interest (if any)**
- 4 **Minutes of the previous meeting** (Pages 5 - 12)
[To approve the minutes of the previous meeting as a correct record]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting]
- 6 **Health and Wellbeing Board Forward Plan 2016-2017** (Pages 13 - 18)
[To consider and comment on the items listed on the Forward Plan]
- 7 **Public Questions**
[To respond to any public questions – submitted in advance via Democratic Services in accordance with the published guidance]

ITEMS FOR DISCUSSION OR DECISION - PART 2

GROWING WELL [CHILDREN AND YOUNG PEOPLE]

- 8 **CAMHS Transformation Plan Refresh 2017-2020** (Pages 19 - 92)
[Margaret Courts, Children's Commissioning Manager NHS Wolverhampton CCG]

SYSTEM LEADERSHIP

- 9 **Children's and Adults Safeguarding Board Annual Report** (Pages 93 - 138)
[Dawn Williams, Head of Safeguarding to present.]
- 10 **People with No Recourse to Public Funds (NRPF) Draft Multi-Agency Protocol** (Pages 139 - 156)
[Neeraj Malhotra, Consultant in Public Health, to present.]
- 11 **Update on Suicide Prevention** (Pages 157 - 164)
[Neeraj Malhotra, Consultant in Public Health, and Parpinder Singh, Senior Public Health Specialist, to present.]

DEMONSTRATING IMPACT - PART 3

- 12 **Draft Joint Health & Wellbeing Strategy 2018-2023 - Self-Assessment** (Pages 165 - 174)
[John Denley, Director of Public Health, to present.]

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence
Councillor Sandra Samuels OBE
Councillor Paul Sweet

Councillor Hazel Malcolm

Councillor Wendy Thompson
Brendan Clifford
John Denley
Dr Helen Hibbs
Elizabeth Learoyd
Tracy Cresswell
Linda Sanders

Sarah Smith
Jeremy Vanes
David Watts
Lesley Writtle

Warren Davies
Dr Ranjit Khutan

Chair (Labour)
Cabinet Member for Adults
Cabinet Member for Children and Young
People
Cabinet Member for Public Health and
Wellbeing
Conservative Party Leader
Service Director - City Health
Director of Public Health
Chief Officer, Wolverhampton CCG
Healthwatch Wolverhampton
Healthwatch Wolverhampton
Independent Chair of Adults and Children's
Safeguarding Board
Head of Strategic Commissioning
Royal Wolverhampton Hospital NHS Trust
Director of Adult Services
Associate Chief Operating Officer, Black
Country Partnership Trust
West Midlands Fire Service
University of Wolverhampton

Employees

Madeleine Freewood
Andrew Wolverson
Wendy Ewins
Dereck Francis

Development Manager
Head of Service – People
Commissioning Officer
Democratic Services Officer

Partners in Attendance

Sarah Southall
Yvonne Higgins

Head of Primary Care, Wolverhampton CCG
Deputy Chief Nurse, Wolverhampton CCG

The Chair also welcomed Habiba Amjad, Graduate Trainee and Amais Perry, a student from King's C of E School, as observers.

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence (if any)**
Apologies were received by Sally Roberts, Emma Bennett, Chief Superintendent Jayne Meir, Ben Diamond, Dr Alexandra Hopkins, Tim Johnson, Mark Taylor and Joanne Alner.

- 2 **Notification of substitute members (if any)**
Warren Davies attended on behalf of Ben Diamond and Dr Ranjit Khutan attended on behalf of Dr Alexandra Hopkins.

- 3 **Declarations of interest (if any)**
There were no declarations of interest made.

- 4 **Minutes of the previous meeting**
Resolved:
 That the minutes of the meeting held on 11 April 2018 be confirmed as a correct record and signed by the Chair.

- 5 **Matters arising**
The Chair took the opportunity to acknowledge that Chief Superintendent Jayne Meir would be moving to a different department and would therefore no longer be attending. He expressed thanks for her service on behalf of the Board and wished her well.

The Chair also welcomed Councillor Jasbir Jaspal, Habiba Amjad, Graduate Trainee and Amais Perry, a student on work experience from Kings C of E School as observers.

- 6 **Health and Wellbeing Board Forward Plan - 2018 - 2019**
Resolved:
 The Children’s and Adult’s Safeguarding Annual Report items scheduled for 17 October were to be incorporated into one report.

- 7 **HeadStart Phase 3 – Annual Review Outcome**
Andrew Wolverson, Head of Service – People presented the report on the HeadStart Phase 3 and highlighted key points. It was noted that all but two of the milestones had been fully achieved during Phase 2 and the two that remained had been partially achieved. The milestone relating to sustainability planning had picked up the pace and support had been requested from the Big Lottery, which was being considered. An engagement team had been working hard to bring the development of empowerment and capacity building toolkits up to speed.

One finding highlighted from the scheme was that young people from deprived areas had a higher resilience than that of the national average. The importance of discovering how this was built and whether it was resilience through adversity or other factors were at work was noted.

The two-tier service investment was welcomed by Councillor Sweet and the Board were reminded about the B-Safe Safeguarding Board. A presentation of a video

produced by young people on knife crime would be going to the Safeguarding Board in September. HeadStart had been an invaluable scheme and involved many engaged young people.

Initial stages of the HeadStart scheme had been encouraged by the City of Wolverhampton University.

It was queried whether the SUMO based resilience programme was continuing into special schools. The Board were advised that the special schools were around 12 months away from coming on board and it was likely that information on this would be included in next year's HeadStart report. It was also noted that it was important to capture information up to 10 years into the scheme to ensure its longevity.

Resolved:

That the report be noted.

- 8 **Joint Public Mental Health & Wellbeing Strategy for Wolverhampton**
John Denley, Director for Public Health presented the City of Wolverhampton contribution and Sarah Fellows presented the strategy for the Clinical Commissioning Group [CCG] to the draft Joint Mental Health Strategy, a collaboration between the Council and CCG and highlighted key points. Much of the focus was on prevention and ensuring mental health resilience in the population.

The Board were advised that the City of Wolverhampton's strategy was an overarching report whilst the CCG contribution was a more comprehensive document.

Councillor Sandra Samuels OBE stated that, from an adult social care perspective, the joint strategy was an excellent piece of work and it was good that the Council were working in collaboration rather than in a silo environment. She stressed the importance of the integration of physical and mental health and highlighted the risks involved in relation to the mortality rate. With reference to the infographic on page 11 of the CCG's strategy, it was suggested that this be reproduced and appear in public places, such as surgeries, to help influence good practices.

From a safeguarding point of view, Linda Sanders advised she felt that people suffering a severe mental health condition could be vulnerable, to exploitation for example, and could this be considered?

Councillor Paul Sweet echoed that it was an excellent effort and that early intervention was key, saving future costs if a mental health condition worsened. He suggested that much good work was going on with THRIVE West Midlands and that there could be a link established.

Dr Ranjit Khutan noted that ethnic groups and high-risk groups had been grouped together and that solutions needed to be found within communities. He added that work could be done with students.

Sarah Fellows added the following points:

- How many with severe mental illness [SMI] have health checks – reports to NHS England.

- CCG targets were being met and overperforming in cases.
- Medications for SMI can factor in physical health problems
- Information sharing needed to be improved and expanded upon
- The strategy would expand to include a safeguarding element
- Information would be broken down into specific groups, which would be shared with the Board

Resolved:

1. That the CCG strategy would expand to include a safeguarding element.
2. That information would be broken down into specific groups, which would be shared with the Board.
3. That the joint strategy be approved and noted.

9

Quality Improvement Strategy 2017 - 2020

Dr Helen Hibbs, Chief Officer of Wolverhampton Clinical Commissioning Group [CCG] presented the report and highlighted key points.

In addition to the information in the report, it was noted that:

- The focus on safeguarding was welcomed.
- End of life support with respect to cancer sufferers had been bleak and it was queried what the timeline was to close the gap in terms of support. Dr Helen Hibbs advised that discussions were being entered into on quality of care and identification of appropriate end-of-life pathways and getting patients onto them. Work was being done with WT and the Mental Health Trust with regard to workstreams and looking at specific end of life care.
- There were high levels of mortality, which did not appear to be a hospital issue but a system issue.
- Councillor Thompson added that at best the end of life care was excellent and she had seen families incorporated into decision making, however there were challenges faced with various pressures, busy wards, etc. and there was the risk of “wrong choice or no choice”.
- The CCG delivery of the Red Bag Project was touched on and the Board were advised that training had been rolled out to nursing care homes across the City.
- Proposals were being looked at with Compton Care [formerly Compton Hospice] as part of the strategy group. There had been some concerns that

there wasn't as much funding available as when it had been Compton Hospice.

Resolved:

That the Strategy be approved and noted.

10

Overview of Primary Care Strategy

Sarah Southall, Head of Primary Care presented the report and highlighted key points.

The Board were advised that five priority areas were being looked at and each had their own individual work programme. It was noted that the area facing the biggest challenges was the workload placed on staff and practices. There had been engagement with patients and services users throughout the process and the goal was to achieve a seven-day service in general practices by September.

93 recommendations formed part of the strategy, 21 of which had been achieved and closed and 50 of which were in progress.

There had been further development in the following areas:

Special Access Services [formerly Violent Patients] hosted in All Saints practice.

In hours GP for people coming from out of City, for example people who live in Wolverhampton for short periods such as students or people who work but don't live in the City.

Good progress had been made on the improvement plan for learning disability health checks.

Impressive feedback had been received following a session held on issues surrounding Domestic Violence.

With regard to the aforementioned workforce issues, it was noted that the gap was closing with the help of workforce retention schemes, which was to receive £400,000 of funding. Sign-off was awaited for the retention plan which included offering GPs more flexibility and peer support. The NHS and wider Black Country clinical fellows. It suggested to encourage GPs to stay within the area where they were trained NHS Wolverhampton were exploring the concept of a portfolio career for GPs to broaden experience, incorporating some hospital work into work schedules to encourage the retention of local GPs.

Resolved:

That the strategy be received and noted.

11

Better Care Fund (BCF) Update Report

David Watts, Director for Adults Services presented the report and gave an overview of its content. It was highlighted that admission placement figures were at 281, which was above the target 260 but was still a reduction from 2016-2017. It was also worth noting that there had been a visit from the National Better Care Team and that

Wolverhampton had received a positive mention in their bulletin and been included as a good example within some of their presentations.

Councillor Sandra Samuels OBE was particularly pleased to see how well the City were doing with regard to dementia awareness and the engagement of services across the City.

With regard to the number of delayed transfers of care, it was noted that Wolverhampton figures had improved whilst South Staffordshire's had not. The Chair added he had spoken to South Staffordshire Council and they had experienced difficulties over some years. It was suggested that financial problems and a lack of packages of care may be contributing to the problem. South Staffordshire has had difficulties with the sign-off of their Better Care Programme but will look to NHS England to resolve any problems.

It was queried whether Wolverhampton could provide facilities to South Staffordshire at a cost, but it was agreed it would be better for South Staffordshire to work on their challenges and Wolverhampton could assist by sharing their best practices.

In answer to a query regarding regular updates, it was advised that the Better Care Fund item regularly appeared on the Health and Wellbeing Board agenda.

Resolved:

1. That an update on the Better Care Fund become a regular item on the agenda.
2. That the report be noted.

12

Black Country Transforming Care Partnership

Dr Helen Hibbs, Chief Officer of Wolverhampton CCG delivered the PowerPoint presentation to the Board. Following the presentation, questions were invited to be directed at Wendy Ewins who had accompanied her from Wolverhampton CCG.

It was noted that Wolverhampton was ahead across the Black Country with fewer children in the tier 4 A and T beds and only 6-8 young people with tier 4 provision. Finance had been an issue however there was positive funding following to the community provider.

The Black Country as a whole was seen as being behind however it was hoped that Wolverhampton's positive figures would bring the Black Country up to standard.

With regard to the information on the last slide of the presentation [page 161 of the agenda pack], it was queried whether a target had been set for forensic beds. Targets had not changed and there was no indication of reducing tier 4 or Spec Com beds. Some areas would over-deliver, some would under-deliver. There were particularly high numbers in beds but not enough to reach trajectory.

It was noted that the focus needed to lie in doing the right thing and it was crucial that people with learning disabilities or autism received the right care.

Resolved:

That the strategy be agreed and noted.

13 **Healthwatch Wolverhampton Annual Report**

Elizabeth Learoyd, Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report and gave an overview.

The focus was on engaging with as many local partners as possible, including the Clinical Commissioning Group [CCG], [CTC], City of Wolverhampton Council to put the City on the map as a good example. It gave an overview on the top priorities and successes and included positive case studies.

Various schemes were highlighted including:

- Café Neuro, established in February 2018 which provided a community hub offering outreach initiatives, peer support, signposting to services and an opportunity to socialise for anyone with a neurological condition and/or carers and other professionals.
- Work was being done with the deaf community and a hard of hearing report was due to come to the next Health and Wellbeing Board meeting. There had been public events, following which a number of recommendations had been made to improve services available. The Action for Hearing Loss scheme was to receive two years of ringfenced legacy funding.
- The CAMHS transformation, which had included surveys from which a number of issues had been highlighted following on to a series of recommendations for improvement.
- The Annual Listening Tour; the feedback from this informed setting work priorities and issues were highlighted in care services, domiciliary care, dental care, GP services, preventing drugs and alcohol misuse, hospital discharge and preventing isolation and loneliness.

It was also announced that Sheila Gill was now the new Chair of the Healthwatch Advisory Board and Tracy Cresswell was now the new manager for Healthwatch Wolverhampton.

Jeremy Vanes, NHS Wolverhampton noted that there were many good, diverse events highlighted here allowing for full and proper conversation and praised the progress made.

Resolved:

That the report be noted.

14 **Strengthening Governance and System Leadership - Health and Wellbeing Board Review - Final Recommendations**

Madeleine Freewood, Development Manager delivered a presentation to the Board outlining the aims of the review of the Health and Wellbeing Board. This provided an update on the recommendations previously submitted to the Board in April.

The presentation included the final recommendations, which included a re-branding of the Board, revision of the Terms of Reference, formulation of a Communication

and Engagement plan, strengthening partnerships and collaborative activity and establishing an Executive Board.

Also included was the launch of a new microsite and the use of new government documents which made the Board more accessible. A guide for the public featuring advice on how to attend a meeting and submit questions on featured agenda items was also introduced.

It was demonstrated how the Board and its transformation would link in with other Council boards, such as the Children's Trust Board which was undergoing a similar review and that the City 2030 Vision would be used to form the basis for its own vision.

The work carried out was praised and the recommendations were all agreed.

Resolved:

That the Health and Wellbeing board adopt the new branding, use of new governance documentation and terms of reference.

15

Wolverhampton Joint Health and Wellbeing Strategy 2018 - 2023

John Denley, Director of Public Health presented the Wolverhampton Joint Health and Wellbeing Strategy and highlighted key points.

The draft version of the Strategy document had been included in the pack and covered seven priorities across the three key themes of Growing Well, Living Well and Ageing Well. It was explained that the Strategy was driven by the City Vision and Public Health Vision and was intended to inform on the statutory role and vision of the Board.

It was suggested that clear shared goals and more public engagement were required and it was requested that a consultation be conducted and brought back to the Board in the autumn.

Resolved:

That a consultation be held on the Wolverhampton Joint Health and Wellbeing Strategy and outcomes be brought to the meeting scheduled in October.



Health and Wellbeing Together Board

17 October 2018

Report title	Forward Plan 2018 - 2019	
Cabinet member with lead responsibility	Councillor Hazel Malcolm Cabinet Member for Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director for Public Health	
Originating service	Governance	
Accountable employee(s)	Shelley Humphries	Democratic Services Officer
	Tel	01902 554070
	Email	shelley.humphries@wolverhampton.gov.uk
Report to be/has been considered by	SEB 2 October 2018	

Recommendation for action:

The Health and Wellbeing Together Board is recommended to:

1. Review the latest version of the Forward Plan and contribute to the planning of future agenda items.

1.0 Purpose

- 1.1 To present the Forward Plan to the Board for comment and discussion in order to jointly plan and prioritise future agenda items.
- 1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Board – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

2.0 Background

- 2.1 As agreed at the meeting in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of item for partners to manage.

3.0 Financial implications

- 3.1 There are no direct financial implications arising from this report.
[MI/08102018/J]

4.0 Legal implications

- 4.1 There are no direct legal implications arising from this report.
[RB/03102018/D]

5.0 Equalities implications

- 5.1 None arising directly from this report.

6.0 Environmental implications

- 6.1 None arising directly from this report.

7.0 Human resources implications

- 7.1 None arising directly from this report.

8.0 Corporate Landlord implications

- 8.1 None arising directly from this report.

9.0 Schedule of background papers

- 9.1 Minutes of previous meetings of the Health and Well Being Board regarding the forward planning agenda items.



Health and Wellbeing Together: Forward Plan

Updated 07 September 2018

Health & Wellbeing Together is comprised of a Full Board and an Executive.

Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

KEY

Items in red are new or amended from the previous version.

Items in **bold** are regular or standing items.

Thematic areas: Growing Well, Living Well, Ageing Well, System Leadership

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

1. Early Years
2. Children and young people's mental wellbeing and resilience
3. Workforce
4. City Centre
5. Embedding prevention across the system
6. Integrated Care; Frailty and End of Life
7. Dementia friendly city

[E] Executive

[FB] Full Board meeting

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB 17 October 2018	Growing Well	Children & Young People's Mental Health & Resilience	CAMHS Transformation Plan Refresh 2017 - 2020	Margaret Courts, Wolverhampton CCG	Paper	Discussion Item. Agreed at Agenda Group meeting 23 May 2018.
	System Leadership		Children's and Adults Safeguarding Board Annual Report	Dawn Williams, CWC	Paper	Discussion Item. Last considered September 2017. Agreed at meeting on 10 January 2018. Agreed at meeting 11 July 2018 to incorporate Children and Adults onto one report.
	System Leadership		People with No Recourse to Public Funds (NRPF) Draft Multi-Agency Protocol	Neeraj Malhotra, CWC	Draft Protocol for approval.	Establishment of NRPF Forum considered at meeting on 11 April 2018. Draft protocol requested to come to October meeting.
	System Leadership		Update on Suicide Prevention	Neeraj Malhotra / Parpinder Singh	Paper	Agreed at Executive Group Meeting 07 September
	System Leadership	All	Draft Joint Health & Wellbeing Strategy 2018-2023	John Denley, CWC	Facilitated discussion as part of consultation	Agreed at Executive Group Meeting 07 September

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
E 4 December 2018	System Leadership	Integrated Care	Case for Change – West Park – Timeline for Consultation	Stephen Marshall, CCG	Presentation	Discussion Item. Agreed at Agenda Group meeting on 6 March 2018. Agreed at Agenda Group meeting 23 May 2018 to defer from 11 July 2018.
	System Leadership	Integrated Care	Wolverhampton Place Based Health and Social Integrated Care	Dr Helen Hibbs, CCG	Presentation	Agreed at Executive Group Meeting 07 September
	System Leadership	Integrated Care	Estates Strategy Update	Julia Nock RCWC		Agreed at Executive Group Meeting 07 September
	System Leadership		Co-ordinating a City Response to Brexit	Martyn Sargeant, CWC	Presentation	
FB 23 January 2019	System Leadership	All	Joint Health & Wellbeing Strategy 2018-2023	John Denley, CWC	Paper	Outcome of consultation. Updated strategy for Board approval.
	System Leadership		Mental Health Strategy		Paper	Draft agreed at 11 July 2018. Final version following consultation. Agreed at Executive Group Meeting 07 September

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
	Living Well	Workforce	Healthwatch Hard of Hearing Report	Elizabeth Learoyd – Healthwatch Wolverhampton / David Watts, Director for Adult Services, CWC	Paper	Discussion Item. Agreed at Agenda Group meeting 23 May 2018 to be scheduled for 2019.
	Living Well	City Centre	Tackling Rough Sleeping Task Team Final Report	John Denley/ Madeleine Freewood, CWC	Draft paper	Discussion Item. Agreed at Agenda Group meeting 23 May 2018.
	System Leadership		Joint Autism Strategy Update	Robert Hart	Paper	Discussion Item Agreed at Executive Group Meeting 07 September 2018
E 20 February 2019						
FB 10 April 2019	Ageing Well	Dementia Friendly City	Dementia Strategy	Sarah Smith, CWC	Paper	
To be scheduled	System Leadership		Governance and Impact – Developing the Health and Wellbeing Dimension in All Policies	John Denley, CWC	Paper	Agreed at Executive Group Meeting 07 September 2018 to bring to a future Full Board meeting following further internal CWC consultation



Health and Wellbeing Together Board

17 October 2018

Report title: CAMHS Transformation Refresh 2018 – 2020

Report of: Margaret Courts
Childrens Commissioning Manager, NHS
Wolverhampton Clinical Commissioning Group

Portfolio: Public Health and Wellbeing

Recommendation(s) for action or decision:

Health and Wellbeing Together Board is recommended to:

1. Accept the refresh of the CAMHS Local Transformation Plan, which is due to be submitted to NHS England on 31st of October 2018. The original CAMHS Transformation Plan was presented to the Health and Wellbeing Board in October 2015. The refresh plan is attached to this report for discussion and it has attempted to address the Key Lines of Enquiry which have been provided by NHS England.

1.0 Purpose

- 1.1 The CAMHS transformation plan has been refreshed and it is a requirement of NHS England that the refresh is discussed and signed off by local Health and Wellbeing Boards as well as a range of other bodies/committees and that this is recorded on the plan to ensure that the Local area has signed up to the proposals and is in agreement to the ambition and direction of travel for the Emotional Mental Health and Wellbeing and specialist CAMH services. Therefore it is essential that the refresh is presented and discussed at the Wolverhampton Health and Wellbeing board.

2.0 Background

- 2.1 The Local CAMHS Transformation plan is to be refreshed and submitted to NHS England on 31st of October 2018 to demonstrate the journey travelled since the initial Local Transformation plan was developed in 2015, the challenges which exist and actions still to be taken. It will be closely aligned with developments in HeadStart to ensure that it compliments and supports the Phase Three 'test and learn' model as well as linking with the transformation of children's services where there is an increase in focus on early intervention and prevention services. The refreshed plan also indicates the funds that are available from the CCG and the intentions for investment of this funding until 2021/22.

3.0 Decision/Supporting Information (including options)

- 3.1 Progress against the original plan has been significant and the new jointly procured Emotional Mental Health and Wellbeing Service is now in its mobilisation phase. This service will support young people from birth up to their 18th birthday (up to the age of 25 for care leavers or anyone with a disability) who are residing in Wolverhampton, that are experiencing mild to moderate emotional wellbeing concerns and could be engaged in risk taking behaviours and/or disruptive behaviours and maybe living in families who are experiencing difficulties and/or known to other services. The contract for the service was awarded to the Children's Society and is known as Beam will be supporting these children and young people through drop in sessions or booked appointments for CYP IAPT sessions. (Children and Young People Increasing Access to Psychological Therapies). The CCG is funding an online digital offer to support CYP's emotional mental health and wellbeing through a variety of functions including chat, messaging, scheduled sessions, moderated forums, moderated live discussion groups, signposting and online magazines. This offer is known as Kooth. There has been an increase in the workforce for those working within Mental Health from 63.77 WTE in 2017/18 to 77.71 WTE. The Single Point of Access has been expanded to include all referrals into specialist CAMHS as well as the new Emotional Mental Health and Wellbeing Service (Beam).
- A review of the Crisis and Home Intervention Treatment Teams across Sandwell and Wolverhampton CCG was undertaken which identified gaps in provision that exist in Wolverhampton in line with the differences in how both services are funded. It was felt that the Key team should be decommissioned and this funding realigned to the Crisis and Home Intervention Treatment Team to ensure further staffing in this team. This

additional resource will support crisis intervention beginning before the young person attends the Accident and Emergency Unit and ensuring that more packages of intervention will take place at home.

4.0 Implications

4.1 The financial implications detailed below are all for Wolverhampton Clinical Commissioning Group.

Includes Inflation, Efficiencies and LTFM Growth				
	2018/19	2019/20	2020/21	2021/22
Growth	107,858	110,101	113,228	115,419
	145,000	148,016	152,220	155,165
	116,000	118,413	121,776	124,132
		100,000	102,840	104,830
			197,000	200,812
	9,527	9,724	9,989	10,183
	378,385	486,254	697,053	710,541

The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2018 /19 onwards is identified above. Agencies in Wolverhampton will be working together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes in line with the vision of Future in Mind monies and with support from some of the funding from HeadStart, particularly in relation to the workforce development component and to increase the funding for the Emotional Mental Health and Wellbeing Service.

4.2 The table below identifies how the funding received above will be used to transform Children and Young People's Mental Health 2018 – 2021. However, this is dependent on all things remaining the same and no future bids required from NHS England which may provide services on an STP footprint which will need to be match funded by the CCG if successful. Should this occur any funding available will need to be altered to accommodate these bids.

Year Plan Figure	Available from Where?	Service to be invested in
2018/19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional – both identified above	£47,000 to support development of an initial assessment team including admin support for SPA £20,000 additional funding to crisis team.

		<p>£63,500 +VAT Online digital counselling service</p> <p>£27,000 – consideration for support for MHSTs if application is successful</p> <p>£100,000 – Beam Services – Emotional Mental Health and Wellbeing Services recurrent for 3 years.</p>
<p>2018/19</p> <p>£116,000</p>	<p>Additional funding to reach Mental Health Investment Standard</p>	<p>£116,000 to fund an initial assessment team. Further investment has been requested as part of the application for the 4 week waiting time pilot as part of the trailblazer application site.</p>
<p>2017/19</p> <p>£341,713 – funding provided from NHS England for CYP IAPT training</p>	<p>This funding has been ear marked for CYP IAPT training/backfill which needs to be arranged either by finding courses or staff who can be recruited to train to ensure the services commissioned to deliver NHS community services are able to deliver evidence based interventions.</p>	<p>CYP IAPT services for training and /or backfill only – NOT TO BE USED TO COMMISSION ACTUAL SERVICES FOR CYP</p>
<p>2019/20</p> <p>£100,000</p>	<p>When all services that have been invested in from previous years, are taken into account at full year effect, there is approximately £70,000 for investment in other services.</p> <p>approx. £30,000 of amount is needed to fund the support for MHSTs recurrent if application is successful</p>	<p>£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP – this may be appropriate to scope LD consultant for CAMHS which could be commissioned across Sandwell and Wolverhampton depending on numbers.</p>

2020/21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS and Crisis and Home Treatment Teams. Also some of this funding will have to be identified to undertake additional CYP IAPT training if necessary.
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5.0 Legal implications

5.1 There are no legal implications for the CAMHS Local Transformation Plan refresh.

6.0 Equalities implications

6.1 An equality impact assessment was undertaken as part of the initial CAMHS transformation plan and it is anticipated that it would not have altered significantly to require it to be re-submitted.

7.0 Environmental implications

7.1 There are no environmental implications for this report.

8.0 Human resources implications

8.1 It is anticipated there will be new staff joining existing services as a result of the increase in funding with new appropriate services being commissioned according to needs. It is likely that some of these services will be commissioned following a procurement exercise.

9.0 Corporate landlord implications

9.1 This report will not have any implications for corporate landlord property portfolio.

10.0 Schedule of background papers

10.1 The background papers relating to this report can be inspected by contacting the report writer:

Margaret Courts

Children's Commissioning Manager

NHS Wolverhampton Clinical Commissioning Group

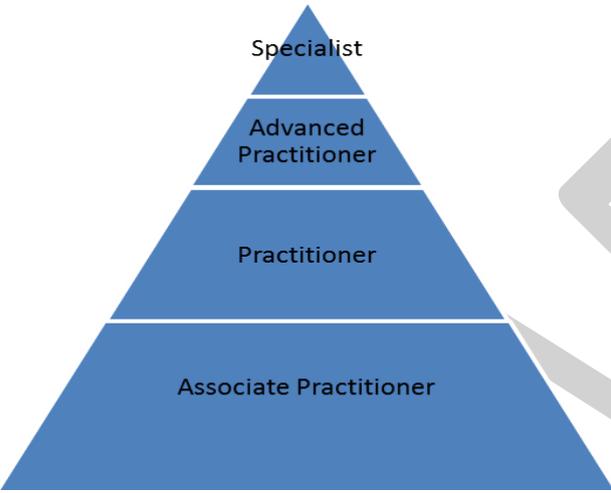
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**Wolverhampton CAMHS
Transformation Plan Refresh
2018 – 2020**

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Foreword

In line with the national drive to improve and transform mental health services for Children and Young People and a recognition that this area of health care has lagged behind others, and been historically underfunded, we are committed to investing more and improving our local services. Our first Long Term Plan was published in 2015 and has been refreshed annually to detail our ongoing commitment to Children and Young People's Mental Health as well as to describe our progress to date.

We want the Children and Young People of Wolverhampton to live happy, confident lives and to reach their full potential. It is important that they develop resilience and emotional health and wellbeing as they move into adulthood and that they are able to contribute fully to our society.

It seems that despite improvements made over the years there is still evidence that too many of our Children and Young People struggle with mental health issues and that they are not always able to access services which might support them early in their need meaning that they end up in crisis and requiring longer term and more in depth interventions from specialist services. In Wolverhampton we are committed to improving this situation.

In order to honour our commitment we are investing more in services each year, rolling out our newly commissioned emotional mental health and wellbeing services which ensure early access to counselling and also online services at the first signs of emotional distress. We are also investing more in crisis services to make sure they are available when they are required and we are focusing more on transition both between the services, and also into adult services. Importantly there is a commitment to recruiting and training the workforce.

We are absolutely committed to and recognise the value and importance of promoting good mental health in Children, young People and their families and to make sure everyone knows where to get help and what services are on offer. This plan goes on to describe this work in more detail and its content is to be welcomed as we go on a journey with the Children and Young People in our City.

Helen Hibbs, Chief Accountable Officer, Wolverhampton CCG

Executive summary will be completed when draft is more up to date.

Executive Summary

When NHS England asked all Clinical Commissioning Groups (CCGs) to work with commissioners and providers across health, social care, education, youth justice and the voluntary sectors the first Wolverhampton CAMHS Local Transformation Plan was developed in 2015. Since the original plan was developed, there has been an expectation that it will be refreshed on an annual basis to reflect investments made into the services to date and impacts of the investments, if they have been realised, as well as challenges that exist and actions that still need to happen. The refresh will also reference any changes that have been identified in the population needs and how they will be addressed.

Wolverhampton CCG and City of Wolverhampton Council (CWC) are committed to making progress in incorporating all of the funding across the whole service system for Children and Young People's Emotional Mental Health and Wellbeing into a pooled budget within the Better Care Fund (BCF) arrangements as soon as the service is procured jointly in April 2018. The services for Child and Adolescent Mental Health Service (CAMHS) and Learning Disabilities service (known as Inspire) and the will also be managed as part of this fund which will support joint management of the services.

Supporting Access:

Since April 2018, there have been further developments in the Single Point of Access (SPA), where staff from the specialist CAMH service and Beam (the new jointly procured Emotional Mental Health and Wellbeing Service) together triage the referrals received. Beam and the newly commissioned online digital platform which includes counselling known as Kooth support the increase in access for young people in the city with emotional mental health and wellbeing needs.

Urgent and Emergency

Following a service review of the Crisis and Home Intervention Treatment Teams (CHITT) in Wolverhampton and Sandwell, gaps in provision that exist in Wolverhampton were identified in line with the differences in how both services are funded. Work is currently being undertaken across the Black Country and West Birmingham Sustainability and Transformation Programme (STP) footprint to look at aligning the service specifications for CAMHS Crisis, Intensive Community Support and Paediatric Liaison Service to prevent hospital admissions and ensure that there is better liaison between inpatient and community services.

Place Based Plans

Wolverhampton continues to benefit from the funding received from the Big Lottery to support the development of workforce capacity and competencies across the system as part of the HeadStart programme. The THRIVE Model will continue to be used to enable Children and Young People Mental Health services to be delivered according to the needs and preferences of young people and their families in Wolverhampton and a model has been developed which demonstrates how the services in Wolverhampton work together to achieve this.

Improving data

Black Country Partnership NHS Foundation Trust has validated their data to ensure it is accurate and reflects the activity undertaken by staff. The new contracts for NHS commissioned services which have been awarded this year have indicators to input into the Mental Health Services Data Set (MHSDS). All new contracts awarded will be expected to use Routine Outcome Measures to ensure evidence based practices are being used across services. This will increase the quality of interventions and demonstrate clearly the impacts of any interventions.

Workforce

The current refresh demonstrates the increase in workforce across the commissioned services since the original Local Transformation Plan (LTP) was developed. It gives a view of further training that will be commissioned across the system to ensure services are CYP IAPT compliant. Wolverhampton was successful in its application for third phase funding from Big Lottery for its HeadStart programme. The funding for HeadStart will be used to support the workforce development using test and learn models which will continue to impact on the universal offer for the Children's workforce across the city in being able to support Children and Young People's Emotional Mental Health and Wellbeing.

Community Eating Disorders

Local Transformation monies have allowed for the NHS provider to provide an all age Eating Disorders service. The service is commissioned in partnership with Sandwell and West Birmingham CCG and has grown from 4.64 WTE to 14.35 WTE since 2015. A joint service specification for across the STP has been completed to support the collaborative working between the two trust who operate in the Black Country. NHS England are requesting that all commissioned services meet NHS timescales of 7 days to be seen for urgent cases and 28 days for routine cases.

Wider System support

The City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (CCG) are collaborating together to ensure that services are appropriate and meet the needs of the Children and Young People of the city without

duplication and ensuring that the Thrive model is the basis of understanding of the services provided and their impact. The Transforming Care Programme ensures that all CCGs and Local Authorities in the Black Country are working together to ensure that Children and Young People who meet the criteria to be part of the cohort receive the same service regardless of their postcode.

Transitions

There is a transition CQUIN which is now in its second year of operation. It enables the NHS provider to demonstrate the effective transitions for Children and Young People to adult mental health services. Transitions are also seen in the more specialist services from inpatient to community and community to inpatient whilst Children and Young People are still within the age limit for these services or when they are inpatients as under 18s but still require inpatient intervention as adults. Work has been undertaken with specialist commissioning to map the pathways and ensure that all admissions are appropriate.

Health and Justice

Work has been undertaken with the Health and Justice services to ensure that the pathways from Liaison and Diversion (L & D) are clear and that services are aware so that referrals can be accepted. This includes pathways from L & D into the Youth Offending Team and into and out of the Emotional Mental Health and Wellbeing service (Beam).

1. Introduction

The Wolverhampton CAMHS Local Transformation Plan (2015-2020) was developed by Wolverhampton Clinical Commissioning Group along with our partners in response to the publication of Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing (report of the government's Children and Young People's Mental Health Taskforce in 2015). The vision of the original plan was to use the additional Future in Mind funding to transform mental health services for children and young people in Wolverhampton by building capacity and capability at critical points across the system so that by 2021 measurable progress could be demonstrated towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes in Wolverhampton.

Whilst progress has been made in many areas identified in the original plan, there is still a distance to travel to ensure that children and young people in Wolverhampton are able to access the Emotional Mental Health and Wellbeing services as well as specialist CAMHS that they require and at the appropriate time. This refreshed plan aims to provide the narrative around the distance travelled from the initial plan, current services and work still to be undertaken. It will articulate impacts and outcomes of additional funding, challenges which still present areas of concern within the system and actions to be taken to mitigate against them.

Further words to be included to the introduction prior to submission.

2. Transparency and Governance

The LTP will be refreshed and republished by the deadline of 31st October 2018 and is accessible via xxxxxxxxx. It will be available on all of our partner's websites and in accessible formats for CYP, parents, carers and those with a disability.

Wolverhampton's Local Transformation Plan (LTP) is aligned to the Black Country's Sustainability and Transformation Plan (STP). The Black Country STP for Mental Health and Learning Disability services focuses on the collaboration between providers and commissioners to improve care and outcomes for Mental Health & Learning Disability service users, including Children, Young People and their families. An identified priority for the STP is to work as 'one NHS commissioner' across the Black Country and West Birmingham, "leading to a substantial reduction in the current unwarranted variations in the quality of care, standardised services, and the creation of an environment in which our providers can maximise resources and workforce through better skill mix utilisation"¹. The four CCGs of the Black Country (Wolverhampton, Dudley, Walsall and Sandwell and West Birmingham) have worked together over the past year to align our service specifications for Crisis and Core CAMHS as well as Eating Disorders and Early Intervention in Psychosis as an all age pathway with progress being made on all of the specifications. We are keen to demonstrate our commitment to achieving 'mental health parity of esteem' across our footprint, including equity of access to evidence based care and treatment, equity of status in the measurement of mental health outcomes (i.e. including the April 2017 MHSDS) and equity of funding in terms of the CCG Mental Health Investment Standard. The STP refers to sharing of best practice and aligning to the work of other agencies to reduce variation; improve access, choice, quality and efficiency; and collaborate to develop new highly specialised services in the Black Country and West Birmingham e.g. Children's Tier 4. The Black Country STP can be found at

http://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf

The CCGs who form the Black Country STP are also beginning work on co-designing, agreeing and delivering a pathway based suite of designed and specified services for CAMHS Learning Disabilities common to all 4 areas of the STP footprint.

The STP Mental Health Work Stream has identified that insufficient intervention at primary and secondary care level can lead to higher levels of secondary and tertiary care including out of area services. This approach is both clinically and financially inefficient with poor outcomes for patients and their carers - such as delays accessing services and longer recovery periods - and higher financial costs. Collaborative commissioning across the mental health improvement blue print and some other areas of critical need will allow re-calibration and re-specification of some

¹ Black Country and West Birmingham Sustainability and Transformation Programme accessed via https://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf

services including their financial profiles allowing opportunities for re-investment where there are gaps or QIPP (Quality, Innovation, Productivity and Prevention (QIPP) programme).

The STP has identified key priorities for implementation as:

- Mental Health Liaison
- IAPT Expansion for both adults and CYP.
- Perinatal Mental Health
- CAMHS TIER 4 and TIER 3 PLUS

In 2015/16, Future in Mind provided additional funding of £501,000 towards CAMH services in Wolverhampton. An additional £124,000 was invested in 2016/17 which was made recurrent to support a waiting list initiative and reduce the waiting times for Children and Young People who require specialist services. The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and achievement of the aims set out in the LTP. However, in line with the vision of Future in Mind, agencies in Wolverhampton should work together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes. An additional £114,000 was identified that needed to be invested into the CYP Mental Health services to ensure that the services were meeting the Mental Health Minimum Investment Standard. The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2018 /19 onwards is identified below.

<u>Includes Inflation, Efficiencies and LTFM Growth</u>					
	2017/18	2018/19	2019/20	2020/21	2021/22
Growth	105,660	107,858	110,101	113,228	115,419
		145,000	148,016	152,220	155,165
		116,000	118,413	121,776	124,132
			100,000	102,840	104,830
				197,000	200,812
	9,331	9,527	9,724	9,989	10,183
	114,991	378,385	486,254	697,053	710,541

Most of this year's additional funding is being used to jointly procure an Emotional Mental Health and Wellbeing service with the Local Authority to address the gap at this level. NHS Wolverhampton CCG has also made the decision to fund the online counselling and digital platform available from Kooth, a national organisation who have contracts with all of the local CCGs across the Black Country ensuring we are continuing to address the gap in services at an early intervention level and across the STP. The PRU CAMHS link worker pilot post was evaluated and was found that

it did not increase access for those pupils in a way that was envisaged or by the number anticipated. Although it is likely that it did support young people to attend appointments and bridge the gap between education and CAMHS, increasing access has to be the focus of any additional funding at this time, before looking at bridging relationship gaps. Last year, it was anticipated that £70,000 (recurrent) of the £145,000 for this year would be set aside from funding for a STP crisis bid if it was successful; to provide the additional funding from each CCG in the STP required in addition to that to be provided by NHS England. However, it was decided that the figures originally used in the bid were not appropriate or correct and each CCG felt this was no longer an appropriate use of their funding going forward. The CCG is committed to providing additional funding this year to the Crisis and Home Interventions services.

In order for NHS Wolverhampton CCG to reach the Mental Health Minimal Investment Standard it was agreed that an additional £114,000 is required to invest into the CYP MH services. It was agreed that in discussion with the specialist services an initial assessment team could be developed to support reduction in the waiting times. This additional investment will allow recruitment of 2 senior clinicians to work with the SPA to focus purely on the initial assessment of clients referred to specialist CAMHS. The clinicians would commence treatment interventions at this point and direct referrals through to the appropriate care constellation for their multidisciplinary core treatments. This additional resource would support us with the 18 week RTT and support the building of capacity within the care constellations – as this would reduce the amount of initial assessments all clinicians within CAMHS have to undertake as part of their job plans. This is to be included in the new CAMHS specialist service specification. NHS Wolverhampton CCG has also reviewed the service provided by the Key team over the past 12 months and felt that this was no longer meeting the needs of the population in a way that was an effective use of money and it was agreed to remove funding from this service to re-invest into Crisis and Home Intervention service. This will mean that £167,474 will be taken from the Key team finance line and reinvested into the Crisis and Home Intervention Team going forward although for 18/19 this is with a 6 month effect resulting in £83,737 being invested in this current financial year. In 2018/19, there is still £70,000 to invest (previous agreement from last year's refresh but no longer required for crisis given movement from Key team). It has been agreed that £20,000 of this £70,000 will be aligned to the crisis and home intervention team, some of the funding will be for an additional administration post to support the increase in the SPA function with all referrals for both the specialist CAMH service and Emotional Mental Health and Wellbeing service being received and the money remaining from the £70,000 to be used to support an initial assessment team.

The increase in funding which has been identified for the next 2 years will be used to support increasing the access numbers for Children and Young people across the city of Wolverhampton in Emotional Mental Health and wellbeing services which will include specialist CAMHS. It is essential that all of these services are able to input

into the MHSDS to ensure that NHS Wolverhampton CCG is able to accurately record access data and that we are able to demonstrate an increase in our reach.

Baseline figures, updated figures and trajectories for Finance, staffing and activity:

DESCRIPTION	2016/17	2017/18	2018/19	2019/20	2020/21
Finance	4,595,959	4,581,637	4,904,887	4,921,064	5,131,863
Staffing Levels across the system	59.77	64.27	77.71	80.55	86.25
Activity / Access (minimum expected)	1276	1455	1978	2102	2164

Activity within BCPFT in 2017 -18:

Total Referrals received by BCPFT 2017-18	Total Referrals accepted by BCPFT 2017 -18	Average waiting time at year end 2017-19 to first contact (proxy assessment)	Average waiting time at year end 2017 - 18 to second contact (proxy assessment)	Total on the waiting list at 2017-18 year end that have been referred but not yet had first contact wait list	Total on the waiting list at 2017-18 year end assessed and accepted but not yet started treatment
2078	1455	5.74 weeks	18.13 weeks	250	474

The transformation plans were developed and shaped through extensive consultation with Children, Young People and parents/carers, as well as stakeholders. This has been an on-going process since early 2015 and continues through discussions with Children in Care Council and Youth Council as well as HeadStart Partnership board, Voice4Parents and engagement sessions with pupils in different mainstream secondary schools.

The Transforming Care Program has also ensured that consultation has been undertaken with parents and carers whose children and young people have either Learning Disabilities and/or Autism and with SEND needs. The CCG now has a list of parents/carers who are happy to participate in any consultation required in future. The CYP IAPT partnership board which is in the embryonic stage and the HeadStart partnership board feed into the CAMHS transformation board providing input into governance, needs assessment and service planning. The CAMHS transformation Board has terms of reference available. Children, Young People and their parents/carers will be involved with service delivery and evaluation when the principles of CYP IAPT are embedded within services as it focuses on improving user participation in treatment, service design and delivery as one of its main tenets.

The local service offer has been developed in collaboration with parents, Children and Young People and backed up by a single and simple point of accessing services, and is needs-led rather than diagnosis-led or merely focused on what services or funding is available. This ensures that individuals receive what they need at the point of service, thus reducing the chances of receiving inequitable

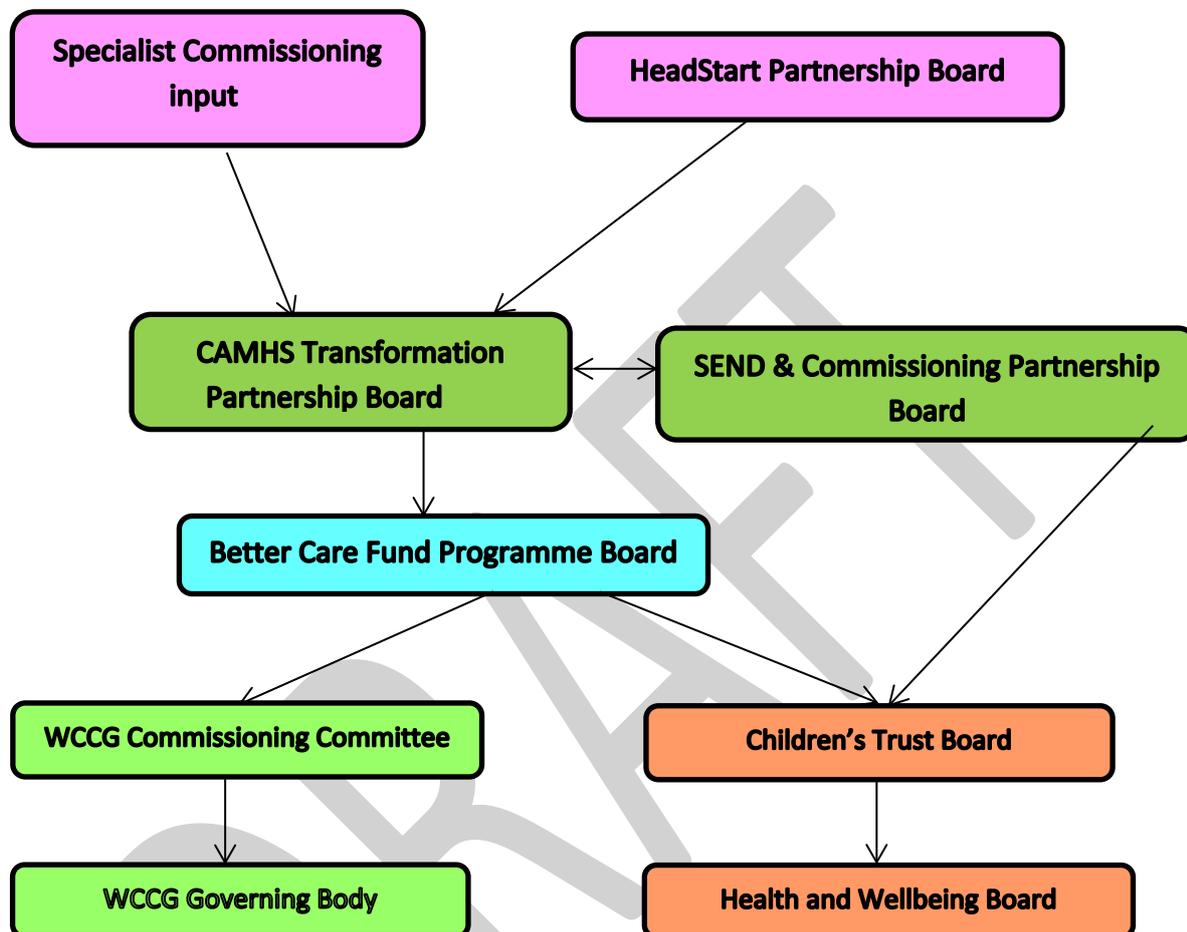
health services. There is capacity to spot purchase individual interventions that are child specific if a service is not available within the city and the suggestion is evidence based and supported by professionals involved in the child/young person's care. Parents have also been able to contact the CCG to discuss directly with the commissioner issues which may have been occurring which are specific to CAMHS.

The Refugee and Migrant Council developed a joint bid between the CCG and City of Wolverhampton Council for additional support for Unaccompanied Asylum Seekers as Children ensuring that this specific cohort of Young People's needs were given consideration in the city when taking mental health needs into account. Liaison continues to occur with this group of young people who have very specific needs to ensure that these are taken into account during intervention. Engagement has occurred with the Liaison and Diversion team to ensure that their services dovetail with the Youth Offending Team and specialist CAMHS and ensure that the services commissioned via Youth and Justice are clearly identifiable as part of this refresh and taken into account when transforming the system for CAMHS.

Specialist commissioning have supported the refresh of the Local Transformation Plan (LTP) by agreeing to the escalation plan which is available at appendix 1 and are keen to work with the local CAMHS commissioners to reduce the number of Children and Young People admitted to tier 4 beds by looking at what alternatives are available to meet the needs of the Children and Young People in the community. The intention is to build on the developments in terms of our CAMHS LTP Crisis investments and reinvest funding from the Key team to support the Crisis and Home Intervention Service. Specialist commissioning have also been involved in the Youth and Justice pathway to ensure that all commissioners are aware of the Liaison and Diversion team and how it dovetails into current services commissioned by CCG.

Wolverhampton's commissioners are working together to reduce fragmentation in commissioning and prevent duplication. We have worked in partnership to jointly procure the emotional mental health and wellbeing service as well as applying to be part of the trailblazer for Mental Health Support Teams in School.

The Governance for the Wolverhampton Children and Young People’s Mental Health Transformation Plan Refresh October 2018 onwards:



Appendix 1 contains all of the terms of references of the meetings detailed above to understand the governance structure that the CAMHS transformation programme feeds into. The CAMHS Transformation Partnership Board is to continue up in its current guise to ensure that services for CYP are fit for purpose going forward. This board will report into the Better Care Programme Board from April 2018 to ensure that Mental Health services for Children and Young People are governed through joint arrangements with Wolverhampton Clinical Commissioning Group (WCCG) and City of Wolverhampton Council (CWC), and in a similar manner to Adult Mental Health services. This will support transition of the Young People who need the service in a more comprehensive manner. It will then result in a joint approach to commissioning, contract management, and activity monitoring for Children and Young People’s Emotional Mental Health and Wellbeing services, and channels responsibility through the Better Care Programme Board for both Children’s, and Adult’s Mental Health services. This option also introduces efficiencies which will reduce the number of meetings commissioners and service providers need to attend.

Members of the CAMHS Transformation Partnership Board have been working on this refresh document since August 2018 with drafts submitted as they were being worked up. It has been sent to all on the board, with agreement that it will be agreed virtually and signed off. Presentation of the refresh will be presented at the next CAMHS Transformation Partnership Board. The first draft of the CAMHS transformation refresh plan was presented at Children's Trust board on 20th September 2018 and the Governing Body on the 11th of September 2018. The final plan will be presented to them at the next opportunity. The final draft will be presented to the Health and Wellbeing board on 17th of October 2018 and the governing body of Wolverhampton CCG on 13th of November 2018.

The priorities of the refreshed 2018/19 refresh have been or will be discussed with all of the partners mentioned in the KLOEs. The initial draft of the refresh has been discussed at the CAMHS Transformation Partnership Board, CCG Governing Body and the Childrens Trust Board. It has also been discussed with the Director of Childrens Services and a meeting has been arranged with the Leader of the Health and Wellbeing Together Board and the Chair of the Local Childrens Safeguarding Board. It has been discussed with the participation groups for CYP and Parents/carers as well as with groups specifically

Mechanisms and KPIs are to be developed to track progress over the plan period.

3. Understanding Local Need

From ONS Crown Copyright Reserved figures obtained from Nomis on 10 September 2018 Wolverhampton has a population of 60,091 children and young people aged 0-19. The number of children aged 0-19 years is projected to increase to 68,300 by 2037, representing a net gain of about 8.6%. Sixty eight per cent of Wolverhampton residents are from a white ethnic background with the remaining 32% of residents belonging to black minority ethnic backgrounds (BME). Wolverhampton has high numbers of new arrivals arriving into the City each year including traveller families. In terms of levels of deprivation, Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Nearly one third of children in the city live in poverty and almost 60% of all 0-15 year olds living in the city, live in what is considered a deprived area. 1,120 Children and Young People in the city have Education, Health and Care Plans whilst an additional 5,907 are in receipt of SEN support. Wolverhampton has been identified as being below the national average for Children and Young People with a diagnosis of Autistic Diagnostic Spectrum with a higher than expected cohort of youngsters with Learning Disabilities. It may be that differential diagnoses is not undertaken when the young person already has a diagnosis of Learning Disabilities and a place in a special school as it has been felt that further diagnostics would not alter their school placements.

Wolverhampton currently has a Looked After Children's population of 649 children and young people, 287 of these are located within the city boundaries; an increase in numbers from the same time last year. The Mental Health of Looked-after children is significantly poorer than that of their peers, with almost half of Children and Young People in care meeting the criteria for a psychiatric disorder and that up to 70-80% have recognisable problems.² Looked after Children and Young People have particular physical, emotional and behavioural needs related to their earlier experiences before they became Looked after. These earlier experiences have an influence on brain development and attachment behaviour. The rates of emotional, behavioural and Mental Health difficulties are 4 to 5 times higher amongst Looked-after Children and Young People than the wider population. It is important that services are provided in a timely manner to prevent the escalation of challenging behaviour and reduce the risk of placement breakdown; these should be based on the child or young person's needs and not on service availability. Looked after Children who need access to Mental Health services often have numerous and complex issues that require specialist input across multiple agencies, but high numbers of Young People are being turned away from CAMHS because they do not fit the medical criteria of having a diagnosed Mental Health problem and, in addition, many Looked after Children are refused a service on the grounds of placement instability in spite of statutory guidance which states that this should not be the case.

As a result of the project to support Asylum Seeking Children (UASC) and their mental health needs, BCPFT is currently working with a caseload of 15 young people. The provider is currently being trained in EMDR to support this work and if necessary, will be identifying specialist services who can meet this cohort of young people, if their needs are considered to be significant and not appropriate for our local provider to support. All our Looked after UASC have suitable accommodation across the City. This is made up of school boarding, foster placements, National Asylum Support Service (NASS) accommodation and semi-independent living provision. Some also have come to live with family members who have already settled in the city. The impact of this type of migration is evidenced by national research: *Health Needs Assessment – Unaccompanied children seeking asylum* (March 2016) by Kent Public Health Observatory and primary research undertaken locally entitled *Effective practice with Unaccompanied Asylum Seeking Children- A Local Authority perspective* which engaged with professionals and Children and Young People. Both groups identified that UASC are at high risk of mental illness. The most common diagnoses included:

- Post-Traumatic Stress Disorder (PTSD),
- Major depressive disorder,
- General anxiety disorder and
- Agoraphobia.

² Luke et al, *What works in preventing and treating poor Mental Health in looked-after children?* (August 2014), p 7

Delayed presentations of mental illness are also recognised and may affect up to 1 in 5 unaccompanied children. This may be because Young People are reluctant to discuss their symptoms due to shame or guilt, or due to cultural differences in interpretation of symptoms of mental illness. It is likely that this number of UASC coming to the city is likely to remain constant due to Dublin III cases, spontaneous arrivals and the proximity of motorway links. Their specific needs should be given consideration when planning services and training needs going forward.

To understand the numbers of Children and Young People who require inpatient intervention in Wolverhampton it is important to have access to the numbers who have been admitted in the previous year. In 2017/18 10 Children and Young People were admitted to tier 4 inpatient beds across the country; a reduction from the previous year when 15 CYP were admitted to inpatient facilities. One of these Young People had two admissions during this period, following a relapse and she was moved to more appropriate unit during her second stay. She transitioned into an adult inpatient unit when she turned 18. A second member of this cohort was moved to another inpatient facility during her stay in tier 4 and has remained in hospital after a year's admission but with regular input into her CPA meetings from our local Mental Health provider and social care team as she is a Looked After Child. As a result of work being undertaken across the STP and alignment of service specifications for adults as well as Children and Young People, work is being undertaken on personality disorders across the Black Country. It has been agreed that this work stream will include CAMHS commissioners as there has been acknowledgement that some of our young people who transition as inpatients from CAMHS tier 4 to adult inpatient units have been diagnosed with emerging personality disorders and we should be giving consideration to this cohort prior to admission if possible and learning from best practice in the community.

Based on wider Mental Health promotion evidence, the Centre of Mental Health's methodology for assessing emotional and Mental Health needs across the spectrum has been applied to the Children and Young People population of Wolverhampton from ONS Crown Copyright Reserved accessed via Nomis on 10 September 2018 – see Figure below. This formula aims to provide potential numbers for those Children and Young People who may require the different levels of service across the system and give assurance to commissioners whether sufficient services are commissioned or planned to be commissioned. It will also identify if there is an area of unmet need and if so, where it is and how it can be met? However, it is unclear if it takes into account the levels of deprivation in specific areas which would impact on Children and Young People's Mental Health.

CYP's mental health needs	Description of CYP needing help	% of CYP	Potential Numbers of CYP (2014)	Responsible organisations
Universal	All CYP and families need resources and assistance to build strong mental	100%	60,091	Whole service system

needs	health in children.			
Targeted or early help needs	Some CYP need extra help to build resilience because they face greater exposure to risk. Some CYP also have deteriorating mental health and need early help to deescalate and restore good wellbeing.	15%	9,014	Whole service system
Children with less complex diagnosable needs	Some CYP will have less complex and diagnosable level needs	risky 7%	4,206	School counselling, voluntary sector, evidence based counselling, primary mental health support
Children with complex and more risky needs	Very complex or high risk diagnosable mental health needs	1.85%	1,112	Specialist CAMHS and services seeking to avoid further escalation
Children with highly risky, complex or specialist needs	Some CYP will have highly complex, concerning and specialist diagnosable mental health needs.	0.075%	45	Inpatient settings, broader service system

Figure 1: Centre of Mental Health's methodology for assessing emotional and mental health needs

Emerson and Hatton (2004) showed age related prevalence for learning disabilities for 5-9 year olds as 0.96%, for 10-14 year olds as 2.26% and for 15-19 year olds as 2.67%³. When these rates are applied to the Wolverhampton population, it is estimated that in the city we have 150 children aged 5-9 years, 320 children aged 10-14 years, and 425 young people aged 15-19 years who have a learning disability. The prevalence for mental health associated with learning disabilities is reported as 40% and this is even higher in those with severe learning disabilities. Application of this to the estimated number of children and young people with learning disabilities in the Wolverhampton population shows that we are likely to have 20 children aged 5-9 years, 128 children aged 10-14 years, and 170 young people aged 15-19 years with learning disabilities who could also have mental health problems. Inspire is the local Learning Disabilities Mental Health service provided by Black Country Partnership Foundation NHS Trust which provides support to this cohort of young people. Wolverhampton CCG and City of Wolverhampton Council currently commission this service jointly.

³ Emerson E, Hatton C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England. Lancaster: Institute for Health Research, Lancaster University, 2004.

A number of sources of evidence suggest that a number of equalities and demographic factors can have a significant effect on the local need within Wolverhampton and the uptake of mental health for children and young people which include:

- high numbers of Black and Minority Ethnic communities
- parents in prison or in contact with the criminal justice system
- social deprivation and high levels of unemployment
- high rates of housing and homelessness
- refugees and asylum seekers (new arrivals, including CYP who are unaccompanied)
- children and young people with long term conditions/physical and/or learning disabilities
- lesbian, gay, bisexual and transgender people (LGBT)
- children and young people who are questioning their sexual orientation and/or gender (LGBTQI)
- substance misuse
- people of all ages with neurodevelopmental conditions such as Autism and ADHD
- children and young people who are victims of violence, abuse and crime including domestic violence and bullying
- Mental health needs of pre and post natal mothers, people with co-morbid substance misuse and people with learning disabilities.

NHS Wolverhampton CCG and the City of Wolverhampton Council have now jointly procured an Emotional Mental Health and Wellbeing service known as Beam from the Children's Society with an initial funding of £350,000 annually for 3 years. Some of this funding is provided from HeadStart on a non-recurrent basis to ensure they are able to reach their specific cohort for targeted and specialist support as part of the test and learn program they are running. HeadStart is also using some of its funding to support the capacity and capability building and community empowerment to support transformational system change across the city. The training programmes for Emotional Mental health and Wellbeing, using a test and learn model and train the trainer approach for sustainability going forwards will be available across all stakeholder organisations including schools, voluntary/community groups and statutory services.

The Transforming Care Program has been working on developing services across the Black Country for CYP with autism and/or Learning Disabilities. The joint Wolverhampton Autism Strategy 2016 – 2021 identified the need to develop a clear and consistent pathway for diagnostics as well as post diagnostic support across the ages which is to be addressed across all services this year and ensure all appropriate services are inputting into NICE compliant services as part of the pathway. Work is currently been undertaken on developing the CYP Autistic

Diagnostic pathway to ensure that it is NICE compliant and includes all the necessary professionals across different agencies. Once this is complete, the next piece of work is to develop a post diagnostic service for CYP. This particular piece of work will occur in Wolverhampton and will include a range of different organisations, including the voluntary sector. Other work will be on a Black Country footprint and will be around the development of an intensive support service for children, young people, families and carers when they are in crises and need an appropriate level of support from various professionals to prevent hospital admissions. In Green H et al (2005) it was identified that just under one third (30%) of Children and young people diagnosed with ASD had another clinically recognisable mental disorder; 16% had an emotional disorder, usually an anxiety disorder; and 19% had an additional diagnosis of conduct disorder, often made on the basis of severely challenging behaviour⁴. It is important to consider this cohort of children and young people to ensure that the mental Health difficulties which impact on their ability to function are addressed as part of the Future in Mind funding going forward as well as taking the work of the Transforming Care Programme into account. This will remove any issues which have occurred in the past with this group of Children and Young People as to whether the issues are as a result of Mental Health needs or due to behavioural issues.

The transforming Care work programme includes undertaking an audit of the previous 3 admissions from each of the CCGs in the Black Country to learn lessons as to how these admissions can be reduced and what service would need to be commissioned in the future to support this process.

Work has continued within Strengthening Families hubs to develop clear processes and competencies for all staff and this work dovetails into the CAMHS transformation plan to give assurance that all stakeholders in the city know what services are available and appropriate for Children, Young People and their families and when as well as how they can be accessed. This is readily seen when looking at the common referral processes used for accessing the Single Point of Access using the Early Help Assessment.

The LTP is addressing health inequalities by Wolverhampton commissioners (both City of Wolverhampton Council and Wolverhampton CCG) and providers working closely together to reduce the health inequalities identified in a previous chapter, through a range of specific and integrated interventions by aligning different services across the system. Specifically, the service system recognises the important role that maternity services, primary care and early years support plays in building strong family mental health and emotional wellbeing – supporting early identification and treatment for parents with poor mental health, helping early maternal/infant communication and promoting healthy attachment and child development. The LTP seeks to build capacity in parents, children and young people so that they can promote and preserve wellbeing and also know how to help themselves or where to

⁴ <http://content.digital.nhs.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf>

go if they need extra help. (Department of Health, 2015) These sentiments are also expressed in the HeadStart phase 3 bid for Big Lottery funding which refers to educating, engaging and empowering ‘young people, their families and their communities to be aspirational, resilient and self-supporting’.

The LTP also recognises the important role that whole-school approaches play in supporting children and young people’s mental health and attainment, supported by the work of HeadStart in schools and draws together and relies on coordinated multi-agency (whole system) activity to:

- promote mental health in children, young people and families right from the first spark of life and providing continuity through age-related transitions
- strengthen protective factors and assets that build strong child and youth mental health and reducing influences that compromise a child’s healthy social and emotional development
- help children build resilience to cope with and manage inevitable setbacks
- provides extra help to children struggling developmentally, socially or emotionally de-escalating difficulties early and emotional ranges
- intervenes as early possible to support those presenting with diagnosable difficulties
- provides a clear gateway with trouble-free access to an easy to understand offer of help for all children, young people and families.
- commit to an ‘invest to save’ approach: recognising that inadequate early investment stores up problems for all sectors later on, damaging children’s outcomes, reducing quality of life and building up later crisis costs (Knapp, et al., 2011)
- has an effective and child/youth/family/carer friendly service design - providing ‘the right help at the right time in the right place’
- ensures equal parity of esteem for mental and physical health (Department of Health, 2015)
- minimises the chances of children falling between the gaps of systems of care – particularly during adolescence which is the peak age for escalating mental illness
- works together to achieve best outcomes for all children - regardless of gender, sexuality, ethnicity, religion, class and disability (recognising that some families, children and young people face greater risk adversity and need more help).

Wolverhampton Clinical Commissioning Group was asked to complete an Expression of Interest to become a trailblazer for the Mental Health Support teams in schools and the 4 week waiting time pilot which they completed on time. By linking the work of the new MHSTs to the ‘Getting it Right’ resource tool⁵ it will provide a

⁵ City of Wolverhampton Council. *Getting It Right: Positive Steps to Support Behaviour and Emotional Wellbeing in Schools: A Good Practice Guidance Resource*. 2018

shared framework for identifying and assessing needs that ensures the MHSTs will be part of a graduated response that starts with a whole school approach and capacity building moving up to more individualised and potentially specialist support. Learning from CAMHS link roles within HeadStart, the Big Lottery 'test and learn' programme in Wolverhampton, can be used within the new MHSTs to ensure that lessons learned are not lost. These roles are funded recurrently via the CCG, and will continue when the programme finishes. The new MHST roles will be further connected to the CYPMH service (including Beam), school nursing service and also the Educational Psychology service to support integration into schools and ensure 'buy in' from the schools/colleges and alternative provisions that will be involved in the trailblazer. The overall approach for the MHSTs will be to work alongside the existing services (education, health and social care) to develop capacity and provide training and support for the schools to develop a whole school approach to emotional well-being and resilience. It will support a reduction in health inequalities across the city by helping to develop a confident and skilled school workforce supported by effective multi-agency information sharing and joint commissioning, which will impact on the whole service system. It is known that the workforce should be working at different stages of the life span and across sectors, including education, working to common outcomes and backed up by a clear shared understanding of roles and responsibilities which will again impact on how young people and their emotional mental health and wellbeing is managed. This program will support the workforce to develop competencies in understanding, promoting and preserving health, emotional wellbeing and behaviour.

The local service offer has been developed in collaboration with parents, children and young people and backed up by a single and simple point of accessing services, and is needs-led rather than diagnosis-led or merely focused on what services or funding is available. This ensures that individuals receive what they need at the point of service, thus reducing the chances of receiving inequitable health services. There is capacity to spot purchase individual interventions that are child specific if a service is not available within the city and the suggestion is evidence based and supported by professionals involved in the child/young person's care.

4. LTP Ambition 2018-2020

The main ambition of the original LTP was to re-balance activity across Tiers 1–4 by closing gaps, pump priming safe, sound and supportive services whilst also increasing capacity and capability in early intervention and prevention services to reduce numbers of Children and Young People requiring interventions at tiers 3–4 in the short, medium and longer term. This was envisaged to involve all services across the city where impact would be seen for a Child/Young Person's emotional Mental Health and wellbeing. The ambition for the services commissioned is to increase the number of Children and Young People accessing community Mental

Health services which were NHS funded. The figures underneath are the expected population numbers of Children and Young People in Wolverhampton with a diagnosable Mental Health condition receiving treatment from an NHS funded community service as per the Centre of Mental Health’s methodology.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given 6,182 is the total number of CYP aged 0 – 19 with a diagnosable mental health condition expected to be in NHS funded community MH services in Wolverhampton	1582	1855 <i>actual numbers were 1455 for this year</i>	1978 - target	2102 – target	2164 – target

Figure 2: Centre of Mental Health’s methodology used to apply the percentages expected for CYP in Wolverhampton who should be accessing NHS funded community mental health services.

Regarding Inpatient care for Children and Young People from Wolverhampton, it is seen that the increase in services at a preventative and early intervention level will support reducing the numbers of Children and Young People from needing in-patient care. This has already been seen when comparing numbers from last year to this year i.e. from 15 to 10. It has been seen that the connections between local services and the inpatient units are secure and local staff are actively involved in the Children and Young People’s care planning for discharge. In England, the Children and Young People’s Health Outcomes Forum (Department of Health, 2012) recommended introducing the use of Routine Outcome Measurement in CAMHS, building on the approach taken in the CYP-IAPT pilots (www.iapt.nhs.uk/cyp-iapt) and the work of the CAMHS Outcomes Research Consortium (www.corc.uk.net). Since Wolverhampton has now joined the Midlands collaborative for CYP IAPT, it is an intention that new services being commissioned or contracts being reviewed going forward will include the collection of these Routine Outcome Measures.

Since the development of the initial LTP, which talked about re-designing and delivery of a model of prevention, resilience, early intervention and personalisation at local level, employing the resilience and self-efficacy building facets of HeadStart across the whole system, involving schools and alternative provision as key stakeholders, the City of Wolverhampton Council has invested in developing Strengthening Family hubs and has commissioned an Intensive Therapeutic Family Support service which has impacted on a universal level and a universal plus level across the city with the Children, Young People and Families the services have

worked with. The Intensive Therapeutic Family Support service is aimed at some of the more complex children, and their families, who are on the edge of care. Headstart programmes, also working at a universal level but in specific areas of the city and with certain age ranges, have been developed to promote, protect and preserve the mental wellbeing of 10-16 year olds across our city, by inspiring them to dream big, supporting them to maintain motivation and control, and equipping them with the skills to cope with setbacks and adversity. These programmes again work on the universal offer within a system wide CAMHS Transformation Plan.

The original LTP talked about placing the emphasis on building resilience, promoting good Mental Health and wellbeing, prevention and early intervention in an integrated system across the NHS, Local Authority children's services, education (schools and colleges), public health, voluntary and community, and youth justice sectors. The HeadStart workforce development strategy discusses its role in building capacity and capability of leadership teams and teachers to support whole school transformation to support the mental wellbeing of their students, through models of good practice being shared through school to school networks to extend the reach of HeadStart beyond its scope.

Part of the LTP ambition was to reduce the gaps in provision across the system and as a result a service has been jointly procured from April 2018 by the City of Wolverhampton Council and Wolverhampton CCG on a recurrent basis at an initial cost of £225,000 with HeadStart contributing £125,000 to the service for potentially three years only, whilst their funding lasts. This fixed term HeadStart funding will be used to support the sustainability of the new model of provision for the services going forward. Within Primary Care, the Five Year Forward View for Mental Health reported that there would be a need for 70,000 more Children and Young People across the country to be able to have access to evidenced based interventions and with a greater focus on early intervention and prevention. Primary care will now be able to refer to the Emotional Mental Health and wellbeing services and therefore increase the access for Children and Young People.

Another ambition of the LTP was to develop care pathways, particularly in relation to Youth and Justice which has not necessarily been clear in the intervening years. Liaison and Diversion currently review any young people who are in custody aged 18 years and under to assess if they have any emotional Mental Health issues. They also receive referrals via police for those Children and Young People who have received Court Resolution Orders. However, an issue that has been identified is that the referrals for the Children and Young People can come to L & D several months after the issuing of the Court Resolution Order and support is not wanted by the Child and/or Young Person and their families. It was evident that the L & D services for the Black Country undertake health and wellbeing checks and if further interventions are required, a referral is made to CAMHS. However, this has proved difficult as on occasions the intervention required does not meet thresholds for these specialist CAMH services. Now that the Emotional Mental Health and Wellbeing

service is in place since April 2018, the L & D team will be able to refer into this service via the Single Point of Access.

The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional Mental Health support is available within the team. Work has now been undertaken to ensure that work within the Liaison and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS and/or the Emotional Mental Health and Wellbeing Service via the SPA as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways have now been developed.

HeadStart's workforce development plan will support schools and colleges to up skill their staff by developing skills in supporting Children and Young People with their Emotional Mental Health and Wellbeing across the city. This will support the early prevention and early intervention services in Wolverhampton. Provision of the Emotional Mental Health services will ensure that Children and Young People will be able to access services earlier as and when required and provide routine care. The plan for services going forward is to have the Children and Young People Improving Access to Psychological Therapy (CYP IAPT) principles embedded to include;

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improve user participation in treatment, service design and delivery.
- Improve access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- And train managers and service leads in change, demand and capacity management.

The Five Year Forward View for Mental Health identified that improving outcomes for Children and Young People required a joint-agency approach, including action to intervene early and build resilience as well as improving access to high quality evidence-based treatment for children and young people, their families and carers. The City of Wolverhampton Council and Wolverhampton CCG senior leaders with particular responsibility for children work collaboratively to identify needs across the city, provide resources if necessary, and commission relevant and appropriate services, ensuring quality and removing duplication. This is evident in the new jointly procured Emotional Mental Health and Wellbeing service available from April 2018 to support early intervention and build resilience. The City of Wolverhampton Council is applying to participate in a pilot programme that tests improved approaches to the mental health and wellbeing assessments that looked after children receive when they enter care.

Wolverhampton's ambition for services in 2020/21 is that staff within education settings will have confidence in identification and awareness of emotional mental health and wellbeing issues, as well as being trained in developing young people's

resilience and self-esteem. The city is looking to ensure that schools and educational settings have an emotional mental health and wellbeing offer which will support the trailblazer site application for Mental Health Support Teams in Schools. By linking the work of the new MHSTs to the 'Getting it Right' resource tool it will provide a shared framework for identifying and assessing needs that ensures the MHSTs will be part of a graduated response that starts with a whole school approach and capacity building moving up to more individualised and potentially specialist support. Learning from CAMHS link roles within HeadStart, the Big Lottery 'test and learn' programme in Wolverhampton, can be used within the new MHSTs to ensure that lessons learned are not lost. These roles are funded recurrently via the CCG, and will continue when the programme finishes. The new MHST roles will be further connected to the CYPMH service (including Beam), school nursing service and also the Educational Psychology service to support integration into schools and ensure 'buy in' from the schools/colleges and alternative provisions that will be involved in the trailblazer. The overall approach for the MHSTs will be to work alongside the existing agencies to develop capacity and provide training and support for the schools to develop a whole school approach to emotional well-being and resilience.

An emotional mental health and wellbeing service will be well established with the ability for young people to self-refer, with access to an online counselling service for those who feel this is the most appropriate way to access the services. This provision will ensure that Children and Young People are being seen at an earlier point in time, which may prevent them from developing more serious mental health problems. The CAMHS team will have appropriately trained specialist teams available to meet the needs of the Children and Young People referred to them. All of these services will be CYP IAPT compliant and will be using routine outcome measures. Children and Young People who require in-patient facilities will be placed closer to home and their lengths of admissions will be reduced with adequate community provision to support an earlier discharge and allow intervention at home to support this process. It is also envisaged that the Crisis and Home Intervention Treatment team will provide intensive support to prevent unnecessary admissions. There will be an increase in awareness of the L & D team to ensure that all Children and Young People who require this intervention will be able to receive appropriate follow on services either from CAMHS or the established Emotional Mental Health and Wellbeing service.

In addition, some children are particularly vulnerable to developing mental health problems - including those who are looked after or adopted, care leavers, victims of abuse or exploitation, those with disabilities or long term conditions, or who are within the justice system. Although Black Country Partnership Foundation NHS Trust provides a service to the Looked after Children, it is not specifically commissioned and therefore pathways and access are not necessarily clear to those working in the area. The CCG is keen to develop clear pathways for those who are within the justice system and this was completed last year and incorporated Liaison and Diversion, specialist CAMHS, and YOT CAMHS worker. The pathway also

included the new Emotional Mental Health and Wellbeing pathway commissioned from Beam, Wolverhampton. Funding was committed last year for a CAMHS link worker in the PRUs as an innovative pilot post to support identifying Children and Young People earlier who have mental health issues that may be impacting on their ability to succeed in education and potentially reduce re-offending. The post did not meet the objectives initially set out but some of the lessons learned will be used when developing the business case should Wolverhampton CCG be successful in applying to become a trailblazer site. Not enough of an impact was seen as a result of the post being in place and therefore it is not being funded recurrently and the additional funding will be used for other schemes.

An ambition of the LTP was that Core CAMH services are available for Children and Young People who require specialist CAMHS and that those children and young people who are referred into this service will be seen within 18 weeks. The CCG has applied to be a trailblazer site for the 4 week waiting pilot. Going forward the service specification will require that the services provided will be evidenced based and use the principles of CYP IAPT to ensure Routine Outcome measures are embedded and used in the services. Currently the service is available as a Monday to Friday service from 9.00 to 17.00. Following the full mobilisation of the Emotional Mental Health and Wellbeing service, it is anticipated that fewer referrals will be refused by CAMHS as the Emotional Mental Health and Wellbeing service will pick them up and ensure the specialist service is receiving more appropriate referrals. This will be supported by further development of the Single Point of Access (SPA) which has been developed between this new service and specialist CAMHS, and has initially been co-located with CAMHS with virtual links developed between the SPA and the MASH (Multi Agency Safeguarding Hub). This will ensure that the appropriate services accept the referral and meet the needs of the child/young person and their family.

The original LTP also identified that the Crisis care and intensive services needed additional funding to support availability 7 days a week and with increased opening hours. Additional funding was initially invested in the service which now has staff available who visit 7 days a week from 8.00am to 8.00pm although there is a drive from the five Year Forward View paper that this is extended to cover 24 hours a day, 7 days a week. Currently there is a CAMHS psychiatrist who is available on call across Wolverhampton and Sandwell to meet the needs of Children and Young People in crisis across these two CCGs, 24 hours a day, and 7 days a week. Further funding is to be diverted from the decommissioning of the Key team to the Crisis and Home Intervention service to increase the staffing levels.

Another ambition of the original LTP was to identify the gaps and provide a service to meet those needs either as a commissioned service or one which could be spot purchased as required. The CCG and City of Wolverhampton Council have developed a strategy for managing Harmful sexualised behaviour across the city. This has been identified as a gap in provision, for training, assessment and

intervention. Multi-agency training has been undertaken with different agencies across the city to ensure that staff are able to address harmful sexualised behaviour as part of their ongoing intervention with the young person. There has been a slight increase in the number of Children and Young People in care, who have been identified as perpetrators of sexual abuse, usually as a result of abuse and trauma in their earlier lives. In these instances, the CCG and the local authority has spot purchased an independent expert to provide a full assessment of needs particularly in relation to the therapy required when the young person is in care, dealing specifically with their harmful sexualised behaviour. This assessment then provides support towards the intervention required and expected outcomes of interventions. In turn, this allows the Mental Health professionals, in conjunction with the social worker, to assure that suitable interventions are being undertaken with the young person and that the young person is making progress to reduce the risk of engaging in further harmful sexualised behaviour as they grow older. Specialist CAMHS do support Children and Young People who have experienced trauma. The Local Authority has procured a service for Intensive therapeutic family support to prevent admissions to care which has been producing good outcomes for those families who have been engaging with the service. Children with Learning Disabilities are seen within the Inspire service in Wolverhampton which is funded by both the CCG and City of Wolverhampton Council, albeit to different degrees. Liaison and Diversion as well as the CAMHS worker in YOT will support those who are at risk of entering the justice system or have actually entered the service. All of these posts have as their remit to increase access to Mental Health services, supporting the drive of the LTP to give consideration for Early Intervention.

One of the underlying aims of the original Local Transformation Plan and which will further support work which has already been progressing in this area was the drive to bring care closer to home and prevent hospital admissions. The pre-admission Care, Education and Treatment Reviews (CETRs) for Children and Young People with diagnoses of Autism Spectrum Disorder and/or Learning Disabilities support the process of reducing hospital admissions as it allows individual commissioning to be undertaken to support a child/young person to remain at home with more intensive support than is commissioned as part of the universal offer. It is hoped that in future the funding from specialist commissioning for NHS England will return to the CCG to support this reduction in admissions and allow more individual personalised commissioning to take place to meet the child/young person's needs and continue allowing them to remain at home. Wolverhampton CCG and City of Wolverhampton Council are part of a Black Country and West Birmingham Transforming Care Partnership (TCP) which is responsible for meeting the needs of a diverse group of Children and Young People with a learning disability, autism or both who display, or are at risk of developing behaviour that challenges, including those with Mental Health conditions. Wolverhampton has a specialist CAMHS LD service which supports the difficulties which sometimes exist when there are separate Mental Health and Learning Disabilities services.

A new model of care has been developed within the Eating Disorders service which is now an all age service with a significant amount of funding put into this service since the inception of the LTP in 2015. There is now a dedicated psychiatrist employed who is a specialist Eating Disorders Consultant Psychiatrist working across Children and Adults services; only one of two psychiatrists working in this way across the country. The trust invested in their psychiatrist to develop the skills to enable him to work across the ages. The trust is looking to become a member of the Community Eating Disorder Service National Quality Improvement programme in the coming year. Early intervention for psychosis has also become an all age service and has demonstrated marked improvement in reaching the NHS target of accessing a NICE-approved care package within 2 weeks of referral by 2020/21 for those Children and Young People experiencing a first episode of psychosis.

The 136 suite has not been utilised regularly over the past year with only 3 Young People being cared for there in 2017/18. When a young person is admitted to the 136 suite, the Crisis team provide the staff for it.

From the LTP, one of the ambitions was to invest in CAMHS Link workers for schools, special schools and alternative provision providing targeted and specialist interventions within establishments and facilitating and supporting the HeadStart: Wolverhampton school peer support and Mental Health resilience training programmes whilst also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs. The peer support programme in particular is going to be used as part of the trailblazer application for MHSTs in school as the first layer of intervention. With the success of the bid for phase 3 of Headstart funding from Big Lottery, these posts are now in place and have been recruited to on a substantive basis. However, although the posts have been recruited to over a 15-month basis, turnover of staff has been an issue and currently the service is on their second recruitment drive. It must be acknowledged that HeadStart is a test and learn model and only began last academic year to develop the roll out of their programmes where the impact of the CAMHS link workers can be seen.

Another area of concern when the LTP was originally submitted was the Mental Health support for those Children and Young People who meet the criteria for Tri-partite funded placements as part of the External Placement Panels (EPP). These Young People are considered to be the most vulnerable and have the most complex needs; usually with the most expensive placements and concerns have been raised that their outcomes were amongst the poorest for the Looked after Children cohort. A post was established to support this EPP process from the specialist CAMHS team who would provide clinical expertise to support the social worker to identify the Mental Health needs of the young people, specifying the Mental Health interventions that are appropriate and are NICE compliant to meet the needs of the young person and setting outcomes for the interventions. The successful candidate, is able to

measure whether the placement has met the mental health needs of the young person and supported them to step down or up to alternative placements as required to ensure their development in these complex placements supports them to become functional adults. The CAMHS person in this post supports the young person to transition to the appropriate Mental Health team in the future with a clear need identified. Those young people who have physical needs are supported in post by the continuing care co-ordinator from the CCG to ensure that their physical needs are being addressed in the placement.

Since the LTP was first submitted, some consideration has been given to the specialist commissioning for Youth and Justice and how the LTP could support an increase in reaching Children and Young People who are at risk of offending or re-offending and who may have Mental Health disorders which have not been identified. Consideration is going to be given to support communication needs of the young people who are under the care of the Youth Offending Team/

Funding for these CAMHS link worker for HeadStart and EPP post has been confirmed as recurrent and all have been recruited to although HeadStart retention has been problematic. This could be as a result of the 'test and learn' model that HeadStart is part of which results in lack of definition of clear boundaries.

Workforce

Current Staffing levels in Wolverhampton

Future in Mind through the transformation funding, in its initial phase, has supported both the expansion and development of the specialist CAMHS workforce. The development of a capable and competent workforce is essential to the continued modernisation and expansion of evidence-based services across the whole CAMHS pathway.

Wolverhampton CAMHS has worked with the Midlands C&YP IAPT collaborative, Health Education England and local partners to identify workforce needs and commence plans.

Whilst the new transformational workforce demonstrates no direct increase in the core CAMHS Wolverhampton workforce, the new transformation workforce has allowed specialist CAMHS workforce to develop new models of care delivery by removing some of the specialist provisions around vulnerable Children and Young People from core CAMHS. It is anticipated that this will support core CAMHS in delivering on the increase in access to Mental Health services and has supported the identification and delivery of specific training to meet local skills gaps. The new model of care ensures evidence-based treatment interventions and a pathways approach and has allowed further consideration for skill mix.

The expansion in the workforce has been within specific elements of the service; Specialist CAMHS (BCPFT) have received further financial support to expand and

change the model of care offered within the CAMHS Crisis Intervention/Home Treatment provision and the Community Eating Disorder service provisions and they work in partnership by providing specialist psychological support within the Youth Offending Service. The other new partnership workforce development posts include having CAMHS clinicians working in the Wolverhampton HeadStart programme and working across City of Wolverhampton Council provisions for the most vulnerable Young People whom may or have presented to the External Placement Panel (EPP). There is now also the increase in the workforce by the addition of the online counselling service as well as the Emotional Mental Health and Wellbeing service.

The approaches taken to addressing the workforce training needs across all of these areas have included:

- Engagement in C&YP IAPT modules and clinical supervision.
- Ensuring the leadership team undertake the C&YP IAPT Leadership and Transformation training
- Accessing the C&YP IAPT outreach training sessions
- Exploring skills and competencies gaps within specialist CAMHS and providing locally based competencies training to meet local skills gaps for particular evidence-based treatments or diagnostic categories
- Employing specific professionals for liaison and case management particularly for complex cases; Youth Offending Clinician, and EPP clinicians.
- Accessing the national Eating Disorder training days
- Engagement in specialist training across the system with CYP IAPT principles embedded in the services.

BCPFT continue to support universal provisions through training in schools and have ran specific group parenting sessions that have a psycho-educational element to supporting parents and foster parents in the care and management of children and young people. They have enabled their workforce by providing further IT support with training and some equipment and the young people have developed BCPFT's CAMHS web site that has further information and self-help support for all.

The Gem Centre in Wolverhampton houses a range of Children and Young People's provisions, not just Mental Health in a C&YP person friendly environment. This close working environment allows integration with a range of professionals, shared learning platforms and impromptu discussions, particularly for those professionals working in the community paediatrics services including Occupational Therapy, Physiotherapy and Speech & Language Therapy.

Wolverhampton CAMHS and Emotional Mental Health and Wellbeing Workforce – Table demonstrating workforce increase since 14/15

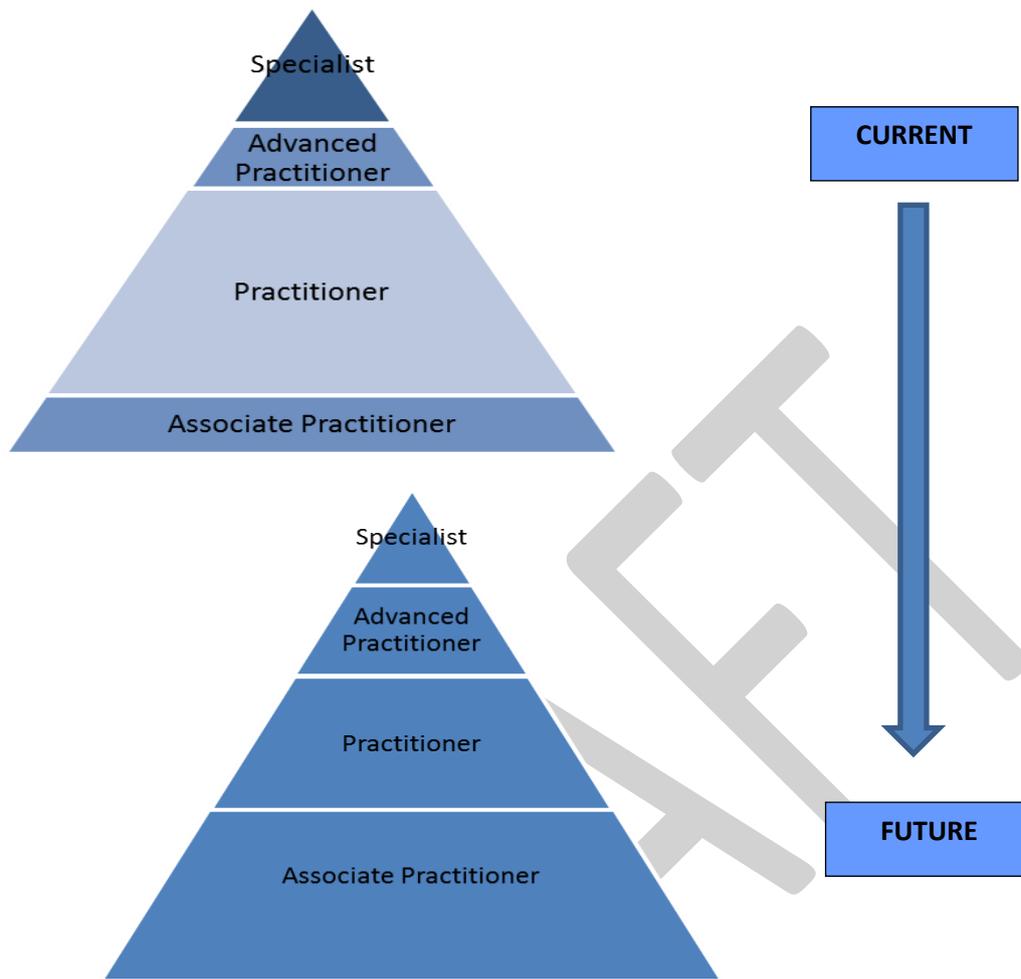
Funded Posts	14/15	17/18	18/19	Comments
Management	4	3		
Core CAMHS	16.53	16.17		
Key Team	4.80	4.80		
Inspire	8.43	7.75		
CAMHS CIHTT (Crisis/Home Treatment)	3.00	6.10		
Single Point of Access	0.00	2.00		
Youth Offending Service		1.00		
136 Suite		1.00		
External Placement Panel		1.00		
Early Intervention		1.50		
Eating Disorders	4.64	14.35		Commissioned in partnership with Sandwell and West Birmingham CCG
CAMHS HeadStart Link Workers	0.00	2.00		
CAMHS PRU Link Worker	0.00	1.00		
Waiting List Initiative Workers		2.00		
EMOTIONAL MENTAL HEALTH AND WELLBEING SERVICE – Beam				
Area Manager	0.00	0.00	0.8	
Service Manager	0.00	0.00	0.8	
Clinical Lead	0.00	0.00	0.8	
CYP IAPT therapists	0.00	0.00	3.2	
Sessional Therapists	0.00	0.00	0.8	
Administrators	0.00	0.00	0.8	
Youth Workers	0.00	0.00	1.2	
Volunteer Co-ordinator	0.00	0.00	0.4	
ONLINE DIGITAL PLATFORM INCLUDING COUNSELLING				
Kooth – 110 hours per month			0.64	
Totals	41.31	63.77	73.21	

The 14.35 WTE posts that are allocated to the Eating Disorders service are providing a service across Wolverhampton and Sandwell and West Birmingham CCG. The

new jointly procured Emotional Mental Health and Wellbeing service has also increased the workforce for Children and Young People Mental Health with potentially more than 700 Children and Young People needing to access these services. There will be a need for up to 5,600 additional sessions for this cohort to ensure CYP are being seen in the correct place which may be an addition to the workforce of up to 9 W.T.E. which includes supervision, preparation note writing and actual sessions, both group and individual. The Childrens Society (Wolverhampton Beam) has employed an additional 8.8 WTEs in their services to meet their contracted activity. Kooth employ 0.64 WTE to provide the online counselling service for Wolverhampton.

The HeadStart phase 3 bid refers to building a confident, accessible and responsive workforce for Young People with staff who share a common language and common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. The workforce development strategy and outcomes cut across all four of the pillars of the Phase 3 HeadStart programme: City-wide, Universal, Universal Plus, and Targeted, and range from promotion and awareness raising, to developing a common language and common approaches to supporting young people, to more in-depth programmes of both academic study and professional practice for the wider Children and Young People workforce. Training is to be arranged in SUMO, Restorative Practice and other HeadStart approaches for the entire workforce through flexible delivery methods to improve the universal offer across the city and enable this workforce to respond in a positive way to Children and Young People and their Emotional Mental Health and Wellbeing needs. The CYP IAPT training will support the Universal plus and more targeted workforce to develop skills in evidence-based interventions to be used with Children and Young People across the services and ensure that Routine Outcome Measures are used to identify the Young Person's needs and increase the ability to identify journey travelled with interventions.

Future Workforce plans:



The above diagram represents the changes needed for the workforce transformation to occur within Child and Adolescent Mental Health services which involves creation of new roles which will support increasing access to services at a much lower level than waiting for the Child/ Young Person to become so ill that they require significant specialist intervention. With regards to training for CYP IAPT, the collaborative in the Midlands is seeking Expression of Interest forms to be completed for Well-Being Practitioners for Children and Young People. These roles will include training to deliver brief evidence based interventions in the form of guided self-help for Children and Young People with mild/moderate anxiety, low mood and behavioural problems. It is agreed that an Expression of Interest form is to be completed for 2 staff in the Wolverhampton CYP IAPT partnership to build up these competencies and provide evidence based intervention with work to be completed on funding for year 2 which potentially the CCG will fund going forward This will in turn increase access to services for Children and Young People. The diagram below gives a representation of where the increase in staffing will occur as a result of the increase in funding available. This increase in these staff groups will be in addition to those already recruited to and these increases are shown below.

STAFF INCREASES WHERE (WTE)	2016/17	2017/18	2018/19	2019/20	2020/21
Single Point of Access	4				
Youth Offending Team	1				
136 Suite	1.1				
Early Intervention in Psychosis Service	2	0.5			
Crisis and Home Intervention Treatment Team	2				1
External Placement Panel		1			
HeadStart CAMHS Link Workers		2			
PRU CAMHS Link Workers		1	-1		
Emotional Mental Health & Wellbeing Services			11.8	2.64	1.2
Initial Assessment Team			2		
Online counselling service *			0.64		
Neurodevelopmental service (across Sandwell & Wolverhampton) - potentially consultant				0.4	
Primary Care Mental Health Workers - potentially					3.5
Totals	10.1	4.5	13.44	2.84	5.7
*110 hours equates to roughly 0.64WTE					

Across the Black Country STP the growth trajectory for the mental health workforce plan states the following:

Area	Role	2016/17	2017/18	2018/19	2019/20	2020/21
CYP	Nursing	7.5	5	2.5		
	AHP	5	5			
Adult IAPT	Nursing	7.5	5	2	2	2
	Admin	1.45				
Perinatal	Medical			2		
	Nursing			3	2	
	AHP			3	6	
	Support to Clinical			3		
	Admin			3		
EIP	Nursing				2	8
	AHP				2	
	Admin					
Liaison	Admin		12	11	21	10
Core Community	Nursing increase	12				
Core Acute	Nurse Associates BCP			10	10	
	Nursing			10	2	
	HCA			3.4		

NHS England has provided funding for CYP IAPT training and it is essential that this funding is used to fund the necessary courses and backfill to ensure the CCG is able to meet any performance figures required in the future from NHS England. However, there have been difficulties finding enough staff who meet the criteria for the courses and who are free to attend the courses whilst activity continues in the service.

Currently the CCG has funding for 63% backfill but there is a limited number of places funded on the courses with demand outstripping availability of places. At least 2 staff members will have to be sent on training annually to ensure continuation in the CYP IAPT training programmes. However, on further exploration it was identified that as long as staff have training which is considered to be CYP IAPT compliant and Routine Outcome Measures have been embedded in practice as well as CYP are participating in service design and evaluation then the service could be considered CYP IAPT compliant. The CCG is looking to fund alternative courses to ensure that staff are trained in CYP IAPT type courses whilst embedding the principles within the services. These courses will have places allocated to the specialist CAMH services as well as to the voluntary sector who either are commissioned, have been commissioned or could be commissioned in the future by the NHS. It will be building capacity in the city for future.

There is also a need to give consideration to the additional workforce requirements to meet 24/7 crisis care. Currently CAMHS in Wolverhampton has an on call rota for CAMHS psychiatrists who are available by phone if necessary to answer queries and also there is a rota available for members of staff to be available should a young person need to use the 136 suite.

Potential future training needs:

In future, there will be a need to consider the specialist Mental Health needs of some of our changing population in the city and the need for additional specialist training for staff to ensure these young peoples' needs are met. Some of this training should be considered at universal level as well as specialist levels. The changing populations will include the group of young people who are classed as Looked After, having been recognised as Unaccompanied Asylum Seeker Children (USAC) who have the potential to require intervention for PTSD and adjustment to a new culture, environment, language and way of living as well as the effects of potential bereavement and abuse. It should also be recognised that the difficulties experienced by this group may not be seen immediately on arrival but some years afterwards. Anecdotally, the specialist CAMHS team have reported an increase in the number of referrals for Young People who are questioning their sexual orientation and transgender issues and there is also a correlation between transgender issues and autism. This is likely to become a training gap within specialist and universal services. Mermaids UK had provided some training for the CAMHS team and Educational Psychology and some schools where there are significant issues identified were also invited to attend.

Work has been undertaken in the city around the gap in provision for Children and Young People who have been identified as engaging in Harmful Sexualised Behaviour (HSB). This gap includes awareness, assessment and intervention. Three levels of training have been developed for whole system training depending on levels of need, similar to levels in safeguarding training. The emphasis of the training in level 1 will be to raise awareness around HSB as well as normal childhood

sexual development. Level 2 will build on this work and discuss with trainees about ways to work with this group and level 3 will look at how to provide interventions for this group of Children and Young People. A significant number of staff across agencies have undertaken this training in the city to date and report they have more skills to undertake interventions with our young people. One of our voluntary organisations is now in a position to undertake some low level interventions with our young people under consultation with the independent expert who has delivered the training.

There is also a need to consider training in the principles of Positive Behavioural Support to ensure that these are applied for CYP with ASD and/or LD. Potentially staff will also need to have an understanding of sensory needs for this group of CYP and how it potentially impacts on their behaviours that can prove challenging as a result.

HeadStart’s workforce development plan reinforces the need to build a confident, accessible and responsive workforce for young people with staff who share a common language as well as common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. This will ensure that staff working with Children and Young People across their daily lives including schools, colleges and community areas will be able to support this cohort in a more effective manner and ensure that if further intervention is required this will be identified and acquired quickly and appropriately.

5. Collaborative and Place Based Commissioning

Collaborative commissioning occurs between the CCG and a range of others to meet the needs of Children and Young People and their families who come into contact with different strands of CAMHS. This includes CAMHS commissioners across the STP footprint, Specialist commissioning for NHS England, Youth and Justice, NHS England, and the City of Wolverhampton Council.

STP Commissioning

The STP discussed making submissions to NHS England for additional funding and it is acknowledged that the way forward is to work collaboratively across the footprint to align service specifications and potentially develop services to produce economies of scale. Admissions to Tier 4 inpatient facilities in the Black Country are beginning to show a reduction over the past 4 years; and these numbers are shown below.

Admissions to Tier 4 in-patient beds in the Black Country	
2014/15	83
2015/16	86
2016/17	83
2017/18	78

It will be important for intensive support to occur for those children and young people in crises within their home environments rather than admissions to hospital. Also this will support reducing delayed discharges and ensure that pathways between community and hospital are smooth and consistent across the Black Country. It will also support collaboration amongst local authorities and CCGs and support the Transforming Care Programme to reduce the number of young people with ASD/LD who go into inpatient facilities but then experience difficulties with discharge back to appropriate community settings. Currently the CAMHS commissioners are working on aligning service specifications for Core CAMHS and also Crisis.

Specialist Commissioning – NHS England

These pathways, when confirmed, between Specialist commissioning and Local commissioning will demonstrate the interdependency of the growth of community services aligned with the re-commissioning of inpatient beds, including supporting an increase in crisis and home treatment, admission prevention and support appropriate and safe discharge and will be across the Black country STP. These pathways for Children and Young People with ASD/LD are evident in the use of the pre-admission CETR (Care, Education and Treatment Review process which can be found at <https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf>) which involves all relevant agencies in the local area. For those under 18 years, by integrating the provisions of both the CETR process and the Access Assessment for an inpatient bed, it ensures that consideration is given to the whole care pathway and will help to strengthen the range of treatment modalities available and wider support for the adult or child, young person and their family. It will also ensure that all other alternatives have been considered before secure provision is agreed as the appropriate placement option. Specialist commissioning from NHS England are also part of this process as well as commissioner from the CCG, specialist CAMHS, child/young person and/or parents/carers, social care and education from the Local Authority as well as a patient by experience and Independent clinician. Any pre-admission CETRs that have taken place in Wolverhampton over the past 12 months have had a specialist commissioner from NHS England present to support the process. These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, this support can be arranged/commissioned as a matter of urgency to prevent admission. Appendix ? details the pathway used in BCPFT for escalation of a Child or Young Person to specialist Mental Health services.

The CAMHS commissioners from the Black Country (STP footprint) have met and worked collaboratively with NHS England specialist commissioning to ensure that pathways across the STP are consistent and support the local crisis teams to ensure the correct support is available for Children and Young People as and when required. There is a national drive to reduce the need for inpatient beds for CAMHS

or at least, reduce the length of stays, which supports the above STP bid for the Black Country wide Mental Health Crisis and Intensive Community Support Service. The previous New Care Model bid failed but the plan was to retain the finances within the CCGs as reductions were made in the need for Children and Young People to require inpatient beds. Within the new models of care there is a drive for the budget to be transferred to the Accountable Care Organisation to again alter the care model and prevent admission. The Black Country CAMHS commissioners are currently scoping arranging regular meetings with specialist commissioning to discuss recent admissions to hospital and lessons which can be learned from those admissions to support the development/alterations of/to local services.

These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, this support can be arranged/commissioned as a matter of urgency to prevent admission.

City of Wolverhampton Council and Wolverhampton CCG

The LTP discussed the under use and lack of provision of universal and targeted services at the previously known tier 1 and 2 provision and this has been recognised by both agencies. Funding has been secured across both agencies to provide investment into the new Emotional Mental Health and Wellbeing services (formally known as tier 2). Awarded to the Children's Society and known as Beam it has been operational in the city since April 2018 although it has been slow. The City of Wolverhampton Council and Wolverhampton CCG have agreed to stop funding the Key team with the CCG realigning the funding into the crisis team. Both organisations invest in the Core CAMHS service, and Inspire, albeit to different degrees, all of which are currently provided by Black Country Partnership NHS Trust.

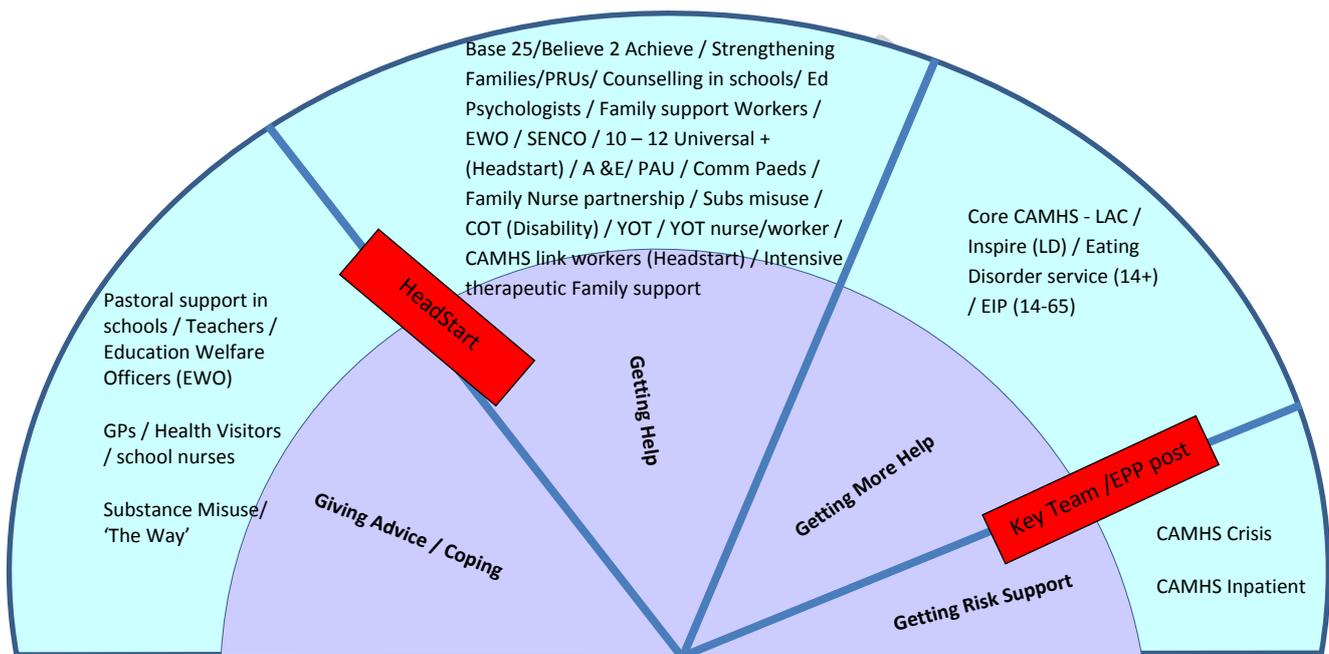
SEND (Special Educational Needs and Disability) reforms were introduced under the Children's & Families Act (2014) resulting in Wolverhampton CCG commissioning services jointly for Children and Young People (up to age 25) with SEND, including those with Education Health and Care (EHC) plans. As part of this process, there are many Children and Young People who access CAMHS (core CAMHS) and Inspire (Specialist Learning Disability CAMH service) and now have these needs addressed as part of their EHC plans with clear focus on health outcomes as well as education and social care which will make a real difference to how a Child or Young Person lives their life.

Place Based Commissioning

Using the THRIVE model to demonstrate how we undertake place based commissioning in Wolverhampton ensures that we are using a person-centred model of care for young people's Mental Health which helps young people to THRIVE. It enables Mental Health services to be delivered according to the needs and

preferences of young people and their families. It uses an integrated, person-centred model of child and adolescent Mental Health care across the system.

Below the model is broken down, with reference to the services which are available in Wolverhampton to demonstrate where each service sits in relation to the model to show the relationships between each area/service. HeadStart straddles the first two areas of support whilst the Key team and the EPP post straddle the last two areas.



The leadership for the collaborative and place-based commissioning will take place in a number of meetings. Meetings are being arranged with NHS England – Specialist commissioning to ensure that there is a clear understanding of the crisis needs of the Children and Young People located across the STP and locally as there are differences across the patch. These meetings will support an understanding of these differences and usage of in-patient beds across the area. The CAMHS commissioners in the Black Country meet on a regular basis to ensure we are able to meet the needs of the population of Children and Young People within the geographical area and to ensure services are able to learn lessons from both good and poor practice.

With regards to SEND processes and commissioning for health needs of the Children and Young People who have an EHC plan, this is discussed at a regular EHC panel where requests in excess of standard provision are brought to discuss amongst the senior people who are available. These include SEND partnership officer for the CCG, SEND manager, Designated Medical Officer (DMO), and senior social work manager. Usually additional funding is required for specialist input for Young People who are post 16 and are in colleges that are located out of city.

Currently, for place based commissioning, CAMHS Transformation Partnership Board has been the overarching meeting where all services have fed into, ensuring that the transformation plans are in place and are delivering on the targets set including waiting times and recruitment issues etc. Any challenges have been discussed at this meeting as well as spend on CAMHS and areas where additional funding is required or will be needed in the future. It has been where opportunities have existed for discussion about changes in practice for the City of Wolverhampton Council as well as services commissioned by Wolverhampton CCG which may impact on health, social care and education working together. Although it was initially suggested that the CAMHS Transformation Board would be subsumed into the Better Care Programme Board from October 2018, it has been decided to continue with its work to ensure the transformation within the city continues.

6. Health and Justice

Those Children and Young People who are in services that are commissioned directly by Health and Justice are currently reviewed by Liaison and Diversion (L & D) working specifically with Children and Young People, when they have been arrested and are in the Custody suite aged 18 years and under to assess if they have any emotional Mental Health issues as part of their health and wellbeing assessments. They also see Children and Young People who are issued with Court Resolution Orders although there can be a time lag between the issue of the order and the first visit from the L & D team. This can impact on the Child and Young Person and their families from engaging in the process as they feel the issue has already passed. If the L & D team identify Mental Health needs, even if it is for Anger Management or Cognitive Behavioural Therapy they have to refer to another service as currently they do not have the skills to undertake the interventions. L & D will refer to the Single Point of Access if further intervention is required. L & D have now been fully sighted on the new jointly procured Emotional Mental Health and Wellbeing service to support their process.

The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional Mental Health support is available within the team. It is important for L & D to develop connections with the CAMHS YOT worker and the new Emotional Mental Health and Wellbeing services to ensure that there is a comprehensive pathway which ensures that if the Child/Young Person is known to one of the services this information can be shared with other services. It will also be important to ensure L & D are aware of the work that is undertaken in the strengthening families' hub and potentially the intensive therapeutic family support service.

Given that L & D in Wolverhampton do not provide any interventions, rather referring into appropriate services in CAMHS, there is no specific transition from L & D youth pathways to adults unless a Young Person has turned 18 in between being issued

with a Court Resolution Order and being seen at which point, the Young Person will be transferred to the Adult L & D service. However, if Children and Young People are in secure settings and then are released into the community, whilst under 18 years old, the services will be in contact with our Youth Offending Team (YOT) who will ensure that the CAMHS worker who is attached to the team is aware of the Young Person returning to the community. If the Young Person has turned 18 prior to them being released from a secure setting and further input is required from a Community Mental Health service, the Young Person will be referred into the adult Mental Health community team via Penn Hospital. This process works the other way too that if a Child or Young Person is known either to YOT or CAMHS and is sent to a secure setting, the service involved will ensure that the secure setting are aware of their input to date including interventions, assessments started or completed and diagnosis and medication prescribed.

7. CYP Improving Access to Psychological Therapies (CYP IAPT)

Wolverhampton CCG joined the CYP IAPT Midlands Learning Collaborative in 2016 and has subsequently received funding for training backfill for providers of CCG commissioned services. (This will also include jointly commissioned services). Staff have been identified to undertake the training and some have already completed their courses and graduated, including the leadership course. However, the courses have been difficult for staff to access due to the distance from home as well as the intensity of the courses.

The key tenets of the CYP IAPT programme are:

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improving user participation in treatment, service design and delivery.
- Improving access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- Training managers and service leads in change, demand and capacity management

The new service specification for the Emotional Mental Health and wellbeing service, Beam, states that 90% of Children and Young People will have Routine Outcome Monitoring (ROMs) as part of their interventions and they will be embedded in the service. There is a drive to ensure that self-referrals are possible into all Children and Young People Mental Health Services particularly CYP IAPT. The Crisis and Home Intervention Treatment team already accept self-referrals into the service by the nature of these Children and Young People being unwell and requiring urgent intervention. The New Emotional Mental Health and Wellbeing service has drop-in services as part of their offer ensuring self-referral is possible. Kooth already support receiving self-referrals.

From last year Wolverhampton CCG was already aware that we had received more backfill funding from Health Education England since 2016/17 than funded places available on identified courses. We will have a significant shortfall in the number of staff who can be trained due to availability of funded places on courses. We have been working hard with our providers and NHSE to develop a plan of how we can ensure that existing and new staff continue to be trained in evidence based interventions as well as staff in other sectors to increase the knowledge base in the city.

Our LTP notes where Wolverhampton CCG has received income from the CYP IAPT programme and the assurance process in place is a mechanism for guaranteeing that the spend goes to CYP MH services in the local area, particularly a commitment to the training or backfill for CYP IAPT. Agreement has been reached for the funding to be carried over for the purposes of training. Given the number of places that have already been committed to this means there is £341,713 left in the fund for training and/or backfill which must be used for CYP IAPT only to ensure the services commissioned become CYP IAPT compliant. The CCG is currently in discussions with alternative providers to undertake other courses which will meet the requirements for training and then the CYP IAPT principles will be embedded in the services. The local partnership has also submitted an Expression of Interest for two Wellbeing Practitioners for CYP which will be used in specialist CAMHS and the emotional mental health and wellbeing service. Our specialist CAMH service is also to be funded to provide supervision for those undertaking both this course and other courses undertaken as part of the CYP IAPT courses availability.

Wolverhampton CCG has agreed to fund a Cognitive Behavioural Course this year with potentially two run next year to support the skills of the staff dealing with the children and young people in Wolverhampton.

8. Eating Disorders

Up until the beginning of 2017 Sandwell and Wolverhampton did not have a discrete eating disorder service as outlined in national guidance. There was a dedicated adults Eating Disorder service and some identified resource within the CAMHS provision, however, this did not provide for dedicated eating disorder resources for children and young people. CAMHS offered a core service for patients with eating disorders that did not meet the thresholds for inpatient admission. The service provided a multi-disciplinary approach to eating disorders but lacked some of the specialisms as outlined in the guidance here.

Wolverhampton now has a comprehensive all aged specialist eating disorder provision, ensuring that all people referred with Eating Disorders have access to effective, dedicated eating disorder interventions from a dedicated, committed and experienced multi-disciplinary workforce resulting in improved outcomes for Children and Young people – particularly in relation to waiting times (helped by prioritising referrals in line with MARSIPAN Guidelines); increased access to services (as seen

in increased referral rates for eating disorders); and helping preventing admission to Tier 4 (as there have been no CAMHS admissions over the past 18 months).

Service users are at the centre of the continued evolution of the service and continue to be asked for feedback using the services Service Evaluation Questionnaire, the Tell Us How We Are Doing Questionnaire and Session Rating Scales. This has led to changes in the therapeutic environments, greater collaboration between the CAMHS ED elements and the Crisis Intervention & Home Treatment Service to help prevent admission, the adoption of a Systemic based Assessment at the start of treatment (to improve access and experience of the service on entering the service), and the seamless progression for Young People with Eating Disorders in the context of an All Age Service – thus eliminating the need to transition from CAMHS to AMHS Eating Disorders Services.

The Eating Disorder Service adheres to set standards that drive and monitor the performance here, these include:

- Working in partnership with both primary and secondary services to ensure that care team can identify, assess and when appropriate treat people with Eating Disorders and are fully coherent with the referral pathway to the specialist provision.
- Working in partnership with a range of acute and general medical treatments and services to ensure that physical health needs are addressed and information is shared on treatment and diagnosis.
- Working in partnership with inpatient provisions for children, young people and adults to ensure both timely access and discharge, with adequate follow up as recommended by NICE guidance.
- In line with influencing strategies and current evidence base the all age eating disorder service will work to develop a high quality, safe and therapeutic continuum of assessment, treatment and care for all ages across all tiers of service.

During 2017 the Team also participated in a range of programs to help develop the service here this culminated in 2 practitioners accessing the CYP-IAPT Training in Systemic Family Practice (SFP-Eating Disorders); The teams family therapist accessing the CYP-IAPT Supervisors Course (i.e. to support the SFP trainees); and the Team accessing the National CEDS Training in Bristol throughout that year.

This culminated in the SFP trainees graduating with Merits and a Distinction, the provider having greater clinical governance to offer NICE Compliant interventions in Systemic and Family Based practice, and them adopting the 'Systemic Assessment' (Eisler et al, 2016) towards the end of that year.

Interventions currently offered by our comprehensive provision include

- Cognitive Behaviour Therapy (CBT)
- Systemic Family Therapy
- Family Based Treatment (FBT)

- Psychological Psychotherapy
- Dialectical Behaviour Therapy (DBT)
- Nutritional Counselling
- Medical / Psychiatric Intervention

In 2018 BCPFT have continued to embed the above and benefitted from the appointment of a dynamic Service Manager and changes in the workforce that will enable them to intensify their efforts with those young people who require more intensive support. They have also increased their capacity to deliver CBT to this core group in the past month.

They have also identified a number of exciting developments for the coming year that will enable them to further enhance their governance around NICE compliant interventions such as FBT, help them build capacity for a Parent Group Program (based upon Surry Early Intervention Program by Nicholls & Yi 2015), and develop provision for Binge Eating Disorders using Self Help Models as a further resource.

BCPFT also hope to be in a position to offer Self-Referral in 2019 (a year earlier than the National Strategy / Plan).

During 2016-17: Feedback received from CYP with ED

“It's like having the weight of the world lifted off your shoulders. I feel as though I have bounced back and recovered finally from an awful condition I never expected any respite from”.

“I have learnt so many new skills from you to help me deal with and process all sorts of challenges in my life; without my eating or health being affected, and for the first time in a long time as a result I feel very confident going forward”.

“People like me wouldn't have a light at the end of the tunnel without people like you”.

During 2017 – 18: Feedback from CYP with ED

“I appreciated that the therapist worked around my school time table”.

“I liked that the therapist was able to see me in school”.

“I would have liked a parent support group and would have welcomed the opportunity of meeting other families”.

BCPFT have received a letter HRH from Kensington Palace congratulating ‘us’ on the work we had undertaken with one of our families after they contacted the Royal Family to praise their interventions with their young person.

Eating Disorder Referrals under 18 years for Wolverhampton CCG

							Grand Total
Age at Referral	12	13	14	15	16	17-18	

2015-16	2	3	5	0	5	22	37
2016-17	0	7	13	19	13	39	91
2017-18	2	3	6	8	8	14	41
	4	13	24	27	26	75	169

The table below identifies the number of Children and Young People seen within the first quarters for 2018/19 and reported to Unify.

Year number	Period name	Description	Gt 0 - 1 Weeks	Gt 1 - 2 Weeks	Gt 2 - 3 Weeks	Gt 3 - 4 Weeks	Gt 4 - 5 Weeks	Gt 5 - 6 Weeks	Gt 6 - 7 Weeks	Gt 7 - 8 Weeks	Gt 8 - 9 Weeks	Gt 9 - 10 Weeks	Gt 10 - 11 Weeks	Gt 11 - 12 Weeks	Gt 12 Plus Weeks	Total Pathways
2018-19	JUNE	CYP ED care pathways (urgent cases) completed this quarter	2	0	0	0	0	0	0	0	0	0	0	0	0	2
2018-19	JUNE	CYP ED care pathways (routine cases) completed this quarter	0	1	1	0	0	0	0	0	0	0	0	0	0	2
2018-19	JUNE	CYP ED care pathways (urgent cases) incomplete at quarter end	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2018-19	JUNE	CYP ED care pathways (routine cases) incomplete at quarter end	0	0	1	0	0	1	0	0	0	0	0	0	0	2

The four local CCGs (Wolverhampton, Sandwell, Walsall and Dudley) are partnering up in the Eating Disorder cluster. The providers of the service in these CCGs are working more collaboratively and this will support the cluster work and ensure that the service provided is consistent across the areas. The service specification is almost completed for across the cluster. This Community Eating Disorder service (CEDS) will be in line with the model recommended in NHS England's commissioning guidance. Currently the CEDS is internally benchmarking against the Royal College of Psychiatry Quality Network for Community Eating Disorder Services for Children and Young People (QNCC-ED) in preparation for registering with them for the formal evaluation/benchmarking. National training had to be completed prior to this. BCPFT are showing progress on their journey to ensure the Community Eating Disorder Service achieve full accreditation.

9. Data – Access and Outcomes

Black Country Partnership Foundation NHS Trust was the only service commissioned by NHS Wolverhampton CCG to provide CYP MH services within Wolverhampton for 2017/18. They had been flowing key national metrics into the MHS Services Data Set and reached a total access figure of 19%. The CCG has jointly commissioned an Emotional Mental Health and Wellbeing service with the Local Authority (run by the Children's Society) and their contract states that data must be flowed through the MHSDS from 2018 onwards. The service is currently in its mobilisation phase. Work is being undertaken by the STP project manager to ensure that data is being collected and flowed by the Emotional Mental Health and Wellbeing service and Kooth, the online counselling service commissioned by Wolverhampton CCG.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a	28%	30%	32%	34%	35%

diagnosable MH condition receive treatment from an NHS-funded community MH service.					
Given 6,182 is the total number of CYP aged 0 – 19 with a diagnosable mental health condition expected to be in NHS funded community MH services in Wolverhampton	1582	1855 <i>actual numbers were 1455 for this year</i>	1978 - target	2102 – target	2164 – target

Our local NHS trust provider, Black Country Partnership Foundation Trust (BCPFT) have made significant efforts to ensure local data recorded on clinical systems is accurate, valid and applicable for upload to the Mental Health Services Data Set (MHSDS). We have received confirmation from the Trust that there is validated data being submitted to MHSDS for CAMHS Patients entering treatment and Early Intervention in Psychosis and there is confidence in how this is now being uploaded.

BCPFT last year accepted 1455 referrals out of 2078 received. It is anticipated that with the development of the joint Single Point of Access for triaging referrals into the specialist CAMHS and the new Emotional Mental Health and Wellbeing Service (Beam) few referrals will be rejected and combined with the numbers of CYP who access the new online counselling service; the target for Wolverhampton will easily be reached. Currently it is anticipated that all of the commissioned providers will be flowing data directly as all have their own connectivity point arranged.

The Trust and Beam are working on developing the appropriate suite of Routine Outcome Measures that will be used as recommended by CYP IAPT principles so that the paired scores can be increased in the MHSDS. Access figures and ED are routinely monitored and used within Contract Review Meetings and also they are going to be used as part of the performance data discussed at the Children’s Trust Board going forward.

A CYPMH dashboard is being developed as part of CAMHS transformation board so that all activity captured can be discussed and to ensure that we are meeting our targets and able to question any data received. Data has been compared amongst the local STP Black Country footprint to ensure that we are all on course to meet our targets on a wider footprint. NHS Digital have been involved in supporting our area to reach our access targets and have run several workshops to support this work and all providers understanding of what has to be done and what the definitions for contacts are. There is a clear action plan which identifies when the missing commissioned providers will be flowing accurate data and this is included in **appendix**

10. Urgent & Emergency (Crisis) Mental Health Care for CYP

From September 2018, one of the services initially commissioned from BCPFT will be decommissioned with the funding being realigned to the Crisis, Intervention and Home Treatment Team to increase the staffing within this service and ensure that more CYP are able to be seen within a crisis and prevent them from being admitted to hospital. The team are available from 08.00 - 20.00 with access to a CAMHS psychiatrist on call outside of these hours to support any children or young people who are in crisis in an acute hospital setting. The additional investment into specialist CAMHS supported the establishment of a Place of Safety (136 suite) which is staffed by members of the Crisis, Intervention and Home Treatment Team when it is required which is on an ad hoc basis.

The increase in funding will further support the model which supports crisis presentations at Royal Wolverhampton NHS Trust and within the community and accepts the out of hours care for young people who are attending specialist core CAMHS. The team also provides home treatment for those presenting with greatest risk or who are unable to attend other services. Home treatment is also provided to young people who present with Eating Disorders and support for any young person requiring Mental Health act assessment in a place of safety. These provisions ensure that there is a swift and comprehensive assessment of the nature of the crisis.

The Children and Young People Crisis, Intervention and Home Treatment team provide staffing to the 136 suite as and when required and a 24 hour rota is in place should it be required. Children and Young People are accepted into this place of safety from other areas as there are no similar suites available in the region except for Birmingham. Over the past year, it has been used by 3 Children and Young People from Wolverhampton. The Crisis team tended to intervene before young people got to the 136 suite. The Crisis, Intervention and Home Treatment Team have employed Learning Disability nurses as well as CYP MH nurses with experience within an ASD service to support those Children and Young People with these co-morbid conditions. This has helped the CIHTT to better support this cohort of young people and prevent admissions to hospital. Over the course of a year there has been three young people who are part of the TCP cohort who were admitted to a tier 4 bed. All of these have since been discharged. BCPFT use a feedback mechanism to monitor the experience and outcomes of CYP who have received a service from the Crisis team. A service review was undertaken over quarter 3 and 4, in conjunction with Sandwell and West Birmingham CCG, when service users who have engaged with the Crisis service in the past were engaged with, regarding their experiences, to support any service redesign which was felt to be appropriate following the review. The headlines of the review were that it identified that the additional funding provided by Sandwell and West Birmingham CCG allowed a more comprehensive response both within the A and E department or even diverting the CYP from there straight to CAMHS and also providing more capacity in the Home

treatment part of the service. This is the type of service that the service users felt was more appropriate than being admitted to a tier 4 provision.

11. Integration

A Commissioning for Quality and Innovation indicator (CQUIN) is in place for 2018/19 which considers transitions out of Children and Young People’s Mental Health Services (CYPMHS) with an aim to incentivise improvements to the experience and outcomes for young people as they transition out of CYPMHS on the basis of their age. This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway.

There are three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people’s transition readiness ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement Survey).Action Plan:

Q4 2018/19	Case note audit to be undertaken for CYPMHS transitioning out of CYPMHS from Q3 and Q4 Assessment of discharge questionnaires for those who transitioned out of CYPMHS Q3 and Q4	Sending provider
	Assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS for Q3 and Q4	Receiving provider
	Results will be presented to commissioners at the end of Q4 with final response submitted to NHS England	Sending & Receiving providers

In 2017/18 9 young people transitioned to Adult Mental Health services within BCPFT, whilst 203 were referred back to Primary Care. Concerns have been raised about the number of post transition questionnaires that were received from Young People who had transitioned into adult services from CAMHS. The sending provider has been asked to use innovative ways to obtain the completed questionnaires from those transitioning and that sending it out without follow up is not in the spirit of the CQUIN.

There are also Looked after Children and Young People who are placed more than 20 miles outside of the city of Wolverhampton and as a result need to be transferred to the local services where they are now placed for on-going intervention. If this occurs, CAMHS within Wolverhampton send a clinical report giving a clear indication of the needs of the Young Person as well as any medication they have been prescribed, on-going difficulties and potentially aims of their intervention with clear

objectives. On occasions, the local CAMHS team where the Child and/or Young Person is now residing will only see the Child and/or Young Person when the responsible CCG where the child came into the care system, in this case Wolverhampton CCG, has agreed to fund intervention required.

For those Children and Young People who are part of the Health and Justice system the following pathways are available for those transitioning into adulthood –

As L & D in Wolverhampton do not provide any interventions, rather referring into appropriate services in CAMHS, there is no specific transition from L & D youth pathways to Adults unless a Young Person has turned 18 in between being issued with a Court Resolution Order and being seen, at which point, the Young Person will be transferred to the Adult L & D service. However, if Children and Young People are in secure settings and then are released into the community, whilst under 18 years old, the services will be in contact with our Youth Offending Team (YOT) who will ensure that the CAMHS worker who is attached to the team is aware of the Young Person returning to the community and the appropriate service will pick them up and meet their needs. If the Young Person has turned 18 prior to them being released from a secure setting and further input is required from a Community Mental Health service, the Young Person will be referred into the adult Mental Health community team via Penn Hospital. This process works the other way too that if a Child or Young Person is known either to YOT or CAMHS and is sent to a secure setting, the service involved in Wolverhampton will ensure that the secure setting are aware of their input to date including interventions, assessments started or completed and diagnosis and medication prescribed.

Transition pathway is provided in **Appendix** to demonstrate how Children and Young People are transitioning from CAMHS to AMHS (Adult Mental Health Service).

12. Early Intervention in Psychosis (EIP) – an all age service including Children and Young People

The Early Intervention Service (EIP) is a specialist community Mental Health team which works with Young People aged between 14 and 65 years in the three years following a first episode of psychosis or those who are deemed to be at risk of developing psychosis (At Risk Mental State). Priority is given to those aged 14 – 35 years. The Service adopts an assertive outreach approach and provides individualised, comprehensive, evidence based interventions to optimise recovery, prevent relapse and help young people and their families to cope with their experiences. All referrals to Child and Adolescent Mental Health Services (CAMHS) where psychosis or At Risk Mental State may be indicated will be passed to Early Intervention as soon as possible to ascertain if assessment is appropriate.

If the individual is allocated a care coordinator within the Early Intervention Service, medical responsibility will be held in the Early Intervention. However, liaison will continue with professionals in CAMHS as appropriate. This will ensure that the

holistic needs of the individual and family are met. Crisis and out of hours support will be requested from the CAMHS crisis service as needed. In order to ensure continuity of care, all outpatient appointment letters, care plans and risk assessments will be routinely forwarded to the appropriate CAMHS Consultant so that information regarding treatment and risk can be accessed as needed.

The Early Intervention in Psychosis service aims to complete referral to treatment within 10 working days in line with Early Intervention access and waiting standards.

Children and Young People who are accepted to this service are more likely to be transitioned from EIP into adult community Mental Health services when the three year period of work EIP delivers with each individual is over. The below is the trajectories for % of CYP receiving treatment in 2 weeks and the expectations for the services to be in line with NICE recommendations and at what point they will be.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
Specialist EIP provision in line with NICE recommendations	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end

The Wolverhampton Early Intervention in Psychosis Service operates Monday to Friday, 9.00 - 17.00 although appointments may be agreed outside these hours if needed. Out of hours support is provided by the Crisis and Home Treatment Team.

Currently monitoring of the CYP access to the EIP service is around having crisis and relapse plans as well as 95% of all non-urgent EIP referrals receive initial assessment within 10 working days. The numbers of Children and Young People who have been referred into the Early Intervention in Psychosis Service is detailed below.

Year of Referral	Numbers of CYP under 19 in EIP
2016/17	53
2017/18	46
2018/19	19*

*Up until 12.09.18

13. Green Paper

NHS Wolverhampton CCG has met all of the criteria set to be invited to complete an expression of interest to become a trailblazer site for implementation and testing the new delivery model for the Mental Health Support Teams (MHSTs), as well as the 4-week pilot. This EOI was submitted on the 17th of September 2018 in collaboration with our partners; BCPFT, City of Wolverhampton Social Care and Education teams as well as the voluntary sector and schools and colleges. We have liaised with Children and Young People to establish what they think this service should look like and how it could support them better than services already available. The existing transformation plan has been enhanced by giving consideration to the MHSTs and how they will dovetail into the services in existence and thinking through how these services can be enhanced to support the new teams. The links between these services and how they will be embedded have been described throughout the plan. It gives consideration as to how the MHSTs will engage with the peer support network that is already active within most schools across the city and provide a conduit between schools and CAMHS. This will increase the knowledge and skill set of the staff working in the education system to support Children and Young People across the city.

14. Other

Potential Wolverhampton CCG Funding which could to be used to transform Children and Young People's Mental Health 2017 – 2021.

Year Plan Figure	Available from Where?	Service to be invested in
2018/19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional – both identified above	£20,000 to be included in funding for Crisis. £25,000 Admin post for the SPA to increase support £25,000 to increase funding to Initial assessment team. £63,500 +VAT Online digital counselling service £27,000
2018/19 £116,000	Additional funding to reach Mental Health Investment Standard	£116,000 to fund an initial assessment team. Further investment has been requested as part of the application for the 4 week waiting time pilot as part of the trailblazer application site.
2017/19 £341,713 –	This funding has been ear marked for CYP IAPT training/backfill which	CYP IAPT services for training and /or backfill

<p>funding provided from NHS England for CYP IAPT training</p>	<p>needs to be arranged either by finding courses or staff who can be recruited to train to ensure the services commissioned to deliver NHS community services are able to deliver evidence based interventions.</p>	<p>only – NOT TO BE USED TO COMMISSION ACTUAL SERVICES FOR CYP</p>
<p>2019/20 £100,000</p>	<p>When all services that have been invested in from previous years, are taken into account at full year effect, there is approximately £70,000 for investment in other services.</p>	<p>£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP – this may be appropriate to scope LD consultant for CAMHS which could be commissioned across Sandwell and Wolverhampton depending on numbers. £30,000 to be used for recurrent funding of post.</p>
<p>2020/21 £197,000</p>	<p>There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary</p>	<p>£197,000 potentially for investment for primary care workers and possibly for Core CAMHS. Also some of this funding will have to be identified to undertake additional CYP IAPT training.</p>

One of the key risks to delivery, controls and mitigating actions of the Local Transformation Plan is the workforce and the difficulty with being able to access suitably qualified staff with the relevant experience and competencies to be able to support the implementation of the plan. Regionally and nationally there have been challenges in recruiting suitably qualified staff to any CAMHS posts which are available and this has been evident in the Black Country where the area is densely populated and staff can move too easily for different specialist Mental Health roles. However, consideration should be given to alternative staffing structure to provide appropriate competencies to deliver the appropriate and necessary service. These competencies are listed as **part of an appendix** which highlights the pathways and staffing needs required in each area. The additional workforce has been found for the new Emotional Mental Health and Wellbeing Service (Beam) through the voluntary sector. There has however been a delay in mobilisation of the new service as well as the flow of data from both Beam and Kooth. Also there is a need for the CAMHS commissioners across CCGs and Local Authorities to engage in discussions with Health Education England and Skills for Care regarding the training needs of staff required given the future population needs of the Black Country and

West Birmingham STP. Contracting levers can be used if the services fail to deliver the necessary changes or service required.

Assumptions have been made when looking to develop or procure new or extended services which will pose risks to service delivery if they are not successful or delayed. Most of these new services have been developed to meet the new targets set by NHS England or to increase the access rates for Children and Young People based on the trajectories that we have agreed. There is a risk that the services will not meet the trajectory that has been set; however, this is unlikely given the number of returned or refused referrals that are received into CAMHS. Again contracting levers should be used to ensure that alternative options can be considered whilst waiting for the service to be delivered. Also if these new services do not meet the objectives of the service, a redesign can be undertaken to establish how the funding can be used in a more appropriate manner to meet the objectives based on the lessons learned. There will be also be quarterly reviews of any new services being commissioned or designed to ensure that they are meeting the proposed trajectories.

The other issue that exists is the expectation that the CCG will take over the role of funding the evidence-based CYP IAPT courses from the increase in CYPMH funding. However, although this will improve the quality of the training received for staff employed within the services, it will impact on the availability of funding for the proposed additional services. Self Referrals, shared decision making and participation need to be introduced across services by 2020 but staff are concerned about children being able to self refer without discussions with parents/carers. BCPFT have already started to explore training which may fit into this category and have sourced a DBT course which can be delivered to a larger group of staff in a more timely fashion and at a more reasonable cost. This will offer some mitigations for the services where staff can be trained in a group setting and more local to place of work. Undertaking any training will increase the quality of the service and this will ensure that Children and Young People in Wolverhampton will receive an increase in the use of evidence based practice which can only impact on the quality of services delivered, in the city.

Another of the ambitions of the LTP is to demonstrate co-production in a practical way and increase service user participation. Wolverhampton specialist CAMHS completed a project last year, which saw the launch of a co-produced website (www.blackcountryminds.com), which was developed and designed by young people. The website is an on-going co-production initiative with further phases agreed. The website has won a Trust award from co-production and has benefited CYPF in numerous ways such as feeling “heard” and “important”, to gaining presentation skills and website coding experience for their CVs. The website has been shared with the Digital team from Headstart to explore the synergies and ensure consistency in information. Headstart’s digital offer is likely to highlight innovation in relation to the use of social media and looking to use existing services that are already available including Wolverhampton Information Network (WIN).

Service user participation is being embedded at different levels in the service, and plans are being agreed to ensure the continual review and sustainability of these initiatives. Initial assessment, risk assessment and care plan paperwork has all recently been reviewed and introduced in the CAMHS service to increase the sense of ownership around these for CYP and ensure their voice is heard. Service users are regular members of recruitment interview panels and are consulted around any new information being produced for the service. A scoping exercise was completed to introduce a CYPF participation panel (working name 'CAMHS Council'), this group has begun in pilot form, and will be more formally operational by the end of 2017.

HeadStart has specifically shown an innovative approach to the use of social media, digital delivery and apps to ensure that Children and Young People are able to access information appropriate to their needs. This is part of their universal approach and will be a city wide mental wellbeing information and awareness raising offer. They use a range of Twitter accounts to publicise relevant information and draw attention to their offer for Children and Young People to access. XenZone who have Kooth as part of their online digital platform provide both online counselling as well as moderated platform for young people to engage in a forum and to seek advice via signposting online.

Although Wolverhampton has made significant progress in the area of CYP and Mental Health and Emotional Wellbeing, and the CCG has used any NHS funding that it has received from Future in Mind funding as well as additional funding streams, to ensure Mental Health Investment Standard is met for CYPMH there is still a long way to go. Wolverhampton CCG and the City of Wolverhampton Council have a collaborative working relationship with regards to commissioning to ensure that the right services are available at the right time and at the right place for Children and Young People as they need them. We will continue to strive to make a difference to our Children and Young People and their emotional Mental Health and Wellbeing, as well as specialist Mental Health needs as required. In the words of the Children's Commissioner for England now is a time to "Be bold, be brave and do not compromise. We can transform the provision of children's Mental Health care, and the rewards for doing so are enormous". (Anne Longfield OBE, Children's Commissioner.)

APPENDIX 1 Governance structures

Terms of References are included for each of the committees mentioned in the transparency and governance section of the CAMHS transformation plan refresh.



G. Agenda item 8c -
AppendixH5Commissic



Enc. 5.0 Revised
DRAFT Terms of Refe



HeadStart Phase
3-TORs and Org Struc



Agenda Item 3 -
Terms of reference St

DRAFT

Special Educational Needs and Disability (SEND) Partnership Board

Terms of Reference

Role/Purpose

The SEND Partnership Board will provide strategic direction and place leadership across all areas impacting on children and young people with SEND. This will include undertaking an annual SEF to understand gaps and areas of development

The SEND Partnership Board will provide strategic oversight to effectively:

- Identify children and young people who have SEND
- Assess and meet the needs of children and young people who have SEND
- Improve the outcomes for children and young people who have SEND

We will work together in partnership to improve to outcomes.

Roles and Responsibilities

The Board is accountable for:

- Ensuring that decisions affecting SEND are based on the Joint Strategic Needs Assessment (JSNA) which is up to date, relevant and informs strategy
- Promoting and ensuring co-production
- Ensuring a robust implementation plan is in place to deliver transformational change.
- Developing and using performance and quality assurance framework for SEND to inform planning and monitoring
- Making the best use of all available resources to improve outcomes for children with SEND
- Jointly commissioning effective and efficient provision.
- Monitoring and managing factors outside of the Boards control that are critical to its success
- Providing scrutiny and challenge to relevant service providers and commissioners
- Ensuring Wolverhampton meets all the legislative and statutory requirements for SEND and continuously seeks to learn from examples of best practice
- Ensuring that Wolverhampton publishes a Local Offer of provision for SEN/D in accordance with the SEND Code of Practice, and that the Local Offer is reviewed and remains up to date.
- Promoting good use of communications to raise aspirations and outcomes for children with SEND.

- Reporting impact annually to Children’s Trust Board and Health and Wellbeing Board.

Membership

Membership will consist of key commissioners:

Agency/Service	Role	Name
City of Wolverhampton Council	Director of Education (Chair)	Meredith Teasdale
Clinical Commissioning Group	Director of Strategy and Transformation (Vice Chair)	Stephen Marshall
Public Health	JSNA	Neeraj Malhotra
City of Wolverhampton Council	Head of SEND <ul style="list-style-type: none"> • Chair – Ensuring High Quality Provision • Chair Local Offer – Information and Advice 	To be confirmed
Voice4Parents	Vice Chair x 2	Sarah Baker/Tracy Davis
Changing Our Lives	Deputy Chief Executive <ul style="list-style-type: none"> • Chair -Joint Commissioning and Sufficiency 	Lucy Dunstan
Clinical Commissioning Group	Children’s SEND Programme Officer	Katrina McCormick
City of Wolverhampton Council	SEND Commissioner	To be confirmed
Schools Forum	Chair	Barry Bond
Voluntary Sector	Chief Executive	Steve Dodd
City of Wolverhampton Council	Principal Education Psychologist <ul style="list-style-type: none"> • Chair – A graduated response to identification and assessment 	Rob Hart
Clinical Commissioning Group	Designated Medical Officer	Cathy Higgins
City of Wolverhampton Council	SEN Support Officer	Nicola Harris

The members of the Board will commit to:

- Improving outcomes, keeping children and young people with SEND at heart of decision made
- Sharing information and data across their agencies
- Making timely decisions
- Notifying members of the Board, as soon as practical, if any matter arises which may be deemed to impact on the effectiveness of Board
- Attending all meetings and only if necessary (giving appropriate notice) nominate a proxy.

Meetings:

- **Chair:** Director of Education, City of Wolverhampton Council
Vice Chair: Clinical Commissioning Group

- A meeting quorum will be 50% of the members of the Board, to include representatives of CWC, CCG and experts by experience (parents/ carers/ young people)
- Decisions will be made by consensus (i.e. members are satisfied with the decision even though it may not be their first choice). If this is not possible, the Chair will make an informed decision based on the evidence and information provided at the meeting
- Business support will be provided by City of Wolverhampton Council
- Meetings will be held every three months for 2 hours, during school hours and during term time.

Working groups

Working groups will be established to ensure the business of SEND Partnership Board can be effectively managed and its role and purpose achieved.

Working groups will:

- Provide regular reports to the Board
- Be task focused and short life dependant on the work to be achieved
- Provide challenge and support to the Board

Governance and reporting

SEND Partnership Board will report and be accountable to the Health and Wellbeing Board, via the Children's Trust Board.

APPENDIX 8 - Trajectories for Children and Young People with Eating Disorders

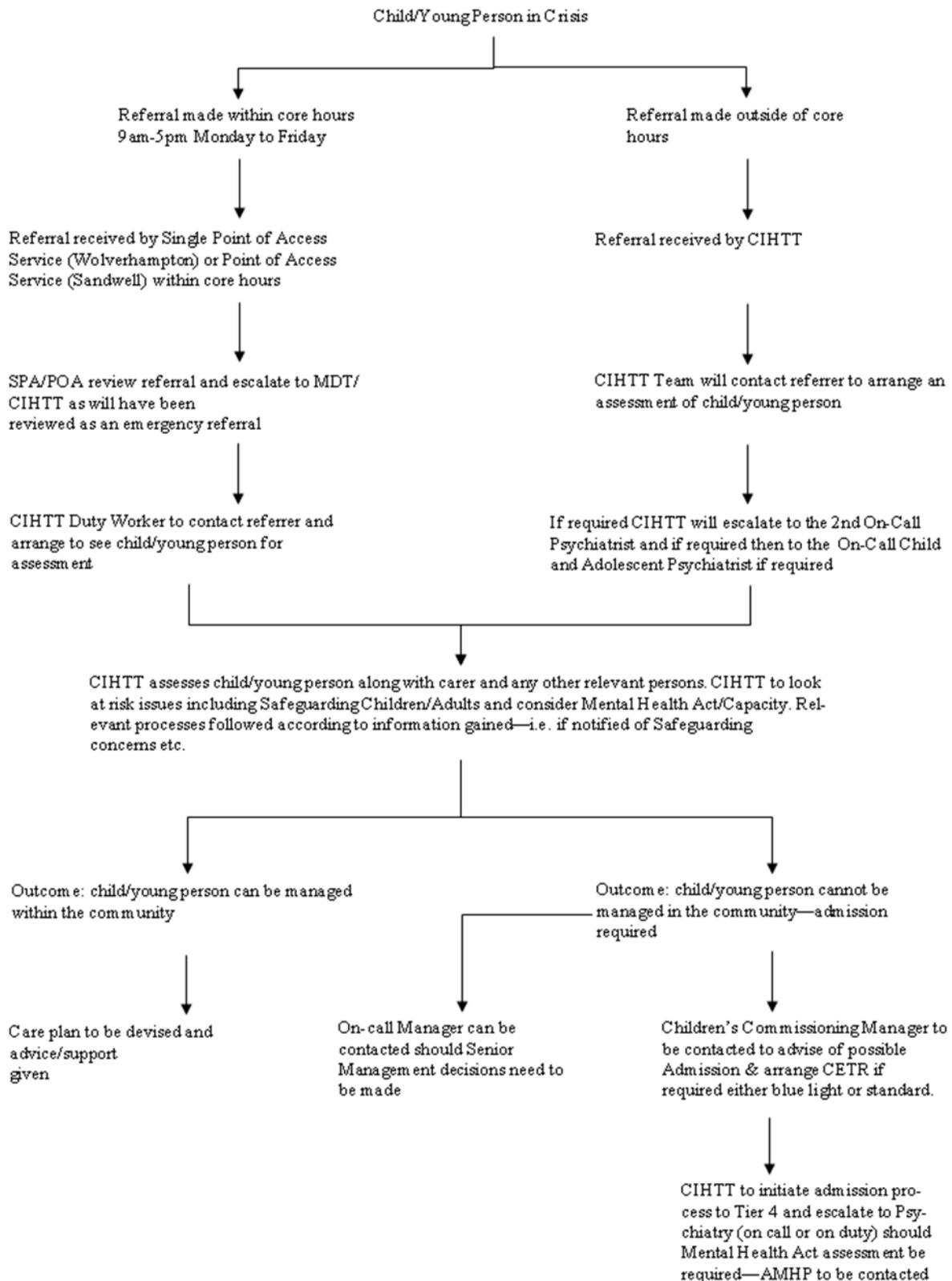
The agreed trajectories for the ED indicators with the provider is as current performance is around 80-85% we have suggested 95% for 2018-19. This will meet the national requirement of 95% by 2020. The first diagram is for routine cases.

Standard (to be Diff. Tolerance)	95% 25%	E.H.10	Q1	Q2	Q3	Q4
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks	2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	6	6	6	6
		Number of CYP with a suspected ED (routine cases) that start treatment	6	6	6	6
		%	100.0%	100.0%	100.0%	100.0%
	2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	7	7	7	7
		Number of CYP with a suspected ED (routine cases) that start treatment	7	7	7	7
		%	100.0%	100.0%	100.0%	100.0%

This table is for the urgent cases of Children and Young People with Eating Disorders.

Standard (to be Diff. Tolerance)	95%	E.H.11	Q1	Q2	Q3	Q4
	25%					
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
		Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
		%	100.0%	100.0%	100.0%	100.0%
	2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
		Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
		%	100.0%	100.0%	100.0%	100.0%

APPENDIX 1 BCPFT CAMHS SPECIALIST MENTAL HEALTH SERVICE ESCALATION PROCESS



EDUCATION, TRAINING AND WORKFORCE DEVELOPMENT STRATEGY FOR CAMHS/LD

2017-2020

Introduction

The Trust values the importance of education and training both to develop its own workforce and to support the delivery of high quality care on a sustainable basis, and to play a part in the wider training of the future workforce within the NHS.

This is of increased importance when services are undergoing major organisational change as the Black Country Partnership NHS Foundation Trust is with both STP and TCT and the CAMHS redesign.

To support the Trust in ensuring its continuing role in education and training in this increasingly competitive environment and to support the CAMHS/LD workforce in the implementation of the new CAMHS/LD model of care this document sets out the priorities for CAMHS/LD education and training.

Investment in education and training also supports the creation of a CAMHS learning culture so that the new model of care has embedded up to date academic and research information and developments informing innovation and improvements in care and delivery that will benefit children, young people and families.

Mission and Vision

Black Country Partnership NHS Foundation Trust CAMHS/LD is committed to using education and training to develop its workforce to support the fulfilment of its mission and vision to:

- Improve the mental health and wellbeing of our communities in Sandwell and Wolverhampton through the provision of high quality, coproduced mental healthcare
- To be the CAMHS of choice for the local communities recognised for its excellence and innovation in delivering mental health and learning disability care of the children, young people and families by a caring and valued workforce.

Education and training plays a crucial role in the implementation of our new model of care and in the development and retaining of a high quality and motivated workforce. It ensures that our CAMHS/LD workforce are fit and safe to practice, are as effective as possible within their roles, up to date with the latest learning and evidence based practice and continuously developing their skills whatever their discipline or level of responsibility within our provisions.

Context

The CAMHS/LD provisions within the Black Country Partnership NHS Foundation Trust are commissioned by Wolverhampton and Sandwell and West Birmingham CCG's. Historically the origins and developments of the two workforce provisions have to some extent been shaped by the individual services with little joint planning or sharing as a whole Black Country Partnership NHS Foundation Trust CAMHS/LD provision. Such approaches can result in the lack of interdisciplinary learning and disconnected 'episodes' of care rather than a whole team approach.

The new CAMHS/LD model will have amongst its workforce 56 wte clinicians and the current administrative and clerical, ancillary and management and medical staff. There are staff members across all disciplinary groups including nursing, occupational therapy, psychology, counselling psychology, family therapy, psychotherapy, speech and language, social work and youth workers. Amongst the current workforce there are some professional training posts; within the new model we will review and build on training placements especially within nursing.

The key priorities for action in developing the workforce to deliver the new model are:

Team learning and team working: clarifying the role of a team approach to the delivery of care for children and young people and families in CAMHS/LD and ensuring that our young person's journey through the service is not hindered by repetitive assessments or waits.

Service line management and clinical leadership: to support local control, ownership and accountability for both the management and clinical oversight of the discrete elements of the service.

Strengthening clinical supervision and people management: developing interdisciplinary team approaches to interventions within the care constellations supports interdisciplinary learning and supports interdisciplinary clinical supervision. The workforce need to feel supported and feel that they get good management. Clearer management practice will support the defining of the management roles within CAMHS/LD.

Leadership development: providing positive leadership within care constellations through nurturing the Trust values in our clinical leaders to support the developments and offer innovation and inspiration.

Wellbeing of staff: support staff to look after their health and wellbeing, helping them lead a fulfilled life with exercise, learning, connections and community.

Our education, training and workforce development strategy needs to support delivery of the Trusts priorities and these are dependent on good education, training and workforce development, they include:

- The Trusts quality agenda
- The Trusts risk management strategy
- Work on specific projects through the Project Management Office e.g. CIP programme

A specific CAMHS education and training strategy will also support skills development and the creation of new or enhanced roles that can help CAMHS deliver more cost effective care through changes in skill mix as it wrestles with the challenge of reducing cost and maintaining and improving service quality. The Trust has a CIP requirement of around 4.5% each year.

Staff that receive education and training feel that they are the beneficiaries of investment in their development and are more likely to feel motivated and less likely to leave our CAMHS; hopefully reducing recruitment and turnover costs whilst contributing to the national agenda of ensuring that we have adequately trained workforce in CAMHS.

CURRENT ACTIVITY AND DELIVERY

Investment in Training across Sandwell and Wolverhampton CAMHS 17/18

- 30 clinicians across Specialist Mental Health (CAMHS, CAMHS Crisis, Eating Disorders and Early Intervention Psychosis Service) have received the diploma level Dialectical Behaviour Therapy (DBT) training. DBT has evolved from the go-to treatment for borderline personality disorder to one of the most recognised and sought after therapies for a variety of difficult to treat client problems. The increasing pressure to adopt treatments that work and in adolescents can prevent escalation of emotional dysregulation symptoms, makes DBT skills and strategies a must-have for all types of therapists. A range of multi-disciplinary clinicians within our services have completed this training.
- 10 clinicians attended the National training for Eating Disorders. A range of multi-disciplinary professionals attended this year long training to support the implementation of the Community Eating Disorder Service – Children Young Peoples model implementation. Training goals included; develop multidisciplinary eating disorder teams, understanding the complex nature of eating disorders, develop a strong team culture, develop early intensive skills, training and ongoing support and supervision, adopt core CYP-IAPT principals and evaluating the impact of training on transformation of eating disorder provision through engagement in national research post the training.
- Continued attendance at the C&YP IAPT training modules. 2 clinicians commenced the transformational leadership training, 1 completed the SFP clinical supervisors training, 2 clinicians attended the CBT module and 1 clinician attended the enhanced evidence based training. We have also support 4 clinicians from our Sandwell and Wolverhampton C&YP IAPT

partnerships to attend either the CBT or SFP training by providing either placements and continuous supervision and pastoral support, or by providing clinical supervision and pastoral support.

- 1 clinician has commenced and completed the foundation training for systemic family therapy and 1 clinician has commenced and completed foundation for integrative psychotherapy.
- 3 clinicians attended non medical prescribing training for nurses to support a multi-disciplinary approach to the development of ADHD clinics.

Investment in training across Sandwell and Wolverhampton 18/19

- C&YP IAPT applications have been made for both the recruit to train and the well-being practitioner training. We have made 2 applications for the systemic family therapy recruit to train course to continue the development of our systemic family therapy team and 2 applications for the well-being practitioner training. We have also applied for 2 further places on this training for partners and we will be provided the clinical supervision and support for these placements. We are waiting to hear from HEE and the Midlands Collaborative around these trainings.
- We will be purchasing 15 places on CBT training at diploma level to support the embedment of C&YP IAPT principals and to have a 'whole team' common approach to CBT in our clinical work. We waiting to hear if our CCG's will support us with this training.
- 2 clinicians have been supported to attend Autism Diagnostic Observation Schedule (ADOS) training to support our multi agency pathway approach to assessment of children and young people.
- Continued commitment to completion of integrative psychotherapy training for 1 clinician and review of continued SFT training.
- CBT for Eating Disorder – this whole team approach will be delivered locally by one of the UK's leading independent providers of training in mental health and related areas. Covering the full range of eating disorder presentations (across the age range) and looking at diagnostic dilemmas the course addresses the complex causes of an individual's eating disorder alongside a cognitive behavioural understanding and techniques for maximising the chances of a successful intervention.
- 1 clinician from our ED team is also attending training with BEAT.
- Eye Movement Desensitisation and Reprocessing (EMDR) therapy is one of the most significant and innovative developments for decades in the treatment of psychological trauma related conditions. It is a therapy intervention that is supported by extensive research and recommended for the treatment of PTSD in national and international guidelines including National Institute of Clinical Excellence (NICE) an the World Health Organisation (WHO). Wolverhampton CCG are supporting this training and

its implementation in Wolverhampton CAMHS and our partnership project with UASC.

- PBS (Positive Behaviour Support) training for core CAMHS at baseline level and intensive training for CAMHS/LD.

Trust Mandatory Training

The Trust mandatory training and some core clinical skills training is provided by the Trust and in recent years has been developed to make use of on-line e-learning as much as possible to reduce the need for face to face training and increase accessibility for all clinicians. The capture of training status/records has also been improved using eh Electronic Staff Record (ESR) to hold training data. Excellent appraisal and personal development processes supports continuous learning for all CAMHS clinicians.

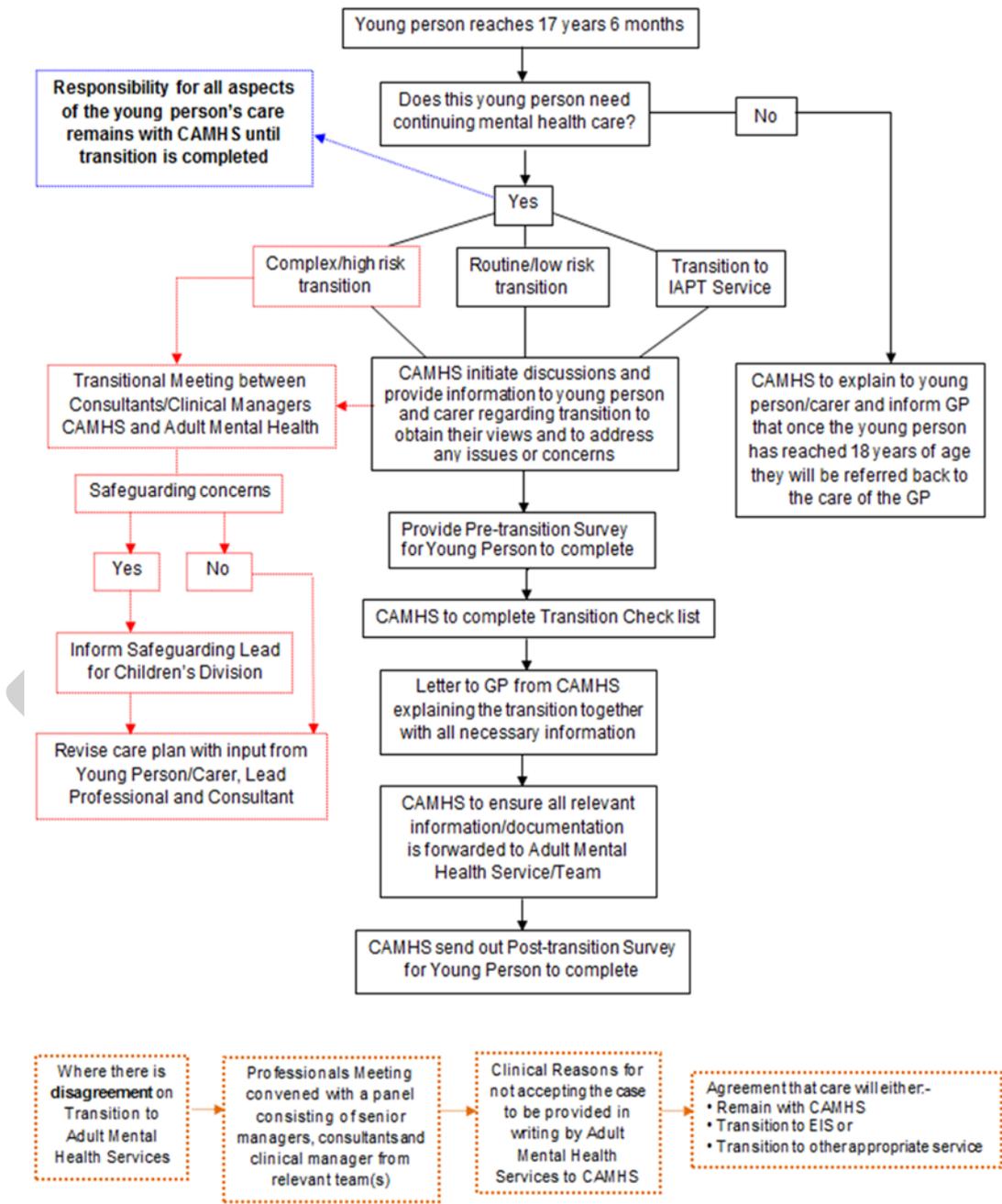
Summary

The CAMHS training strategy is to support the Trusts overall training and workforce strategy to ensure the skills, competence and abilities of all CAMHS staff are maximised and are aligned with high quality, clinically effective and safe care and that education and training delivery is coordinated and overseen effectively. It is also intended to promote a collaborative approach to delivery of learning and development and key partners in this will be other NHS providers, Sandwell and West Birmingham and Wolverhampton CCG, Midlands Collaborative and Health Education England.

(document review April 2019)

APPENDIX Transition Pathway diagram

Young Person from CAMHS to Adult Mental Health Services



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Health and Wellbeing Together Board

17 October 2018

Report title	Wolverhampton Safeguarding Children Board and Wolverhampton Safeguarding Adults Board Annual Report	
Cabinet member with lead responsibility	Councillor Paul Sweet Children and Young People	Councillor Sandra Samuels OBE Adults
Wards affected	All wards	
Accountable director	Mark Taylor, Strategic Director of People	
Originating service	Wolverhampton Safeguarding Boards	
Accountable employee(s)	Linda Sanders Tel Email	Independent Chair 01902 553045 Lsindependantchair@wolverhampton.gov.uk
Report to be/has been considered by	Cabinet Directorate Leadership Team Strategic Executive Board Children's Scrutiny Board Adults Scrutiny Board	17 October 2018 1 October 2018 2 October 2018 5 September 2018 25 September 2018

Recommendation(s) for action or decision:

The Health and Wellbeing Together Board is recommended to:

1. Receive and note the final version of the Wolverhampton Safeguarding Boards (Joint Children and Adult) Annual Report 2017-2018.

1.0 Purpose

- 1.1 This Annual Report aims to inform Health and Wellbeing Together Board of the safeguarding activity during 2017-2018, highlighting the progress made against the priorities for that period.
- 1.2 The Annual Report is agreed by the Wolverhampton Safeguarding Executive and was approved at the Wolverhampton Safeguarding Board on 14 September 2018. Some amendments have been made to the Annual Report based on feedback from meetings with the Lead Members for Children and Adults, and the respective Scrutiny Panels.
- 1.3 The Annual Report provides an overview of how partners, including City of Wolverhampton Council, have discharged their safeguarding responsibilities over the preceding year.

2.0 Background

- 2.1 The Wolverhampton Safeguarding Boards (WSB) are statutory bodies set up in accordance with the Children Act 2004, and Care Act 2014, respectively. The Boards are a partnership of enthusiastic members, dedicated to the improvement of practice and services that safeguard children in Wolverhampton.
- 2.2 WSB works closely with other strategic boards including the Health and Wellbeing Board, and the Safer Wolverhampton Partnership.
- 2.3 The Annual Report is a summary of WSB work during 2017-2018.
- 2.4 This report is formally the responsibility of the independent Chair, Linda Sanders. The contents, in accordance with Working together to safeguard Children, 2018, must be submitted to the Managing Director of the Council, the Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Well-being Board.
- 2.5 Overall, the WSCB believes that arrangements for safeguarding children in Wolverhampton during this period was effective; that there remains a strong commitment to safeguarding children across the partnership.

3.0 Progress, options, discussion, etc.

- 3.1 The Annual Report reflects on the achievement of the WSB against four key priorities; these being:
- 3.2 **Priority 1: We will operate an effective board that focuses its work on local safeguarding priorities including support, challenge and holding multi-agencies to account for their contribution to the safety and protection of children and adults living in the City of Wolverhampton** – This has been achieved by bringing together areas of governance such as a joint risk assessment and a joint strategic plan.

Furthermore, promotion of the 'Think Family' approach across the partnership and increased infrastructure to support the Boards service delivery.

- 3.3 **Priority 2: We will develop rigorous approaches to monitoring and evaluating the impact of services on safeguarding children & adults, and we will drive improvements in practice through timely and robust methods of learning and development** - During this reporting period, the Performance Committee (children's) and the Quality and Performance Committee (adults) fully reviewed their performance scorecards to ensure that they provide a holistic, multi-agency picture of safeguarding across the partnership and thresholds for intervention. Action was also taking to strengthen the multi-agency audit activity
- 3.4 **Priority 3: We will ensure that everything we do promotes improved practice to help safeguard and meet the needs of those children and adults who are particularly vulnerable or are at increased risk of abuse and harm** - Quality assurance activity across the boards help in understanding the experiences of children and adults when their needs are identified or as they receive services. Through ensuring Thresholds to accessing services are consistent, focusing on hospital admissions, understanding the impact of Private Fostering and the exploring the challenges posed by Deprivation of Liberty Safeguards the Boards have promoted and tested practice across Wolverhampton.
- 3.5 **Priority 4: We will ensure that we engage children and families, adults and communities of all backgrounds and make up, in the work of Wolverhampton Safeguarding Boards** -The Boards have led three key campaigns over the reporting Period; 'Orange Wolverhampton' (awareness raising of the Violence against Women and Girls agenda), 'Empowering Hard to Reach Communities' (addressing Domestic Violence in the City in conjunction with the Domestic Violence Forum) and 'What is Safeguarding?' which focused on raising awareness of safeguarding amongst the public. Engagement has also been achieved in the embracing of the work of the B-Safe team and working closely with Health Watch to understand the needs of vulnerable adults in the City.

4.0 Financial implications

- 4.1 There are no direct financial implications as a result of publishing of the WSB Annual Report.
- 4.2 Any costs associated with the production of the WSB Annual report are covered within the Safeguarding Partnership approved budget.
[NM/19092018/M]

5.0 Legal implications

- 5.1 Working Together to Safeguard Children 2018 is a statutory document which outlines the forums at which the Safeguarding Boards Annual Reports must be presented.
[RB/09102018/J]

6.0 Equalities implications

6.1 The WSB Annual Report is relevant to all residents of Wolverhampton and includes the protected characteristics of Equality Act 2010.

7.0 Environmental implications

7.1 None

8.0 Human resources implications

8.1 None

9.0 Corporate Landlord implications

9.1 None

10.0 Schedule of background papers

10.1 None



Wolverhampton
Safeguarding Children Board (WSCB)
& Safeguarding Adult Board (WSAB)

Annual Report 2017-18



Foreword from the Independent Chair



**Linda Sanders, Independent Chairperson
Wolverhampton Safeguarding Boards**

As the new Independent Chair of the Wolverhampton Safeguarding Children and Safeguarding Adults Boards since September 2017, I am pleased to present the Annual Report 2017/18 on behalf of all the partner agencies and organisations that contribute to our work.

I would like to record thanks to Alan Coe, the previous Chair for his leadership of the Boards during some of the period this report covers. I also wish to thank the frontline staff and volunteers who work tirelessly to support our vulnerable children, families and adults with care and support needs, in an effort to improve their lives and bring about sustained change. I would like to relay my thanks also to all of the partners involved in our Safeguarding Partnership in the City who continue to play their part in building a culture where adults, children, young people, carers and families are listened to and their views influence practice. A special thanks also to B-Safe, the junior safeguarding board, who provide a strong young peoples' voice to inform our safeguarding work in the City.

One of my priorities since taking up the role of Chair across the two Boards has been to work with members to ensure there is greater join up of conversations and activity across Children and Adults' Safeguarding. In a challenging environment where resources are under strain and there are increasing areas of common interest, such as County Lines, Domestic Abuse and Violence against Women and Girls to name but a few, we have exerted effort this year in reviewing and changing our Governance Structures to enable us to work more efficiently by providing a platform for cross-cutting areas of work that will foster improved communication and joint working.

As a result, and in the spirit of integration, this Annual Report is our first Joint Children and Adults Safeguarding Annual Report. Within the joint format the report continues to provide distinct findings about practice and performance in each area to ensure it met the statutory requirements of Working Together 2015 and the Care Act 2014. I hope it also enables the reader to understand what the Boards do "better together" and where we can continue to develop our collective response.

The report provides clear evidence of sustained strong partnership working across the agencies that work in Wolverhampton. The Safeguarding Boards provide support and critical enquiry to ensure that organisations work together to reduce or prevent abuse and neglect of children and adults. There is much to celebrate about our achievements this year, as you will see in this report. There is always more that we can do and we outline our joint priorities for 2018-19 at the end of the report.

Finally, in light of the recently published Working Together 2018 Statutory Guidance for Children's Safeguarding, we will ensure that we fulfil the new requirements whilst also maintaining and developing further the Safeguarding Partnership's collaboration across children and adults Safeguarding work in the city to further improve and quality assure practice.

I hope that you find this report informative and would welcome feedback on the new format.

A handwritten signature in black ink, appearing to read 'Linda Sanders', with a large, stylized initial 'L'.

Linda Sanders

Independent Chair, Wolverhampton Safeguarding Children and Adult Boards

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- Key Achievements

Section 2 – About the Boards

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- Key Roles & Relationships
- Attendance
- Financial Arrangements

Section 3 - Progressing the Boards priorities

- Updates from the committees
- A word from the lay advisor

Section 4 - Learning & Improvement Activity

- Case Reviews
- Annual Assurance
- Local Authority Designated Officer (LADO)
- Training
- Child Death Overview Panel (CDOP)



SECTION 1- ABOUT THE ANNUAL REPORT

This Annual Report covers 1 April 2017 to 31 March 2018. It evaluates the effectiveness of safeguarding arrangements for children and young people, which is the responsibility of Wolverhampton Safeguarding Children Board (WSCB) and Adults with care and support needs which is the remit of Wolverhampton Safeguarding Adult Board (WSAB). Much of the report also focuses on the joint work of the Boards, which is referenced as Wolverhampton Safeguarding Boards (WSBs) throughout.

The report focuses on the five priority areas outlined in the Adults Safeguarding Board Strategic Plan 2016-18, and four priority areas outlined in the Children's Safeguarding Board Strategic Plan 2016-2018.

Information is drawn from a wide range of sources from across the partnership and sets out the achievements made and the areas we need to exert additional focus and scrutiny to make improvements.

- Pages 8-14 sets out the **governance and accountability arrangements** for the Safeguarding Children and Adults' Boards. Details are provided about the structures in place and the resources available to support the Boards to fulfil its remit effectively.
- Pages 15-25 outlines the **progress against WSAB and WSCB strategic priorities** and in particular the support that is provided through its Committees.
- Pages 26-35 illustrate the lessons learnt through **Learning and Improvement** activity and the action taken by Wolverhampton Safeguarding Boards to ensure that this learning informs practice improvement as a result. It also

outlines the range and impact of the **multi-agency safeguarding training** delivered by Wolverhampton Safeguarding Board.

- Pages 35 provides an annual **summary of the work of the Child Death Overview Panel** and identifies modifiable factors that can be changed to avoid future deaths.

This report has been shared with: All Statutory Partners of the Wolverhampton Safeguarding Boards, the Leader and the Managing Director of the Council, the Lead Members for Children's and Adults Services and Scrutiny Committees, West Midlands Police, Healthwatch, the Chair of the Safer Wolverhampton Partnership, the Chair of the Health and Wellbeing Board, The Leader of the Council and the Chair of the Children's Trust.

Key Achievements

Here's an at a glance summary of our key achievements this year, and our areas for continued improvement in accordance with Ofsted recommendations.



We've put 'Think Family' at the heart of what we do across children's and adults safeguarding – driving us to join up some of the Boards' committees, Executive and integrating our Board meeting; undertaking joint audits and learning together through training & conferences.



We've developed a Joint Board's Risk Register, as recommended by Ofsted. This is reviewed by our Executive or committee and shared at our Integrated Children & Adult's Board meeting. This helps us to see risks across the systems and how best we can utilise our resources to fix the problems and reduce the risks.



We've completely revised our performance scorecards for Children and Adults so that they contain more information about partners safeguarding work. This will help us to see how the safeguarding system is working across agencies and thresholds (this was also an Ofsted inspection recommendation for the Safeguarding Children Board.)



We've refreshed and re-launched our Children's Thresholds document and delivered a series of briefings sessions to support the launch. Now we're actively monitoring the impact of this.



We've spread the word about preventing and responding to bullying through our B-Safe Team's work with schools and important contribution of their anti-bullying charter



We're strengthening, safeguarding and improving relationships with the faith sector through funding a new Faith Engagement Worker from Wolverhampton Voluntary Sector Council.



SECTION 2 - ABOUT THE BOARDS

Wolverhampton Safeguarding Adults Board (WSAB) is a statutory body set up in accordance with the Care Act 2014. Wolverhampton Safeguarding Children Board (WSCB) is a statutory body established under the Children Act 2004.

Both boards consist of senior leaders from a range of different organisations, and key statutory partners, who work together to safeguard adults with care and support needs and children and young people vulnerable to abuse or neglect.

We have a responsibility to co-ordinate and ensure the effectiveness of what is done by each agency for the purpose of safeguarding and promoting the welfare of Children and Adults with care and support needs in Wolverhampton.

We do this by:

- Developing robust policies and procedures both locally and with Adult and Children Boards in the West Midlands Region.
- Participating in the planning of services for Children and Adults in Wolverhampton.
- Communicating the need to safeguard and promote the welfare of Children and Adults and explaining how this can be done.

- Monitoring what is done by partner agencies to safeguard and promote the welfare of Adults and Children.
- Undertaking Serious Case Reviews, Safeguarding Adult Reviews and other multi-agency learning reviews and we share the learning from these with our workforces and the public.
- Collecting and analysing information about child deaths (through the Child Death Overview Panel 'CDOP') and deaths of individuals with learning disabilities (through the Learning Disability Mortality Review 'LeDeR' Programme).

Our Priorities

Both boards operate to a set of strategic priorities which we have updated to take us through to 2019. There were many similarities across the priorities so this year we set ourselves a task to align both of the Strategic Plans. The strategic plans are reviewed on an annual basis and updated to reflect any emerging key issues for the boards.

The overarching Strategic Priorities for 2017-2019 are:

1. We will operate an effective board that focuses its work on local safeguarding priorities including support, challenge and holding multi-agencies to account for their contribution to the safety and protection of children and adults living in the City of Wolverhampton **(Effective Leadership, Challenge and Change)**
2. We will develop rigorous approaches to monitoring and evaluating the impact of services on safeguarding children & adults, and we will drive improvements in practice through timely and robust methods of learning and development **(Quality, Performance and Learning)**
3. We will ensure that everything we do promotes improved practice to help safeguard and meet the needs of those children and adults who are particularly vulnerable or are at increased risk of abuse and harm **(Safeguards for particularly vulnerable groups).**
4. We will ensure that we engage children and families, adults and communities of all backgrounds in the work of Wolverhampton Safeguarding Boards **(Communication and Engagement).**

You can find more detail about the work we've done to achieve these objectives in Section 3 of this report.

Key roles and responsibilities

The Independent Chair, Linda Sanders has been in post since September 2017. She is accountable to the **Managing Director of City of Wolverhampton Council** for the effective leadership of the Boards and ensuring they fulfil the statutory functions. The Independent Chair meets regularly with the Managing Director, the Directors of Children's and Adult's Services and the Leader of the Council. The chair also meets with individual board members on a 1-1 basis to seek their views on the effectiveness of the board arrangements and safeguarding issues relating to their agencies.

The Wolverhampton Safeguarding Boards Business Unit is made up of an energetic and committed group of staff who work hard to ensure the smooth running of board business. The team comprises a full-time Board Manager, a full-time Board Administrator, a full-time Case Review and Child Death Co-Ordinator and a part-time Learning and Development Officer. As a result of the integration of the Children's and Adult's arrangements, we are also recruiting another Administrator and a Quality Assurance Officer in 2018-19.

City of Wolverhampton Council are required to establish a Local Safeguarding Children Board and a Safeguarding Adult Board in the city. The Managing Director holds the Chair to account, whilst the Lead Members for Children's and Adult's Services have responsibility for ensuring the Council fulfils its legal obligations to safeguard children and adults. The Lead Members contribute to Wolverhampton Safeguarding Boards as 'participating observers' to provide scrutiny and, if necessary, challenge to the Wolverhampton Safeguarding Board's members on behalf of children and adults.

Partner Agencies are vital to the effectiveness of the safeguarding boards and Wolverhampton benefits from the commitment and resolve of its members in ensuring children and adults are appropriately safeguarded. Members hold a strategic role within their organisations and can make decisions on behalf of their agencies and when required, hold their agencies to account.

Designated Professionals play a crucial role in both strategic decision-making and advice to the Boards and its committees on matters of policy and practice. The Local Authority Head of Safeguarding chairs the Safeguarding Adult Review Committee and the Law, Policy and Procedures Committee; the Designated Nurse for Safeguarding Children in Wolverhampton is now the Chair of the Serious Case Review Committee. The Designated Doctor is an active member of the Child Death Overview Panel and chairs the Rapid Response meetings. The Designated Nurse Safeguarding Adults is the Co-Chair of the SAB Quality and Performance

Committee, alongside the Head of Safeguarding for Royal Wolverhampton NHS Trust.

Lay Members & Local Involvement Networks are a crucial element of a Safeguarding Boards, providing additional independent scrutiny and a means through which local communities can influence the work of the Boards. WSCB has been fortunate to benefit from the long-standing support of its lay member, David Perrin, who has been in post since 2014. We are also very fortunate to have an active Junior Safeguarding Board, B-Safe, who work closely with WSCB and partners to raise awareness amongst children and young people and to influence the discussions that take place at the Board. Our WSAB, equally benefits from the contribution of 'consumer champion' Healthwatch. Overseen by the Care Quality Commission (CQC), Healthwatch operates at both local and national levels. You can find out more about the contributions of our lay members in Section 3 of this report.

Committees of the Wolverhampton Safeguarding Boards work on behalf of the Boards to achieve the objectives within the Wolverhampton Safeguarding Board Strategic Plan. Each committee has its own workplan arising from this plan and equally influences the annual review of the Strategic Plan. Each committee is overseen by a Governance Lead who is a member of the WSAB or WSCB. All committees review their terms of reference and membership on an annual basis and this year we've moved all committees to quarterly meetings to enable task and finish work to be progressed between meetings.

The Executive group, chaired by the Independent Chair, meets on a quarterly basis and oversees the progress against the Strategic Plan on behalf of the Boards. The Executive receives reports from the committees at each of its meetings to evidence the work undertaken and identify any issues that require escalation to main board. The activity of the committees is detailed in Section 3 of this report.

The Children's Trust and WSCB have important but distinct roles in keeping children safe. The Trust is accountable for the commissioning of services for Children and Young People in line with the Children, Young People and Families Plan (2015-2025). A number of WSCB members attend the Children's Trust including the Independent Chair.

The Health and Wellbeing Board brings together the NHS, Public Health, Adult Social Care and Children Services, including elected representatives and Local Health Watch to plan how best to meet the needs of our local population. WSAB and WSCB works closely with the Health and Wellbeing Board. Several members of the boards are also members of the Health and Wellbeing Board, including the Independent Chair.

Safer Wolverhampton Partnership (SWP) is the local Community Safety Partnership. Members of the partnership sit on the Wolverhampton Safeguarding

Boards and vice versa. Performance information is shared across both these strategic groups in relation to areas of joint priority e.g. Domestic Abuse, Violence against Women and Girls, County Lines.

There is a protocol in place to support communication between the Children’s Trust, Health and Wellbeing Board, Safer Wolverhampton Partnership and the Wolverhampton Safeguarding Boards and work is planned to strengthen this during 2018-19 in order to develop a more integrated approach to tackling cross-cutting key issues and associated communication and engagement activity.

Structure charts illustrating the links between the Boards and its committees and the Boards relationships with other partnerships both local and regional is outlined below. Fig 1 demonstrates the work completed this year to join up WSAB and WSCB committees, our Executive and a portion of the Safeguarding Boards meeting to ensure that where possible joined up discussions about cross cutting issues pertaining to children’s and adults safeguarding takes place. The work completed within these joint meetings is outlined in Section 3 of this report.

It should be noted that across the partnership there are established single agency safeguarding groups which are closely linked to the Board and support in the dissemination, promotion and embedding of safeguarding messages.

Fig.1

WOLVERHAMPTON SAFEGUARDING BOARDS - INTEGRATED STRUCTURE

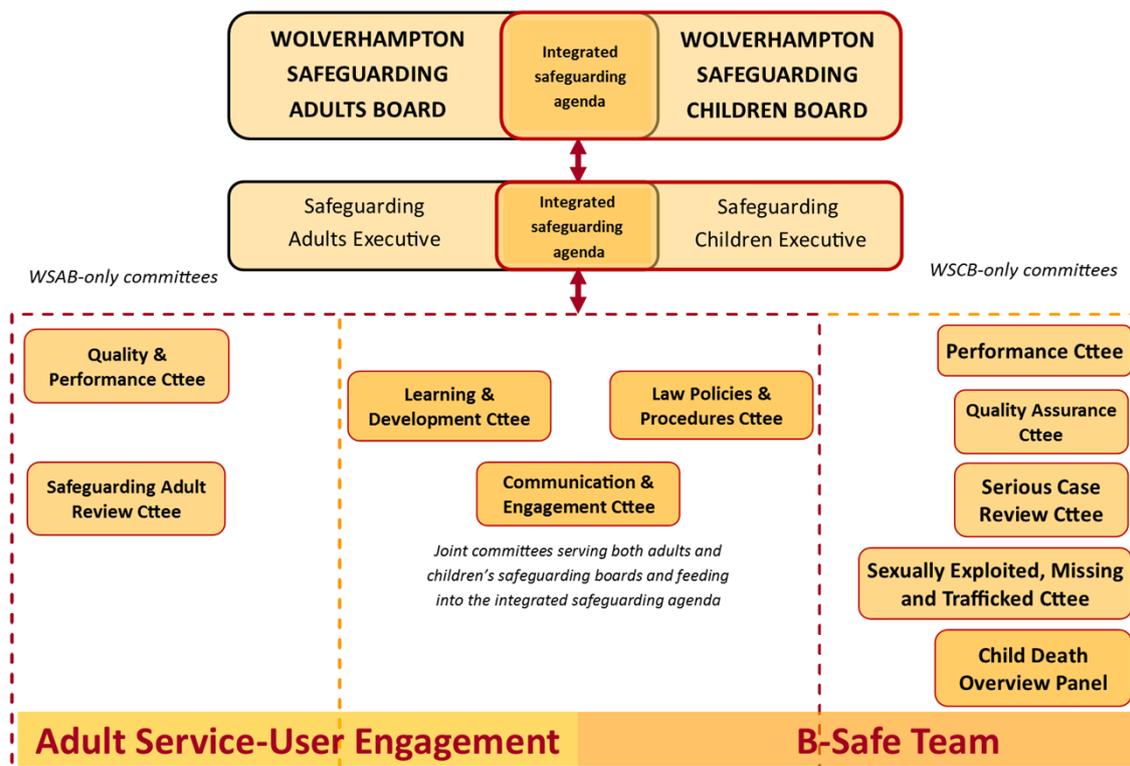


Fig. 2

Wolverhampton Children and Adult Board links to Partnership and Network Meetings



Attendance

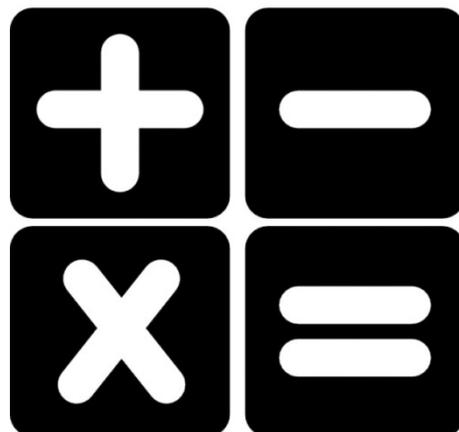
The Boards and its committees have continued to benefit from largely well attended sessions during 2017/18. We recognise that demands on some of the Regional Partners is significant as they service a number of Safeguarding Boards. To support this, the WSCB and WSAB are linked with a number of Regional Groups so that information can be shared once and disseminated across the Boards e.g. Regional Emergency Services Performance Information, Regional Adults Editorial Group, Regional Children's Policy and Procedures Group.

A list of Board Members attendance at the WSAB and WSCB meetings can be found at Appendix A.

Financial Arrangements

Board partners provide strong financial support to the Joint Budget across Children's and Adult's Safeguarding, in addition to a variety of "in kind" resources such as staff who deliver training and provision of meeting venues. Since the combining of both boards budgets we operate on an indicative 70% childrens, 30% adults split.

Agency contributions totalled £330,364 for the period 2017-2018. Prudent financial management has resulted in **£67,013** being carried forward to 2018-2019.



Income

Total from Partner Agencies = £330,364

Income generated through Training/non-attendance = £4,555

Total = £334,919

Expenditure

Staffing including travel & Independent Chairs Costs = £ 214,138

Training & Conferences = £ 13,845

Printing, Services & Supplies = £21,993

Serious Case Reviews and Safeguarding Adult Reviews = £17,929

Total = £267,905

Carried Forward in 2017-2018= £67,013

Existing Reserve = £73,813



SECTION 3 - PROGRESSING THE BOARD'S PRIORITIES

Priority 1: We will operate an effective board that focuses its work on local safeguarding priorities including support, challenge and holding multi-agencies to account for their contribution to the safety and protection of children and adults living in the City of Wolverhampton (Effective Leadership, Challenge and Change)



We've put 'Think Family' at the heart of what we do across children's and adult's safeguarding – driving us to join up 3 of the children and adult board committees and the two Executive meetings and integrating our Board meeting so that key strategic leaders meet together. We've also moved the majority of the meetings to a quarterly frequency enabling us to utilise task and finish groups in between to help us get more work done. Some of the products from this approach are highlighted later in this report.



We've developed a Joint Board's Risk Register that is regularly reviewed by our Executive and shared with the Integrated Children & Adult's Board meeting. This helps us to see risks across the whole safeguarding system and how best we can utilise our resources to fix the problems and reduce those risks.

Some of the risks we've mitigated during this period include:

- *Capacity of Committees / Executive to deliver work plans for the board.* – We achieved this by re-structuring the committees as outlined above and providing additional resources to increase staffing in the Wolverhampton Safeguarding Board Business Unit.
- *Developing a programme of Multi-Agency Case File Audits to ensure we are sighted on the quality of frontline practice.* - We signed off a new Quality Assurance Schedule that includes a series of 'Think Family audits' (there's more detail under Priority 2 below about these).
- *Regional Procedures Project may not be of sufficient quality by the "go live" date.* – The new contract for our children's procedures was awarded and there was combined effort by Regional Board Managers to get the procedures in place in a timely fashion.
- *Number of DoLS (Deprivation of Liberty Safeguards) assessments that remain unallocated.* – The Cheshire West supreme court ruling saw a 7-fold increase in referrals nationally, and the City of Wolverhampton felt the impact. The Local Authority provided additional monies to secure resources to enable progression of the additional and the Board contributed to discussions about how best to manage ongoing future demand.
- *Scrutiny and challenge in respect of contract management and quality, following learning from the Case Review of Adult B.* – The WSAB has requested that all meetings between the Quality Assurance and Compliance Team (Local Authority), the Care Quality Commission (CQC) and the Clinical Commissioning Group (CCG) which monitor quality of provision across all commissioned care and support services, including Residential and Nursing Homes, Supported Living Schemes, Home Care, Community Services and Children Services to name a few, keep an action log to ensure any concerns are followed up and resolved in a timely manner.
- *Effectiveness of the Barnardo's Screening Tool for children witnessing domestic abuse.* – *The Board were concerned about potential delay for children with a twice weekly meeting to discuss referrals.* Following scrutiny, it was assured that all high-risk cases are triaged directly by the MASH, but this led to recognition that the BST meetings could in fact be duplicating efforts. A full review was undertaken as a result, and a new process is now being piloted.



We have strengthened our resources:

- In respect of training and development activity, partners endorsed an increase in hours of the Training Co-Ordinator to ensure there was capacity to dedicate to improving the adults training offer. Scoping has been completed and sessions on Making Safeguarding Personal and Section 42 enquiries are now in development.

- A Faith Engagement Worker was funded by the Board, initially for a 9-month period, to develop the links between the city’s faith organisations and Safeguarding Partners and increase awareness of their safeguarding responsibilities. There is more about the impact of this post in Section 3 of the report.



We’ve been an influential voice in the consultation on the Local Authorities Commissioning Strategy 2018 -2021 ‘Shaping Futures, Changing Lives’, encouraging the think family plan ethos of the strategy and promoting the importance of ‘Making Safeguarding Personal’.

Priority 2: We will develop rigorous approaches to monitoring and evaluating the impact of services on safeguarding children & adults, and we will drive improvements in practice through timely and robust methods of learning and development (Quality, Performance and Learning)

WSCB and WSAB use a range of quality assurance methods to assure itself that frontline practice is effective in keeping children and adults safe.



During this reporting period, the Performance Committee (children) and the Quality and Performance Committee (adults) have fully reviewed their performance scorecards to ensure that they provide a holistic, multi-agency picture of safeguarding across the partnership and thresholds for intervention. We have also streamlined reporting processes to create consistency across both boards. Each Board has a full scorecard comprising 77 indicators for Children and 42 indicators for adults. From these a number of key indicators have been identified, which will be reviewed at each Performance Committee and reported to Board (in addition to any exceptions from the main scorecard). Reporting in this new format will be in place from June 2018. The indicators now include a focus on the following areas:

<i>Children’s key Indicators</i>	<i>Adult’s Key Indicators</i>
Agency attendance/contribution to Child Protection Conferences	Quality concerns of commissioned/co-commissioned providers
Reduction in risk in relation to Child Sexual Exploitation	Avoidable pressure injuries and falls
Exclusions	Contribution from partners to MASH enquiries

Repeat referrals and plans	Repeat Referrals
Pressure on the system - referral rates, number of Early help, Child in Need and Child Protection Plans.	Number of deprivation of liberty referrals
Looked after children	Number of Section 42 enquiries that fulfilled desired outcomes.
Attendance at Emergency Departments	Concerns raised by types of abuse

In addition to a focus on data, we undertake audits to enable the board to identify what is working well and how practice can be further developed to improve outcomes for children and adults.



In March 2017 the Ofsted Inspection of the LSCB noted that “in the absence of a coherent, rolling programme of single- and multi-agency audits, the board is not fully fulfilling its quality assurance function”. To enhance our auditing activity, the Quality Assurance Committee (children) and the Quality and Performance Committee (adults) have worked together to identify a range of ‘Think Family’ topics that can be audited across the Children’s and Adults workforce on a termly basis, these include; Domestic Abuse, Mental Health, Substance Misuse and Learning Disabilities. A joint quality assurance schedule has been developed by the committees and endorsed at the Board in March 2018, so look out for the learning arising from these ‘think family’ audits in the new financial year; which will be available via the recently launched [‘Lunch and Learn Sessions’](#).

The Quality Assurance Committees also plan to undertake a number of **Deep Dive Audits** to ensure we scrutinise specific areas of practice pertinent to children’s and adult’s safeguarding from assurance activity locally or issues reported nationally. Themes identified for 2018-19 include:

Children’s Deep Dives	Adult’s Deep Dives
Child Sexual Exploitation & gangs	Making Safeguarding Personal
Random 20 case audit	Section 42 enquiries

Priority 3: We will ensure that everything we do promotes improved practice to help safeguard and meet the needs of those children and adults who are particularly vulnerable or are at increased risk of abuse and harm (Safeguards for particularly vulnerable groups).

Wolverhampton Safeguarding Boards strive to ensure that every child and adult with care and support needs in the authority lives in an environment that is safe and enables them to succeed and achievement fulfilment. However, we need to pay particular attention to those children and adults that we have identified as being at

particular risk, and to practices that may not effectively safeguard them. We know from our own case reviews that some risks are well hidden, such as neglect and domestic abuse, making it more difficult for agencies to identify. Quality assurance activities across the boards help us understand the experiences of children and adults when needs are identified or as they receive services. Agencies also accept that it is incumbent on them that they raise any concerns or exceptions with the Boards that could impact on the safety or wellbeing of Children and Adults.

Children's Update

- The rates of children in need in Wolverhampton has fluctuated during the year, with rates rising to 268 (per 10,000) in Quarter 1, then reducing again to 225 (per 10,000) at Q4 which was lower than the previous year.
- Children are placed on child protection plans when they are considered to be in need of protection from either physical, sexual, emotional abuse, or neglect. The rate of children on plans per 10,000 rose to 64 in Quarter 4 this year which is more than double the rate of children on CP plans in Q1 of the previous year.
- Emotional Abuse remains the largest category of child protection plans (216 children), influenced by the impact of Domestic Abuse (41% of CP plans have domestic abuse as a factor in Q1 of 2018-19). Neglect is the next largest category (155 children).



This year the WSB has commenced work on the refresh of its Neglect Strategy and development of a suite of tools that can help professionals to identify neglect at the earliest opportunity. This work is ongoing, and we anticipate it will influence the dispersal of children across the threshold once in place as we anticipate an increase in early help activity as a result.

- Rates of Children in Care have remained consistent across this period with 110 (per 10,000) in care at Quarter 4.

Thresholds – Having identified, through performance data, a need to review the thresholds, in November 2017 the WSCB launched its refreshed Thresholds of Need and Support document and a new on-line referral form. 3 half-day briefings, delivered by our multi-agency partners, were put on to support the launch with places for 180 frontline staff. The



Thresholds of Need
and Support in
Wolverhampton



impact of the new guidance is now being monitored.

As a Board, we actively monitor where children are on the thresholds scale in order to understand the demands on services in the City and to ensure that they are able to help or protect children in a timely fashion when the need arises.

Children who are privately fostered

Parents can choose to have their children cared for away from home by someone who is not a close relative (e.g. Grandparent, sibling, aunt/uncle or step-parents of the child). This is known as private fostering (PF). The Local Authority must be notified of these arrangements, but it remains a difficult area to monitor.

During this period the Performance Committee have monitored the number of private fostering arrangements. We remain concerned by the low numbers of children being identified. As of 31st March 2018, there were 2 children recorded as privately fostered. Publicity material and recent campaigns by the Local Authority have been developed and promoted across services, but numbers do not appear to be rising. The Performance Committee is not aware of any cases where private fostering arrangements have not been notified, thus it is difficult to say if this is an under-representation. Active monitoring will therefore remain in addition to driving further promotion.

For more information on private fostering and how to refer please follow the link: <https://www.wolverhamptionsafeguarding.org.uk/safeguarding-children-and-young-people/i-work-with-children-young-people-families/private-fostering>

Child Sexual Exploitation

A new Child Sexual Exploitation (CSE) screening tool was approved by regional CSE leads and implemented in Wolverhampton on 1st August 2017. The new screening tool was accompanied by guidance to support practitioners and offer increased clarity regarding levels of risk. The WSCB supported the launch with drop-in sessions to allow practitioners to raise queries regarding the new tool and CSE.

For more information on CSE – the signs and symptoms and how to respond please visit the WSCB website.

Independent Reviewing Officer (IRO) Service

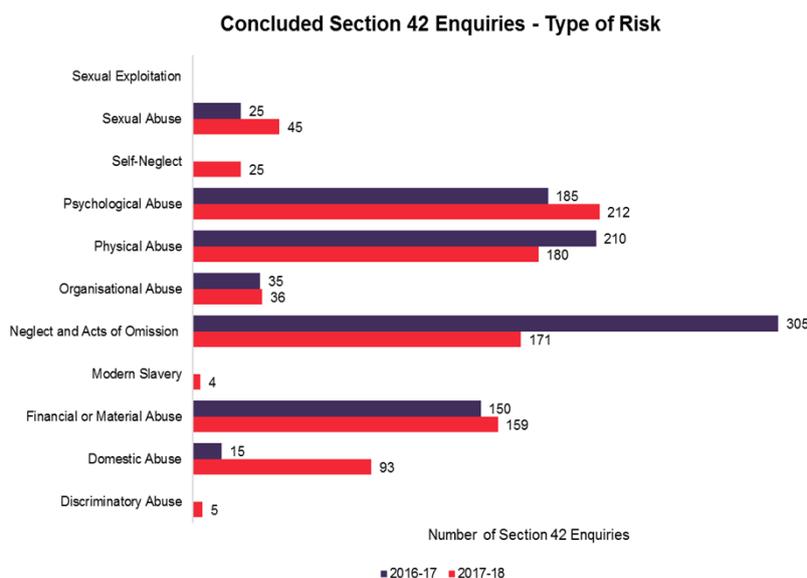
The Safeguarding Children Board continues to work closely with the Independent Reviewing Service who are responsible for chairing multi-agency Child Protection Conferences, Looked after Children's Reviews and the development of effective Care plans.

The IRO service endeavours to highlight areas of good practice and areas which require improvement, and identify emerging themes and trends; this approach serve

to enhance the Boards' insight into the experience of Looked After Children and those subject of Child Protection Plans across Wolverhampton.

Adults' Update

- The total number of safeguarding concerns and Section 42 enquiries in 2017-18 decreased on the previous year by 12%, however figures are still higher than 2015-16 (concerns 8% higher and Section 42 enquiries 19% higher). The lower number of concerns for this year is attributed to the work taking place at the front door to filter out referrals to safeguarding that do not meet the criteria for a concern.
- Ethnicity against Section 42 enquiries shows a larger change on the previous year compared to safeguarding concerns. The proportion of individuals with a 'BAME' ethnicity has increased by 3.3%, with 'White Ethnicity' subsequently decreasing. Though this is the case, it is felt that the increase in those with a BAME ethnicity reflects the diverse population in the city, and therefore should show a higher percent compared to the national average



For concluded Section 42 enquiries, there are two types of risk that have seen considerable changes since last year. Enquiries recorded as Domestic Abuse increases from 15 to 93, showing that recording has improved, as previously it was felt that this form of

abuse was under-represented. Neglect and Acts of Omission have been recorded considerably less this year.

- The percent of cases where the individual has lacked capacity has decreased since 2016-2017 and is likely linked to the decrease seen for the number of enquiries for individuals aged over 65, with more enquiries associated to the 18-64 age band.
- The proportion of concluded enquiries which fully achieved the adult at risk's desired outcome has increased 11% since last year, and only 2% of cases where their outcomes were not achieved. The last two years have shown we have achieved much higher than the national average.

Making Safeguarding Personal

As part of the West Midlands Fire Service strategic vision to make the West Midlands Safer – Stronger – Healthier, they produced a series of initiatives, training packages and guidance documents, aimed at those working with and or supporting members of the community with care and support needs.

There is documented evidence following Safeguarding Adult Reviews (SAR) highlighting that following fatal accidental fires in the home, adults with care and support needs may be of an increased risk of fire. However, these traits are not always recognised by their care provider and are not shared with Fire and Rescue Services who are best placed to offer advice, guidance and support. [Click here to download the guidance](#). This proactive response from WMFS demonstrates how partners work collaboratively and individually to support the key priorities of the Board.

Better Care Fund - The Better Care Fund plan 2017 -2019 sets out the joint commissioning intentions and areas for development. It explains how local authorities and the Clinical Commissioning Group, working with people and communities, will mobilise resources to target areas of need and deliver improved outcomes. The programme engages health and social care provider organisations, commissioners, the voluntary and community sector (including faith groups), General Practitioners (GPs), local forums and frontline staff to contribute towards delivering on the national performance metrics:

- Reducing emergency admissions to hospital
- Reducing the number of delayed transfers of care from hospital
- Improving the effectiveness of re-ablement
- Reducing the number of people permanently placed in nursing and residential care

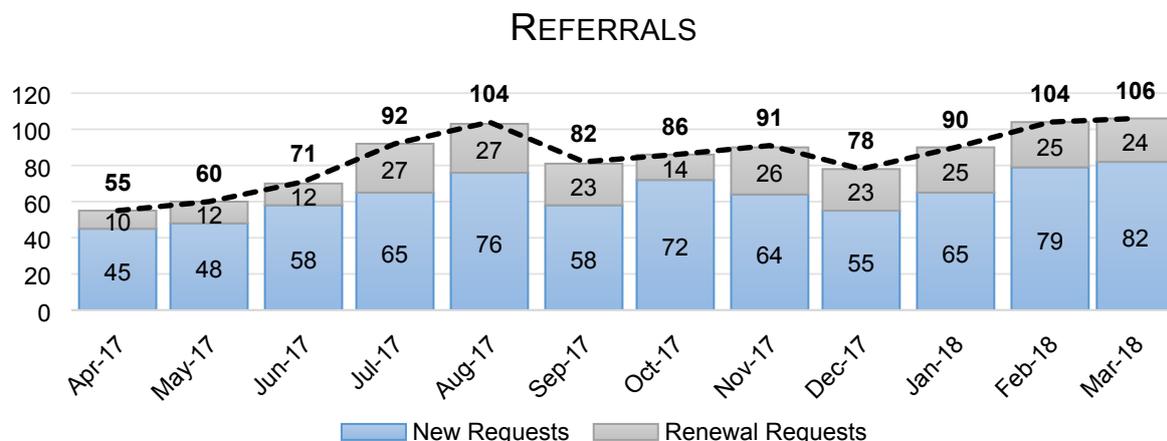
The WSB received assurance at its December Board that significant improvements have been made locally, leading to a reduction in the number of people delayed in hospital, reducing their dependence on hospital resources and limiting the risk of developing secondary illnesses. The Board are particularly interested in the impact of this project for vulnerable service users such as those with Dementia. The Better Care Fund Board continues to oversee this work whilst keeping the Board sighted on progress.

Deprivation of Liberty Standards

The Deprivation of Liberty Safeguards (DoLS) legislation, aims to safeguard vulnerable people in nursing homes, residential homes or hospitals who lack the mental capacity to consent to their accommodation, care, and/or treatment. The legislation states that assessments must be undertaken by professionally qualified assessors to ensure that any deprivation is both in the persons best interests and the least restrictive option available which maintains the persons health and safety.

Increasing Demand

Demand for assessments has increased since a Supreme Court decision in 2014, which greatly lowered the threshold for what is considered to be a deprivation.



The City of Wolverhampton Council received a total of 1,019 DoLS referrals in the 2017-18 financial year, an increase of over 10% from the previous financial year. Referrals have increased by over 2068% from 2013-14, the financial year prior to the Supreme Court decision. In order to meet statutory expectations, the City of Wolverhampton Council provided additional funding in 2017-2018 to clear a backlog of assessments. Further Council funding has been identified for 2018-2019 to meet this continued increased demand and the Council are committed to ensuring that assessments are timely and that any necessary deprivations are authorised when required.

Priority 4: We will ensure that we engage children and families, adults and communities of all backgrounds and make up, in the work of Wolverhampton Safeguarding Boards (Communication and Engagement).

The Communications and Engagement Committee oversees and co-ordinates a number of campaigns on behalf of the Board. Representatives from the B-Safe Junior Safeguarding Team, Healthwatch and partners from the voluntary sector, council, fire service and health co-operate to provide resources.

During the past twelve months the following initiatives have been delivered:



Orange Wolverhampton is our local awareness-raising campaign which is actively supported by the Safeguarding Boards. It is our city's contribution to the United Nations' International 16 Days of Action to End Violence Against Women and Girls and takes place between 25th November and 10th December every year. [Click here to find out more about our campaign.](#)

1. **EVERYONE has a part to play** in keeping vulnerable people (adults with care and support needs, and children and young people) safe from abuse and neglect and promoting their wellbeing.
2. **Safeguarding is** about all the things that we can do together to identify, respond and support people who are being abused, or neglected, or whose wellbeing is being compromised.
3. **Help and support is available** - safeguarding processes help people and work with the individual and their family to meet their needs.
4. **Anyone can raise a concern** - tel: 01902 555392 (to safeguard a child) or 01902 551199 (to safeguard an adult)

The B-Safe Team



The B-Safe Team is Wolverhampton's shadow Safeguarding Children Board, made up of local young people who get involved with safeguarding activities and decisions across the city.

The B-Safe Team enables the voice of Wolverhampton's young people to be heard and reflected in safeguarding business and activities. It empowers young people to contribute to the processes and approaches designed to keep them safe and helps to raise awareness of safeguarding amongst parents and professionals.



Key achievements this year include:

- The B-Safe team wanted to create some awareness on what good care looks like for a young person who is a young carer. 40% of the B-Safe Team are young carers for their families and wanted to raise awareness around this. They were interviewed by the Head Start Radio journalist and created a radio Podcast on the day in the life of a young carer, the show was broadcast on HeadStart.FM and listened to by 87 other young people. The young people also created posters and leaflets on this subject.

- One of the key priorities the B-Safe Team identified was to raise awareness of bullying and create an Anti-Bullying strategy for Wolverhampton. This was a priority for them as all of the young people in the B-Safe group had experienced bullying at some point in their lives. The B-Safe Team delivered peer education workshops to 100 other young people to raise awareness on what bullying is and provided information on support and services that are available locally.

The B-Safe Team also wanted to challenge organisations on how they deal with bullying within their service by creating an Anti-Bullying Charter. The Anti Bullying Charter is a set of rights and commitments that all young people and professionals should promote, discuss and respect. The Charter aims to support every child in the City of Wolverhampton in feeling safe against bullying in any setting, whether in school, youth clubs, or the community. As part of the Section 157 / 175 audit the charter was sent out to all the schools in Wolverhampton by the WSCB with a self-assessment form for them to complete. During September 2017, 32 schools submitted their Anti Bullying Charters.

In total 21 schools have achieved the Anti – Bullying Status and have 11 more schools working towards. An award ceremony was held in March 2018 for the successful schools.

- During Anti Bullying week – 17th November 2017, The B-Safe Team organised a series of Anti Bullying workshops at the Molineux, with primary age attending in the morning and secondary students in the afternoon. 135 young people attended and participated in the workshops.

A word from Wolverhampton Safeguarding Children Board Lay Advisor.

After a year of significant changes, amongst the personnel and landscape within which we work, it is pleasing to see that we continue to move safeguarding forward in our City and beyond.

With the increase in youth violence both nationally and locally evident, it is imperative that we do not take our eyes off the ball and pull on the necessary sources to best meet the needs of our young people who are sometimes both perpetrator and victim and identification of such will lead to better intervention.

In the area of Abuse Linked to Faith and Belief, again some practical work has been done to support faith groups with their safeguarding policies and procedures and training therefore making places of worship see safeguarding as prominent in all that they do. Unfortunately, there are some groups that are still not coming on board and thus the Board must consider what action they will take to address this.

My challenge to the board and senior partners for the next 12 months encourages them to think about:

1. How are we going to better engage with resistant, difficult and sometimes hostile families?

2. With increasing reports nationally and locally of youth violence and gang related activity, how do we work better with diverse communities?
3. How do we continue to bring more faith groups on board to work with the Faith Engagement Worker?

The next 12 months will be challenging and often hard work, however by having a teamwork approach, with no one individual being an island together we will continue to safeguard our children and young people.



SECTION 4 – LEARNING & IMPROVEMENT ACTIVITY

Case Reviews

Safeguarding Children Boards and Safeguarding Adult Boards are required to undertake a review of all serious cases when abuse or neglect of a child or adult with care and support needs is known or suspected and either the child/adult has died; or the child/adult has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child or adult.

The purpose of Serious Case Reviews (for children) and Safeguarding Adult Reviews is to establish whether there are lessons to be learned from the case about the way agencies worked, individually and together, to safeguard and promote the welfare of children and adults with care and support needs; to identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result.

Serious Case Reviews – Children

The Serious Case Reviews (SCR's) of [Child F](#) (6th April 2017) and [Child G](#) (January 2018) were published in this period. The links above will take you to a summary of learning. In addition the full reports can be found on the [Serious Case Review](#) page on our website.

Themes arising from the learning in these cases include:

- Ensuring co-ordinated Sharing of Information, for instance ask yourself, **who might need to know what I know?**
- Recognising all aspects of Risk. Child Fs family were particularly difficult to engage and professionals needed to avoid reliance on **self-reporting and be more professionally curious**
- The importance of a good assessment was highlighted in both reviews. Always **analyse the current risk/need/child and family circumstances in the context of their history**
- Father's - Use all available professional and family networks to **identify and engage with fathers.**
- **People with 'No Recourse to Public Funds (NRPF) –** raise awareness of how organisations can work with and support those families with NRPF and increase understanding of the expertise of local *specialist voluntary organisations* and the valuable role they can play.
- Assessing the implications of religious faith and beliefs - Professionals must have the **confidence and knowledge to make enquiries about faith and beliefs** to enable positive support networks to be identified and **holistic risk assessments to be undertaken.**

In addition to dissemination of the reports and learning lessons briefing notes, the Safeguarding Boards have hosted the first of 3 planned 'Lunch & Learn sessions' as at 31 March. These sessions highlight the key learning in the case of Child G and signposted professionals to other appropriate training and development e.g. [Safeguarding Children from Abuse linked to Faith and Belief training](#) We're also planning a joint conference with the Safer Wolverhampton Partnership in June 2018 which will focus on Domestic Abuse, Suicide and Neglect which are all key issues highlighted from our Children and Adults' Reviews.

A further referral was received in March 2018 for a Serious Case Review and was pending conclusion of the Serious Case Review Committee processes as at 31st March.

In addition to the statutory reviews above, 2 table top local reviews were underway during this period but were pending conclusion at the time of writing. Look out for the Learning Lessons Briefing on our website in the coming months. All case review learning can be found on our website at

<https://www.wolverhamptonsafeguarding.org.uk/safeguarding-children-and-young-people/i-work-with-children-young-people-families/serious-case-reviews-and-other-learning-reviews>

Safeguarding Adult Reviews

There were no statutory Safeguarding Adult Reviews (SARs) completed during this period, but one review has commenced and is anticipated to conclude in early autumn.

Additionally, one local table top review has been completed and published during this period. Recommendations from the review included:

- The Board should ensure that there is an escalation process for the sharing of key information between the various quality assurance bodies.
- The Board should undertake a small audit of randomly selected care homes/residents to satisfy itself that residents regularly receive holistic assessments.
- The Board should ensure that all agencies, especially GP's and care and nursing homes, are reminded of the Falls Service and encourage referrals to be made to that service.
- The Board should satisfy itself that the various quality assurance services Quality Assurance and Compliance Officers (QACO), Quality Nurse Advisors (QNS) and Care Quality Commission (CQC) are routinely examining medication records especially in relation to the use of controlled drugs and the retention of such drugs by care homes.

These recommendations are being progressed by the WSAB at the time of writing.

In addition, two table top reviews are in progress and will be reported on via the [Safeguarding Adult Review](#) page on completion.

Section 11 and Section 175/157 Audits

Section 11 of the Children Act 2004 places a duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. The WSCB seeks assurance that safeguarding standards are robust through Section 11 Audits, which enables partners to demonstrate the effectiveness of their safeguarding arrangements.

In the West Midlands a number of partner agencies cover more than one Local Safeguarding Children Board. As a result, the West Midlands Children's Board's introduced a consistent set of questions for the Section 11's so that one completion could be shared across the regional boards. We are now looking to enhance that approach through the introduction of an electronic audit tool to reduce duplication further.

For schools and colleges, the annual audit is referred to as a Section 157 or Section 175. All schools (including Independent Schools, Academies and Free Schools) have duties in relation to safeguarding children and are required to carry out an annual review of their school's safeguarding practice & provide information to the WSCB about how the duties set out in the DfE guidance ('Keeping Children Safe in Education' 2016) have been discharged.

The Section 175/157 audit was issued to 110 schools in the City, of which 97 (88%) provided responses. Returns highlighted that of the 97 who responded:

- 90% schools completed an annual self-assessment to the Local Authority
- 88 schools had a Safer Recruitment Policy
- There was variation in rates of implementation of learning from training
- 74 had a designated teacher for Looked After Children (LAC) appropriately trained
- 71 schools had appropriately trained Governors
- 77 schools had induction processes in place

The findings from the audit were shared with Board and the Head Teachers Safeguarding Group in November 2017. This was then communicated out to all schools via the established network meetings. Guidance was offered in respect of Safer Recruitment Policies, and the Board highlighted the issue of training availability for the Designated LAC Teachers to the Local Authority who offer the training. The Board were given assurance that a historic problem with provision was now resolved. The learning from the audit and appropriate signposting was also shared at Wolverhampton's Schools Designated Safeguarding Leads event which was held in January 2018.

Adults Annual Assurance

The West Midlands adult safeguarding regional network developed the Annual Assurance document and this was adopted by Wolverhampton Safeguarding Adult Board (WSAB). The Annual Assurance statement enables partners to self-audit; supporting WSAB to assess the effectiveness of local safeguarding arrangements. This is the third year that the assurance tool has been completed.

Based on the Department of Health's 6 key safeguarding principles (2011):

- Empowerment - Presumption of person led decisions and informed consent
- Protection - Support and representation for those in greatest need
- Prevention - It is better to take action before harm occurs
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented
- Partnership - Local solutions through services working with their communities
- Accountability - Accountability and transparency in delivering safeguarding

The process enables partner agencies to provide governance to the Wolverhampton Safeguarding Adult Board and provide the Board with a benchmark to measure effectiveness and progress against the six key safeguarding principles.

The following organisations returned a Partner Self-Audit (PSA)-

- Black Country Partnership Foundation Trust (BCPFT)
- Wolverhampton Homes (WH)

- West Midlands Ambulance Service (WMAS)
- West Midlands Police (WMP)
- Royal Wolverhampton NHS Trust (RWT)
- City of Wolverhampton Council (CoWC)
- West Midlands Fire Service (WMFS)
- Wolverhampton Clinical Commissioning Group (CCG)
- Staffordshire and West Midlands Community Rehabilitation Company (CRC)
- Wolverhampton Healthwatch

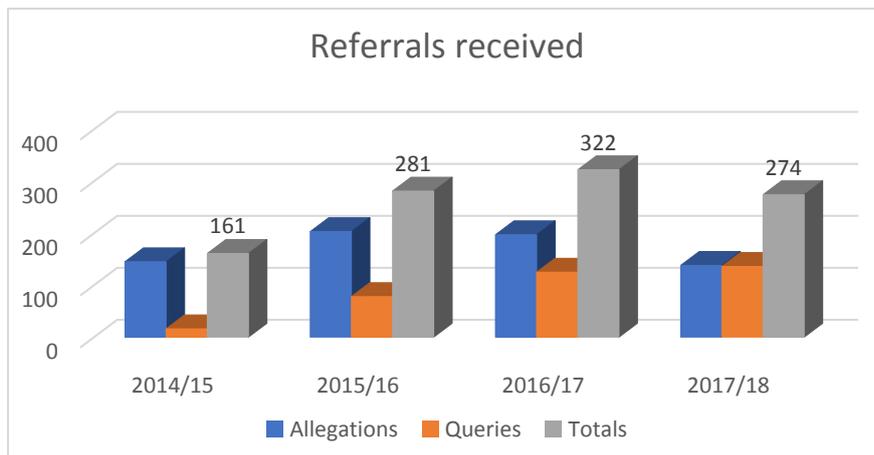
Returns were summarised and reported to the WSAB. Each agency was able to demonstrate strengths in some area, and honest reflection as to where there was room for improvement. The Quality and Performance Committee are now planning a review of each agencies progress against their action plans. One theme throughout the returns is in relation to Regional Partners finding the demands of several boards a challenge to maintain. In response, the Quality and Performance Committee is represented at a regional meeting which is intending to create a consistent electronic framework for assurance tools such as this, so that in future regional partners can complete one tool that is shared with all areas.

Local Authority Designated Officer

Children's Update

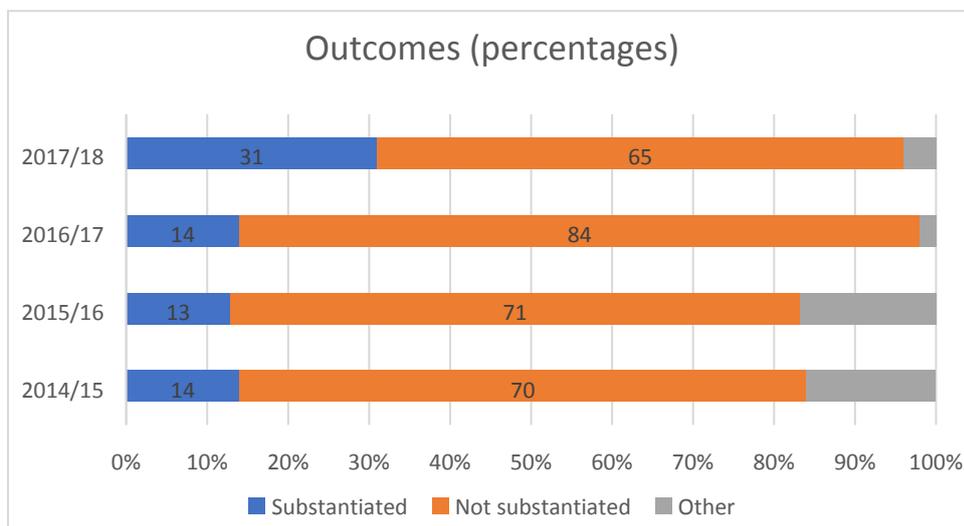
The role of the LADO in Wolverhampton has been filled in an interim capacity from July 2015 to December 2017, following the departure of the permanent post holder in May 2015. However, with effect from January 2018, this is now a permanent position ensuring continuity and consistency of service delivery. The current post holder has sought to increase the understanding and awareness of the LADO role across the City of Wolverhampton, and to maintain and develop working relationships across all sectors involved in the delivery of services to children and young people.

The number of referrals received has reduced by 15% in 2017/18 compared to the previous full year. This may be in part due to the number of awareness raising sessions and direct training provided by Wolverhampton LADO within the City. There is a much improved knowledge and understanding of the management of allegations threshold criteria across organisations and this is has had a positive impact.



Positive relationships with Head Teachers and Designated Safeguarding Leads have been developed and maintained by the LADO and this has helped to achieve timely outcomes. By contrast, the small number of referrals made by **health organisations** has previously raised some concern and was a priority area as identified in previous annual reports. The LADO has presented to a number of health forums and met with health agencies to promote awareness and expectations. It is therefore reassuring to see further increases in the number of referrals being received.

The low number of referrals from **faith based organisations** has also raised some concern in previous years and work has been undertaken to address this, including linking in with the Faith Engagement Worker and presenting to a multi faith audience at an event organised in December 2017. This continues to be an area of priority.



The above table and graph show that there has been a large increase in the number of substantiated cases being addressed through the management of allegations process.



The performance indicator of 80% of cases being completed within 1 month has not been met in this Local Authority before. However, it has

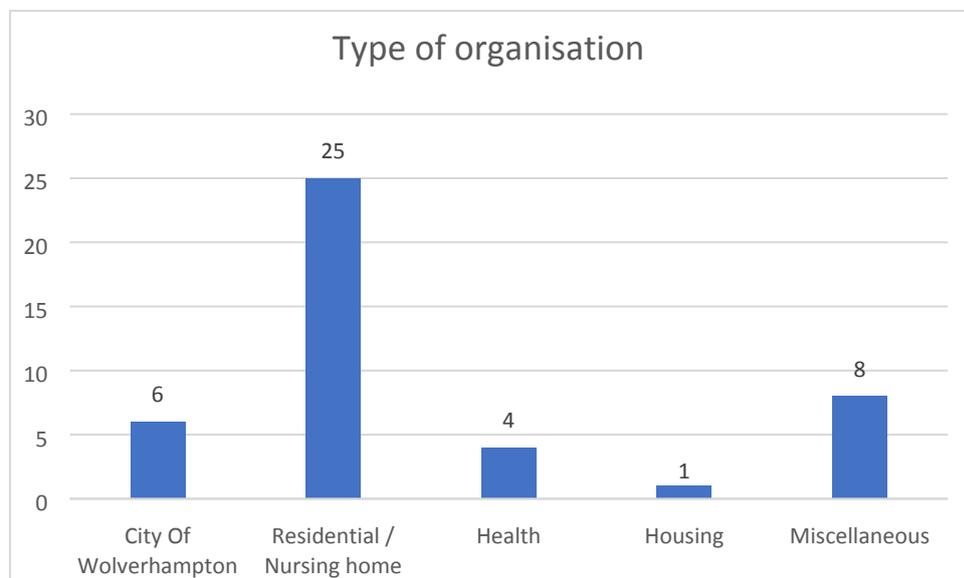
been exceeded in 2017/18 with 83% being resolved. The second indicator was met in the previous year and has been exceeded this year. Just 2 cases are proving more challenging to resolve and have taken more than 12 months to date. However, this represents less than 1% of all cases and is due to external factors such as ongoing police investigations and court processes.

Adult's Update

Allegations made against people working with adults with care and support needs also requires appropriate management. Until August 2017, this was a responsibility that lay with two identified Designated Adult Safeguarding Managers. However, due to changes in legislation and changes of roles, the management of such allegations now lies with Wolverhampton LADO, effective from September 2017.

The LADO provides advice and guidance to employers and voluntary organisations, liaising with police and other agencies and monitoring the progress of cases to ensure they are dealt with as quickly as possible, are consistent and follow a fair process.

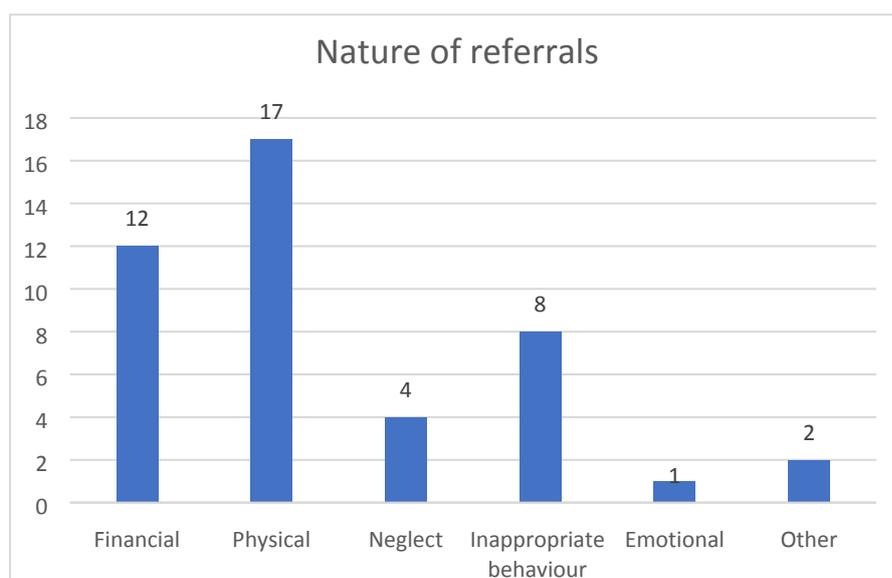
Between April 2017 and March 2018, a total of 44 referrals were received in relation to allegations made about people working with adults with care and support needs. From September 2017, 5 of these referrals have required position of trust meetings.



57% of referrals were to do with residential / nursing home providers

Organisations have in place their own processes for dealing with the management of allegations. The Local Authority is responsible for oversight of the activity of the Management of Allegations Officers in key WSAB member agencies. To achieve this, the LADO meets with such leads on a 6 monthly basis. However, data has only

been forthcoming from 2 of these agencies, namely Black Country Partnership Foundation Trust and West Midlands Ambulance Service.



Referrals regarding physical abuse and financial abuse account for two thirds (66%) of all referrals received. 50% were substantiated and 50% were not. Of the substantiated cases, 6 were referred to DBS and 2 resulted in criminal convictions.

Training

Wolverhampton Safeguarding Boards have responsibility to ensure that appropriate safeguarding training is available to the workforce across the City of Wolverhampton. This work is led by the Learning and Development Committee with support for the WSB Training Co-Ordinator.

The 2017-18 training programme saw 88 courses delivered (including 38 which were run regionally). There was 68% course utilisation, which is a steady improvement in course attendance. Wolverhampton Safeguarding Board also offer a range of e-learning courses which include Child Sexual Exploitation, Female Genital Mutilation, and domestic abuse amongst other things. In addition, the Faith Engagement Worker organised bespoke training to 123 volunteers from 15 different faith-based organisations. More training for faith groups is planned for 2018-2019 including 12 sessions funded by the Near Neighbours Fund following a successful application by Interfaith Wolverhampton (IFW). This is being delivered collaboratively with the Faith Engagement Worker funded by the Board.

To enhance the learning and development opportunities a series of **Lunch & Learn** briefings have been launched to disseminate learning in short and succinct formats. We've started with a focus on learning from local case reviews and audits. It is early days as only one session had been delivered within this reporting period, but we hope that take up and interest in these hourly sessions will be high.

Attendance at training by agency is variable, as is expected given the varying size of the workforce, staff turnover, and availability of single agency training. Schools and the Strengthening Families Workforce have the highest rate of attendance. Representation from Children's Social Care and Police are comparatively low. The

Learning and Development Committee will continue to monitor attendance to see if action taken to date improves attendance.

Attendance rate cannot be considered a measure of success, and it remains a challenge to demonstrate the impact of learning and development activity on outcomes for children and frontline practice. The Boards use post-course evaluation forms to evaluate the learning from events and feedback has been largely positive. To strengthen our evidence of impact we've introduced post course surveys every 3 months which seek examples of how professionals have put learning into practice after their training.

We've run the first follow-up evaluations on the Thresholds briefing. Here's what some of the participants had to say:

- I didn't know about the strengthening families' surgeries until I attended, I've since been to discuss a case.
- The multi-agency nature of the sessions helped me understand the perspective of other agencies, and I'm now more confident to pick up the phone.

Our partners also have a key role to play in training and development activity. During this reporting period Wolverhampton Clinical Commissioning Group, together with the Wolverhampton Domestic Violence Forum, have successfully secured funding to support General Practitioners in recognising and responding to domestic abuse. The project involves training, support, resources, access to drop in sessions, identification of local DV Champions and education regarding access to and embedding local pathways.

The project only started in March 2018. At the time of writing, 127 practice staff have been trained from over 21 practices and it's already making an impact. There have been 10 direct referrals to the drop-in sessions, 6 GP referrals to MASH and 9 MARAC referrals have been received which is a significant increase in referral activity. The formal evaluation will be carried out by the University of Wolverhampton on conclusion of the project.

Child Death Overview Panel

The WSCB is responsible for ensuring that a review of each death of a child normally resident in the City of Wolverhampton is undertaken by CDOP.

The functions of the CDOP involve reviewing all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law; in order to determine whether the death was deemed preventable.

Preventable deaths are those in which modifiable factors may have contributed to the death. Modifiable factors are those things which, if changed, could avoid a future death.

The CDOP publishes its own annual report which is considered by the WSCB. The report for 2017-18 can be accessed via Safeguarding Board website.

To summarise, modifiable factors that were identified within some cases included:

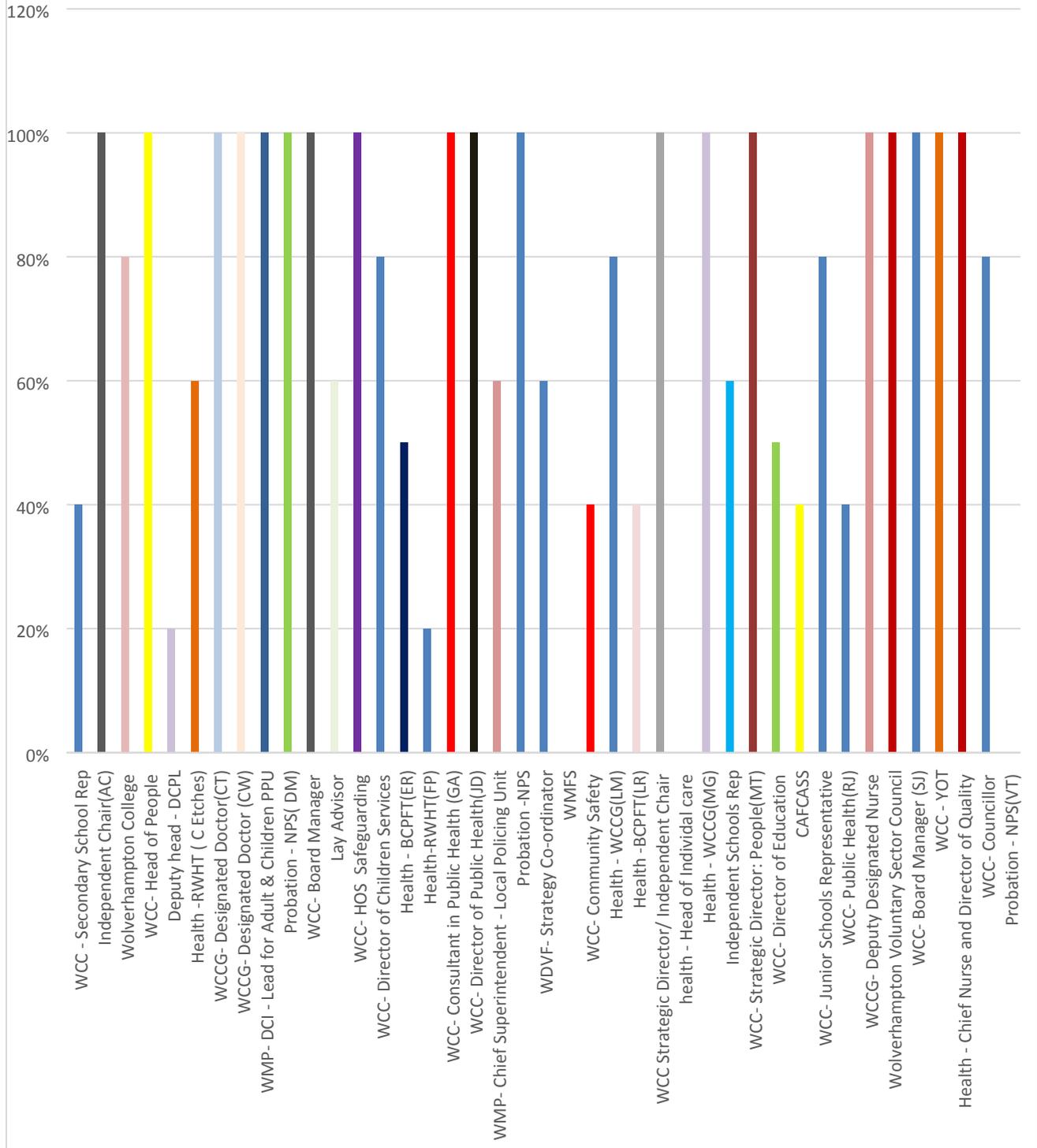
- Co-sleeping
- Smoking (by parents)
- Parental Substance Misuse
- Non-attendance at medical appointments
- Understanding / dissemination of key safety messages e.g. wearing protective helmets, water safety and railway safety.

Wolverhampton Safeguarding Boards Priorities for 2018-19:

- Ensure that WSCB and WSAB are high performing Boards and effectively delivering functions as defined in Working Together 2015 and the Care Act 2014 including the facilitation of multi-agency practitioner engagement events to ascertain the strengths and challenges of multi-agency safeguarding work.
- To enhance the quality assurance function and better analyse the safeguarding system. This to include the review and update performance information so that it is sufficient to analyse the 'safeguarding system' as a whole.
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children and adults
- Develop a dynamic auditing programme that includes scrutiny and challenge of single agency audits and completion of multi-agency audits
- Commence a methodology for multi-agency assurance visits
- Ensure that the Children's Safeguarding Board effectively transitions to the Safeguarding Partners in line with Working Together 2018
- WSB contribute to the development of improved practice in respect of Domestic Abuse.
- Maintain and publish effective policy and procedures and ensure that local guidance is available to support this.

- Draw on sufficient resource to better quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned and outcomes achieved.
- In partnership with the Health and Wellbeing Board Understand the local profile of families with No Recourse to Public Funds (**NRPF**) and seek assurance that families are identified; risk is identified; and responded to appropriately
- Support multi-agency partners to recognise and respond at the earliest opportunity to those illustrating Hoarding behaviours
- Raise awareness of safeguarding among the general public and community / faith groups including: how to recognise abuse and neglect.
- Develop a system whereby service users and their families can influence the work of WSB including 'Hard to Reach' communities
- To receive and consider the Independent Reviewing Service Annual Report.
- To continue to work more closely with other Partnership Boards within the City.

Children's Attendance - April 2017- March 2018





Essential Information

First draft completed: 11/08/2018

Approved by Executive: 15/08/2018

Approved by Board: 14/09/2018

Published:

Report Author: Sian Jones, Wolverhampton Safeguarding Boards Manager

Independent Chair: Linda Sanders

Contact details: 01902 550645



Health and Wellbeing Together Board

17 October 2018

Report title	No Recourse to Public Funds (NRPF): Multiagency Protocol	
Cabinet member with lead responsibility	Councillor Hazel Malcolm Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director for Public Health	
Originating service	Public Health	
Accountable employee(s)	Neeraj Malhotra	Consultant in Public Health
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Report to be/has been considered by	Children and Young People Management Team	13 September 2018
	Public Health Senior Management Team	18 September 2018
	Cllr Hazel Malcolm	19 September 2018
	People Leadership Team	24 September 2018
	Cllr Paul Sweet	25 September 2018
	Strategic Executive Board	2 October 2018
	Health and Wellbeing Together	17 October 2018

Recommendation(s) for action or decision:

The Health and Wellbeing Together Board is recommended to:

1. Recognise the multiagency approach used to produce the NRPF multiagency protocol.
2. Subject to any amendments identified, ratify the report, and recommend the multiagency protocol be officially published on behalf of the Health and Wellbeing Together Board.

1.0 Purpose

- 1.1 The No Recourse to Public Funds (NRPF) forum determined there was a need to develop a multiagency protocol.
- 1.2 This is to support agencies across Wolverhampton to work with people with NRPF in a consistent way.
- 1.3 People with NRPF and their families are more likely to be vulnerable, and therefore at higher risk of needing safeguarding. All agencies have a responsibility for safeguarding.
- 1.4 The purpose of this report is to present the multiagency protocol for discussion.

2.0 Background

- 2.1 The Health and Wellbeing Together Board and the Safeguarding Board asked for an NRPF forum to be established, as a result of the recommendations made following the Serious Case Review of Child G.
- 2.2 The forum aims to ensure all agencies in Wolverhampton are following a systematic and coordinated approach to working with people with NRPF status. The forum has overseen the development of this protocol.
- 3.1 The NRPF forum agreed in March 2018 to develop a multiagency protocol.
- 3.2 This multiagency protocol is a short guide which has been designed to enable partner agencies to be able to better support NRPF clients and refer for advice as appropriate. The referral pathways vary, depending on whether the clients are a family with children, or if they are adults.
- 3.3 As part of this process, views were actively sought from the Head of Safeguarding, Lead Social Worker for NRPF, Education, and the Refugee and Migrant Centre (RMC).
- 3.4 Surveys were disseminated to headteachers, health visitors/maternity services, GPs, and the voluntary sector, on their experiences of working with people with NRPF statuses. Results from these surveys informed the development of the multiagency protocol and accompanying training which is being planned.
- 3.5 The multiagency protocol includes:
 - a list of the different types of NRPF statuses
 - a summary of City of Wolverhampton Council's NRPF policy
 - a list of the public funds that those with NRPF status cannot usually access
 - a list of other resources that those with NRPF status can access
 - a checklist of questions that any agency can use to find out more about the circumstances of a person with NRPF status, and refer on for support
 - details of how to make safeguarding referrals (adults, and children and families)

- a list of each agency's responsibilities
- weblinks to further sources of support
- key guidance for agencies who need to collect NRPF data.

3.5 This multiagency protocol has been disseminated to all the NRPF forum members for review and comments.

3.6 Once this multiagency protocol has been ratified by the Health and Wellbeing Together Board, training will be offered to key agencies and services to ensure they know how to use the protocol, offer support, and make onward referrals as appropriate.

4.0 Financial implications

4.1 There are no financial implications as a result of this multiagency protocol.
[MI/19092018/M]

5.0 Legal implications

5.1 There are no legal implications relating to this multiagency protocol.
[RB/18092019/O]

6.0 Equalities implications

6.1 People with NRPF status are more likely to come from different ethnic groups and are more likely to be vulnerable than the general public.

6.2 This protocol is aimed at helping agencies to support the NRPF population within Wolverhampton, regardless of any specific protected characteristics. An initial screen has been done which has not identified any differential impact on particular groups within the NRPF population. This will need to be monitored following implementation of the protocol.

6.3 The safeguarding referral advice in the multiagency protocol is split into children and families, and adults. There is more support available for children and families, as those deemed to be destitute are able to access housing and subsistence support from the Local Authority.

7.0 Environmental implications

7.1 There are no environmental implications expected from this report.

8.0 Human resources implications

8.1 There are currently no changes proposed to Children's Services or Education, as a result of the recommendations of this multiagency protocol. However, it is important to note that if capacity in social services and education is reached or exceeded due to the

increase in the numbers of NRPF children identified and assessed as CIN, it is possible this may have an impact on staffing requirements.

9.0 Corporate landlord implications

- 9.1 The multiagency protocol has no implications on the corporate landlord's property portfolio.

10.0 Schedule of background papers

- 10.1 Health and Wellbeing Board, 11 April 2018. Agenda item 10, presented by Neeraj Malhotra. "City of Wolverhampton Partnership Response to People with No Recourse to Public Funds (NRPF)."

No Recourse to Public Funds (NRPF): Multi-agency Protocol



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1. Why have we developed a multi-agency NRPF protocol?

The Health and Wellbeing Together Board asked for a No Recourse to Public Funds (NRPF) forum to be established, as a result of the recommendations made following the Serious Case Review of Child G.

The NRPF forum aims to ensure all agencies in Wolverhampton are following a systematic and coordinated approach to working with people with NRPF status. The forum has overseen the development of this protocol.

The NRPF forum has determined that there was a need to develop an easy to read protocol to support agencies across Wolverhampton to be able gather key information from people with NRPF status, be able to offer support, and signpost to appropriate services.

It is important to remember that people with NRPF and their families are more likely to be vulnerable, and therefore at higher risk of abuse or neglect, and more likely to require safeguarding. All agencies have a responsibility for safeguarding. With this in mind, the NRPF forum has agreed that as a city, we need to gather information on all NRPF children. This is to enable prompt action if any of them are identified as vulnerable and in need of support, either at initial identification, or in the future.

A key component of this protocol is to ensure that people with NRPF status and their families are aware of why we are collecting information about them. Reassurance needs to be given that this will be used to provide sufficient services and support wherever possible.

Photo

Cllr Roger Lawrence

Leader of City of Wolverhampton Council and Chair of Health and Wellbeing Together

2. Myth-busting NRPF

NRPF is a term which can be easily misinterpreted. It implies people with this status have no access to public funds whatsoever, but this is not always the case.

Despite the NRPF status, families and individuals may have the right to financial support from social services to avoid destitution, or due to eligible care needs. In these cases, the Council has a duty to support the accommodation and subsistence costs. Regardless of immigration status or entitlement to public funds, the safeguarding of children and vulnerable adults remains of paramount importance.

See page 7 for further information.

3. Types and Definitions of NRPF

No Recourse to Public Funds (NRPF) applies to migrants who are 'subject to immigration control'. Most migrants with NRPF status have no entitlement to certain welfare benefits, local authority housing or homelessness assistance, and most do not have the right to work. People with any of the following immigration statuses, and their dependent families, generally have no recourse to public funds:

1) Leave to Remain with No Recourse to Public Funds

"Leave to Remain" is the immigration status granted to a person who does not hold the right of abode in the UK, but who has been admitted to the UK with a time limit on his or her stay and who is free to take up employment or study.

2) Derivative Rights

A person may have No Recourse to Public Funds but is eligible for a 'derivative rights residence card' if they are living in the UK and are one of the following:

- The primary carer of someone who has the right to live in the UK
- The child of a primary carer of someone who has the right to live in the UK
- The child of a former worker from the EEA and who is at school, college or university in the UK.

3) Overstayer

An "overstayer" is someone who has remained beyond his or her leave to enter/remain.

4) Spouse Visa (UK marriage visa)

A spouse visa allows married partners of UK citizens to immigrate to the UK because they are married to someone who is “settled in the UK,” i.e. a person who is originally resident in the UK and has no immigration restrictions on how long they can stay in the UK (a British Citizen or a person who has obtained an “Indefinite Leave to Remain”)

5) Spouse visa and has separated from partner

As this person remains on a spouse visa, they do not have their own right to public funds as they have been granted their visa as a dependent of their spouse only.

6) Student Visa

A person can apply for a Tier 4 (General) student visa to study in the UK if they are 16 years old or over. Individuals or families on a student visa do not qualify for welfare benefits, and they do not have the right to work. To be eligible for this visa, the student must have an unconditional offer on a course, and have sufficient funds to cover this period of study, prior to starting the course.

7) Work Permit Visa

A person with a work permit visa has the right to work in the UK, but does not have recourse to public funds.

8) Refused Asylum Seeker

A person whose asylum application has been unsuccessful and who has no other claim for protection, and is awaiting a decision through the appeal process.

9) EU Nationals and their non-EU family members

EU/ EEA nationals will have no access to public funds if they stop exercising treaty rights such as employment or self-employment. They will keep their worker status only for up to 6 months and, unless they start exercising treaty rights again, they will not be able to access public funds.

Family members of EU/ EEA nationals can only have access to public funds if they are associated with EU/ EEA nationals who are exercising treaty rights or have access to public funds through their own status (e.g. British married to EU/ EEA national).

10) Asylum Seeker

A person who has “asylum” status with access to asylum support money but not to public funds or benefits.

4. City of Wolverhampton Council's NRPF policy and partnership working

The overarching aim of the City of Wolverhampton Council's NRPF policy is to assist practitioners working with children, young people, families and adults to assess the appropriate support and necessary actions they must take. This is essential to ensure the interventions are legally robust, fair and consistent.

Local authorities apply statutory duties and powers in relation to safeguarding the welfare of children in households where the parents have NRPF status and require accommodation and/or financial support. When assessing the needs of a child, practitioners must refer to and follow the Department for Education's statutory guidance, "Working Together to Safeguard Children, 2018."

All local authorities in the UK have a duty to offer advice to people with NRPF status. Councils can provide care services including accommodation and financial support if the eligibility criteria are met.

For the Council policy to be effective, it requires good partnership working with agencies across the city. Please inform the Council of any child in an NRPF status family that you become aware of. The Council will undertake a financial assessment of the family and an assessment of the child's needs. All relevant services/organisations will need to ensure they are able to support and contribute to this process.

It is important for service providers to be aware of any vulnerabilities, for example, domestic violence, which could lead to a change in immigration status, and therefore access to public funds. This must be reported to Social Services.

5. Resources that those with NRPF status could be entitled to

The following are not classed as Public Funds, and as a result, adults who are subject to immigration control may be able to access these, as long as they can fulfil the relevant eligibility criteria:

Child maintenance	Social services assistance
Concessionary travel passes	Work related welfare benefits:
Education and student finance (Student loans and grants)	<ul style="list-style-type: none"> • Contribution-based Jobseeker's Allowance • Contribution-based employment and support allowance • Incapacity benefit • Retirement pension • Widow's benefit • Bereavement benefit • Maternity allowance • Guardian's allowance • Statutory maternity pay • Statutory sickness pay
Free school meals	
Government funded childcare	
Housing association tenancy	
Legal aid	
NHS treatment: <ul style="list-style-type: none"> • GP services • NHS Walk-in centres • Treatment for contagious diseases • A&E treatment at hospital 	

Source: <http://www.nrpfnetwork.org.uk/information/Pages/not-public-funds.aspx>

6. Public funds that those with NRPF are not entitled to

In most cases, people with NRPF would not be eligible to claim the following, however, in some cases, there may be an exception to this rule.

Welfare benefits		
Attendance allowance	Disability living allowance	Personal independence payment
Carer's allowance	Discretionary welfare payment made by a local authority	Severe disablement allowance
Child benefit	Housing benefit	Social fund payment
Child tax credit	Income-based employment and support allowance	State pension credit
Council tax benefit	Income-based jobseeker's allowance	Universal credit
Council tax reduction	Income support	Working tax credit
Housing		
An allocation of local authority housing provided under the Housing Act 1996		
An allocation of a housing association property provided via the local authority rehousing list		
Local authority homelessness assistance provided under the Housing Act 1996		

Source: <http://www.nrpfnetwork.org.uk/information/Pages/public-funds.aspx>

7. Organisational responsibilities

7.1 Children and Families with NRPF

All agencies who come into contact with a family with children who have No Recourse to Public Funds are required to complete the [online Multi-Agency Referral Form \(e-MARF\)](#).

The Council will undertake a financial assessment of the family and an assessment of the child's needs.

For the different agencies listed below, there are some key actions that can be taken:

Police

- Provide details of Voluntary Sector organisations as necessary (see Chapter 9)

Health

- Enable GP registration to take place
- Enable A&E treatment to be undertaken
- Health Visitors to support families with children aged less than 5 years
- Health assessment to be carried out for all children categorised as Child in Need (CIN)
- Provide details of Voluntary Sector organisations as necessary (see Chapter 9)

Voluntary Sector

- Provide advice (including legal, immigration)
- Provide food, clothes, emotional support

Housing

- Assess families and provide accommodation, if eligibility criteria is met

Education

- Enrolment team to collect NRPF status to inform Social Care and assigned school(s)
- Schools and nurseries to engage with parents and children to identify needs

Social Care

- If child is coming to the City of Wolverhampton from another English council, information from social care in the original council must be obtained – we are currently working on improving this
- Undertake financial and housing needs assessment, and assess as CIN if appropriate

Safeguarding children

If you are concerned that a child aged under the age of 18 may be at risk of being abused or neglected, or the child or family need help, please call: 01902 555392 during office hours and 01902 552999 outside of office hours

In an emergency, call 999. If a crime is being committed that is not an emergency, please call 101.

7.2 Adults with NRPF

If you are concerned about an adult, please use the [Safeguarding Adult Concern and Notification form \(SA1\)](#) to make a referral to the MASH.

For the different agencies listed below, there are some key actions that can be taken:

Police

- Provide details of Voluntary Sector organisations as necessary

Health

- Enable GP registration to take place
- Enable A&E treatment to be undertaken
- Provide details of Voluntary Sector organisations as necessary

Voluntary Sector

- Provide advice (including legal, immigration)
- Provide food, clothes, emotional support

Housing

- Assess and provide accommodation, if eligibility criteria are met

Social Care

- If person is coming to the City of Wolverhampton from another English council, information from social care in the original council must be obtained
- Assess for eligibility for Community Financial Support, taking into account complex care needs

[Safeguarding adults](#)

If you are concerned about an adult with care and support needs, aged 18 years or older, please call: 01902 551199 during office hours and 01902 552999 outside of office hours.

In an emergency, call 999.

8. Checklist

The aim of this checklist is to provide a simple set of questions that any agency can use to find out more about the person/family. This information can then be collated to form a useful profile to refer for support as necessary. If the family would like to know why this information is needed or is reluctant to provide it, Appendix 1 contains some information that may help.

1. Which country are you a national of?
2. What is your immigration status?
3. When did you arrive in this country?
4. When did you arrive in Wolverhampton?
5. How did you get to Wolverhampton?
6. Have you already spoken to anyone at the Council for support?
7. Do you have a social worker? Do you have their name and contact details.
8. What's your family situation? Single? Married? Co-habiting? Who lives with you? Children? Do they live with you?
9. Do your children go to school? Which one(s)?
10. Do you/your family have a GP? Which one?
11. What do you/your family need help with?

9. Other sources of support

Food:

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=foodbank&term=&sorttype=relevance>

Mental health support:

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=mental+health&term=&sorttype=relevance>

Emotional support:

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=emotional&term=&sorttype=relevance>

Asylum

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=asylum+&term=&sorttype=relevance>

Sexual health:

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=sexual+health&term=&sorttype=relevance>

Housing and Migrant:

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=housing+migrant&term=&sorttype=relevance>

Migrants:

<http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/results.page?qt=migrant&term=&sorttype=relevance>

Appendix 1: Information to provide to NRPF families when collecting information from them to help identify their NRPF status

This has been adapted from the City of Wolverhampton Council's "Customer Service procedure for No Recourse to Public Funds (NRPF) status for Children and their Families."

What does it mean to have No Recourse to Public Funds?

When an adult has NRPF this means they have no entitlements to welfare benefits or social housing, no ability to hold a driving license, open a bank account, go to college or university or gain employment. Where these adults have children, Local Authorities have a duty to provide financial support and provide accommodation via s.17 of the Children Act 1989 and s.11 of the Children Act 2004. Children whose parents are NRPF are classed as Children in Need.

Why is it important to identify if a family have NRPF?

Following a Serious Case Review, commissioned by Wolverhampton Safeguarding Children Board, where NRPF was a feature, all agencies are charged with helping families to identify that they have NRPF so that appropriate support can be provided to minimise the impact of this on any children in the family.

Why is this important for schools and members of the NRPF forum to know?

The lives of children living in NRPF households are significantly impacted due to the following issues:

- Accommodation (sometimes of poor standard)
- Limited finances
- Support Networks (families are reluctant to access support from established agencies through fear of criticism due to their NRPF status so may seek support from adults who may pose a risk to their children)
- The length of time it can take the Home Office to make decisions about immigration (and hence NRPF) status, the longer a family is classed as having NRPF, and therefore the more vulnerable they are.

It is important for us to identify a family's status so that the allocated school(s) can work with the family and other services (including health and council services) to consider all of the above and provide appropriate support to the family as a whole.

Remember, if you feel a child, family, or adult with additional care and support needs are in immediate danger, call 999.

DRAFT



Health and Wellbeing Together Board

17 October 2018

Report title	Update on Suicide Prevention	
Cabinet member with lead responsibility	Councillor Hazel Malcolm Public Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley – Director of Public Health	
Originating service	Public Health	
Accountable employee(s)	Lina Martino	Consultant in Public Health
	Tel	01902 558657
	Email	Lina.Martino@wolverhampton.gov.uk
	Parpinder Singh	Senior Public Health Specialist
	Tel	01902 555475
	Email	Parpinder.singh@wolverhampton.gov.uk
Report to be/has been considered by	Public Health SMT	18 September 2018
	People Leadership Team	24 September 2018
	Strategic Executive Board	02 October 2018

Recommendations for action or decision:

The Health and Wellbeing Together Board is recommended to:

1. Provide feedback on the work of the Suicide Prevention Stakeholder Forum
2. Endorse the key areas of action
3. Support and promote suicide prevention approaches within relevant future work streams, strategies and policies which fall within the remit of the Board

Recommendations for noting:

The Health and Wellbeing Together Board is asked to note:

1. The update on the delivery of the suicide prevention strategy and action plan
2. Performance against national recommendations

1.0 Purpose

- 1.1 To provide members of the Health and Wellbeing Together Board with an update on the delivery of the suicide prevention strategy and action plan in context of national and regional strategies and policies.

2.0 Background

- 2.1 In 2012 the government published the national suicide prevention strategy *Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*. Since then, three progress reports have been published, the most recent one being in 2017.

The strategy has two key objectives:

1. a reduction in the suicide rate in the general population in England, and
2. better support for those bereaved or affected by suicide.

Six key areas of action were identified to help achieve these objectives:

- a. reducing the risk of suicide in key high-risk groups
- b. tailoring approaches to improve mental health in specific groups
- c. reducing access to the means of suicide
- d. providing better information and support to those bereaved or affected by suicide
- e. supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- f. supporting research, data collection and monitoring

- 2.2 The strategy provides recommendations for local action setting out the role Public Health should play in mobilising local efforts. Health and Wellbeing Boards are recognised as being integral in making this happen. The strategy recommends that local authorities conduct a suicide audit, produce a suicide prevention action plan and set up a multi-agency suicide prevention group.
- 2.3 The national data available for England and Wales shows that only 28% of suicides occur in people who are in contact with services i.e. 72% of those who died by suicide were not in touch with secondary mental health services within one year prior to death.

Therefore, the majority of people who take their life by suicide are not known to mental health services, or did not have recent contact with services, highlighting the need for a public health approach to suicide prevention.

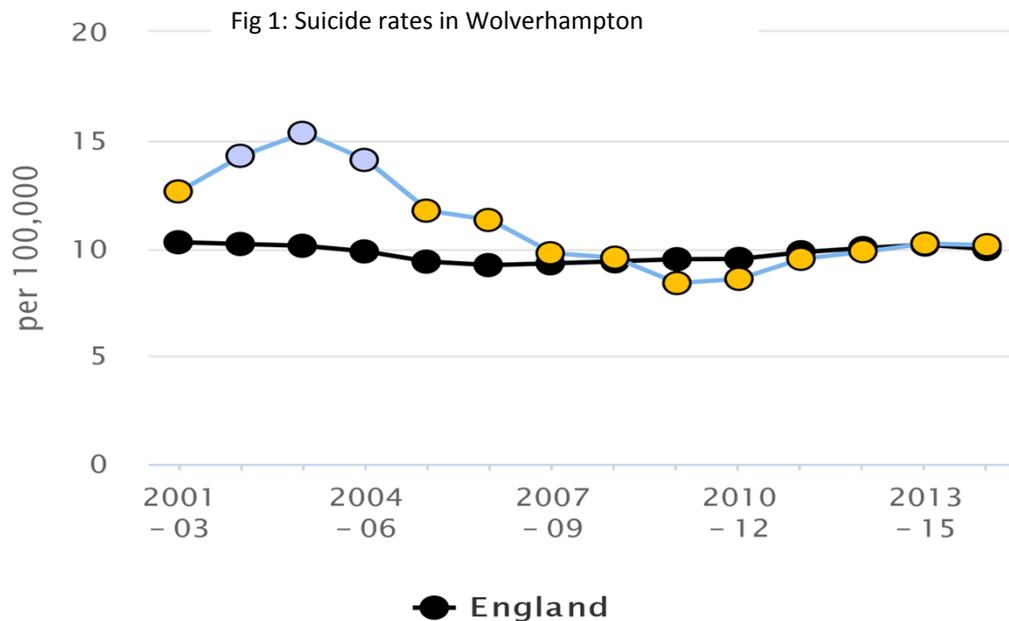
- 2.4 Latest figures show that in 2017, 5821 suicides were registered in the UK, equating to 16 suicides each day. Whilst there was a reduction in male suicides in 2017, men continue to make up three quarters of all suicides. Suicide remains as one of the leading

avoidable causes of death for young and middle-aged men and women. Suicide attempts will be much higher, with research suggesting suicide attempts are tenfold in comparison to completed suicides.

- 2.5 The impact of suicide is profound. Each suicide impacts a significant number of family and friends. Furthermore, research estimates the cost of one suicide to be £1.7m, this consist of costs to services and the economy i.e. time lost from work impacting productivity.
- 2.6 There are other key national and regional policies which we need to be mindful of. Regionally the West Midlands Combined Authority has established a Mental Health Commission. The ensuing 'Thrive Action Plan' launched a zero-suicide ambition for the region. The NHS 'Five Year Forward View' has set a target of reducing suicides by 10% by 2020-2021.

3.0 Suicide in Wolverhampton

- 3.1 In Wolverhampton, 66 deaths were registered as suicides for the period of 2014-2016 (3 year period), of these 56 (85%) were male.
- 3.2 In 2016, there were 20 cases where suicide was concluded as the final underlying cause of death. For 2014 and 2015 this figure was 25, and 21 respectively. Figure 1 below provides an illustration of suicides since 2001. Whilst there are fluctuations from year to year, there has been an overall downward trend since 2002.



- 3.3 Recognising the role of Public Health in suicide prevention, a suicide needs assessment was carried out in 2015. This was a collaborative effort by Public Health and the Samaritans. More than 20 local organisations were consulted as part of this needs assessment. Following completion of the needs assessment, the Suicide Prevention

Stakeholder Forum was established. This forum has overseen the development of a strategy and action plan.

- 3.4 The Suicide Prevention Stakeholder Forum continues to meet quarterly. Attendance at each meeting is very positive with representation across various services spanning voluntary sector, local authority services, health services, police and education.

4.0 Progress

- 4.1 As a result of the strategy, action plan and forum being in place, progress is being made to take a city-wide approach to reducing the risk of suicides occurring. In 2016, Government produced the 'Local suicide prevention planning – a practice resource' document, which provided local areas with guidance on implementation of recommendations set out in the national strategy.
- 4.2 The forum identified the need to benchmark local activity against the national guidance document. The benchmarking showed Wolverhampton to be in strong position with most recommendations in place and others in the process of being developed.
- 4.3 **Training:** The need to train professionals in understanding suicide, how to approach someone with suicidal thoughts and how to effectively respond was identified in the national and local strategy. The forum has collectively carried out a range of activity to help upskill professionals.
- 4.4 The forum has promoted the new Zero Suicide Alliance's e-learning training across the partnership. This training has been cascaded to a number of services and positive feedback has been received from social workers, Citizens Advice Bureau staff, older people services, voluntary sector groups such as the Refugee Migrant Centre.
- 4.5 Media plays a key role in promoting positive messages. A workshop was delivered in conjunction with Samaritans on how to responsibly report suicide. The training was attended by a range of partners including journalists and media professionals.
- 4.6 Through partnership working, suicide prevention training providers offered subsidised training for forum members. PAPYRUS, the national charity for the prevention of young suicide has delivered two Applied Suicide Intervention Skills Training (ASIST) workshops in Wolverhampton, both fully subscribed. This means there are now around 60 people in Wolverhampton who are ASIST trained and able to provide life-saving interventions with people at risk of suicide. .
- 4.7 GPs play a critical role in identification of suicidal thoughts and providing the appropriate support. The forum is seeking to deliver training to GPs in partnership with the CCG.
- 4.8 Colleagues from the University of Wolverhampton, who are part of the forum, delivered '3 minutes to save a life' training to various personnel throughout the University. The training is delivered on a monthly basis and has been recognised as best practice.

4.9 Raising awareness

The forum has regularly reviewed Wolverhampton Information Network (WIN) to ensure information on suicide prevention and mental health support services is accurate.

4.10 National campaigns such as Suicide Prevention Day, World Mental Health Day, Time to Talk Day have been promoted locally with support from partners. For example, Wolverhampton Wanderers football club supported partnership efforts in raising awareness of suicide through a photoshoot with players displaying messages of support.

4.11 The Wolves In Wolves project dedicated one of the sculptures to promoting messages of suicide prevention and good mental health. The project was a flagship initiative across the City attracting significant national and international coverage. BBC news specifically covered the suicide prevention sculpture.

4.12 Tailored approaches for specific groups

Research and evidence recognises some sections of the community are more vulnerable to poor mental health and risk of suicide. National guidance recommends tailoring approaches for specific groups such as children and young people, LGBT community, older people. Wolverhampton has established workstreams around vulnerable groups to ensure a more tailored approach is taken.

4.13 The LGBT task group has been reviewing the support available to young LGBT people and has been working with colleagues from Headstart, Education Psychology, Wolverhampton Homes to help increase support. For example, the task group has worked with the new LGBT Proud To Be Me alliance, in promoting suicide prevention messages within the training they deliver to teachers and other professionals.

4.14 The children and young people task group has been reviewing the response from schools when a suicide occurs. As a result, the group has fed into the Schools Critical Incident Protocol. The group are also seeking to review data from the Hospital Youth Service, with a view to looking at trends on self harm and working with Headstart to ensure the workforce development offer includes suicide prevention. Work is also taking place specifically around and migrant communities.

4.15 Data and surveillance

There is a time lag between suicides occurring and official suicide data being published. In order to be more responsive to what is happening locally, it is recommended that a relationship with the coroner is established to receive more 'real time' data. This would enable a more dynamic response for events such as a hotspot location for suicide.

4.16 Despite a very positive and constructive meeting between Wolverhampton's Director of Public Health and the Coroner in 2017, establishing an on-going relationship with notifications being received routinely has been problematic due to lack of resources in the Coroner's office. A regional approach is now being adopted to ensure some uniformity of communication between the Coroner and local Public Health teams within the region. This is being led by colleagues from Public Health England (PHE).

4.17 As an interim measure, PHE carried out an audit of Coroner data for the period of 2015-2016, Wolverhampton assisted with the audit and shared the findings with the forum.

From the 280 sample cases viewed across the West Midlands Combined Authority footprint, key findings included a notable level of alcohol and substance misuse, high levels of unemployment, skilled trades being the highest recorded profession, majority of suicides took place in the home and by hanging, high level of mental health diagnosis with depression cited as the most common, relationship breakdown cited as trigger in a fifth of cases.

5.0 Next steps

- 5.1 The forum is now at juncture where a review of the action plan is needed. A priority setting session took place in May where broad objectives were agreed. A further session will take place in October where these objectives will be progressed into SMART actions.
- 5.2 The revised objectives broadly remain in line with the previous action plan and the key areas of action outlined in the local and national strategies. However, early discussions have been around the need to focus on men, particularly for ages 40-44 where male suicides are at the highest. The statistics already set out the reasons why men in particular require a focussed approach in regard to suicide prevention. However, within Wolverhampton there are other public health related issues such as alcohol misuse and unemployment, which are more pertinent to men, therefore a coherent approach to men which addresses employment, lifestyle, behaviours and wellbeing is likely to yield more benefits.
- 5.3 There is further work needed to strengthen partnership working with acute trusts in regard to suicide prevention. Black Country Partnership Foundation Trust has now produced their suicide prevention strategy and policy with commitment of delivery at senior level. The Forum is seeking to align this work and remain informed of the mental health trust's progress, particularly given that the combined authority audit identified that 25% of suicides in Wolverhampton were known to the mental health trust. This indicates that support for these patients needs to be done in partnership with other organisations.

6.0 Financial implications

- 6.1 There are no direct financial implications arising from this report.
[MI/19092018/A]

7.0 Legal implications

- 7.1 There are no immediate legal implications arising from this report.
[RB/19092018/T]

8.0 Equalities implications

- 8.1 Some of the most disadvantaged in society are at increased risk of suicide and the needs assessment takes this into consideration and examines their particular needs. A Stage 1 equalities analysis has been previously completed and forwarded to the Equalities Team. A Stage analysis 2 is not needed.

9.0 Environmental implications

9.1 There are no environmental implications arising from this report.

10.0 Human resources implications

10.1 There are no human resources implications arising from this report.

11.0 Corporate Landlord implications

11.1 There are no Corporate Landlord implications arising from this report.

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Draft Joint Health & Wellbeing Strategy 2018-2023

Self Assessment

John Denley, Director of Public Health

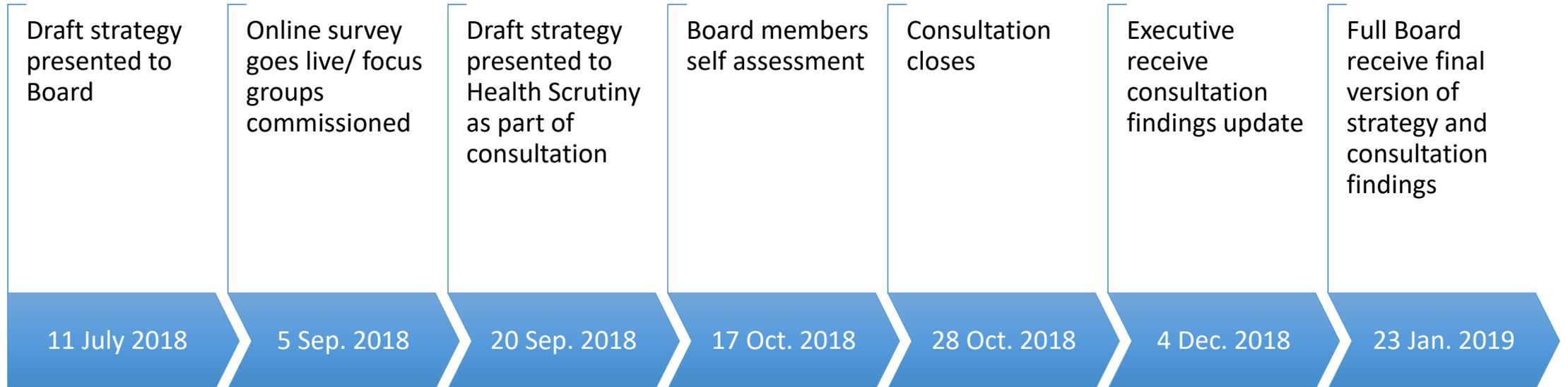


City of Wolverhampton

Health & Wellbeing Together

Timeline

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Thematic approach – Growing Well

- **Early Years** Supporting parents to be active in their child's development
- **Children & young people's mental wellbeing & resilience**
Working to improve children and young people's mental health



Thematic approach – Living Well

- **Workforce:**
 - Supporting people to be stay healthy throughout their working lives, and helping people stay in work when they experience health problems (mental or physical)
 - Develop, attract, and retain high quality staff to ensure a health and social care workforce equipped for the future.
- **City Centre** Improving the city centre e.g. transport links that enable walking and cycling, reducing rough sleeping and tackling problems associated with alcohol misuse and public safety
- **Embedding prevention across the system** Enabling people to live longer and healthier lives by helping them change their lifestyle and improving the environment in which they live



Thematic approach – Ageing Well

- **Integrated Care** Health partners working together more effectively, in particular, for people who are frail or at the end of life
- **Dementia Friendly City** Working together to enable the City to be Dementia Friendly for people living with Dementia and their families

CELEBRATE ENTERPRISE, EDUCATION AND SKILLS

HAVE A CITY CENTRE WE'RE PROUD OF

ARE SERIOUS ABOUT BOOSTING HEALTH AND WELLBEING

retain more of the value produced by our economy to **benefit the whole city**

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have a **buoyant and resilient economy** that includes international manufacturing companies with local roots and a strong, vibrant and innovative business base

care and are confident about our diversity

are committed to **sustainability** for future generations

have world class public services that **continually improve** and have collaboration and co-production at their heart

all play our part in creating a confident, buzzing city that's synonymous with **ambition, innovation and inclusion**

make it **easy for businesses and visitors to access the city** and are well connected to the wider world through our infrastructure

have a **vibrant civic society** that's focused on the future, empowers local communities and is supported by local businesses and institutions

City Vision 2030

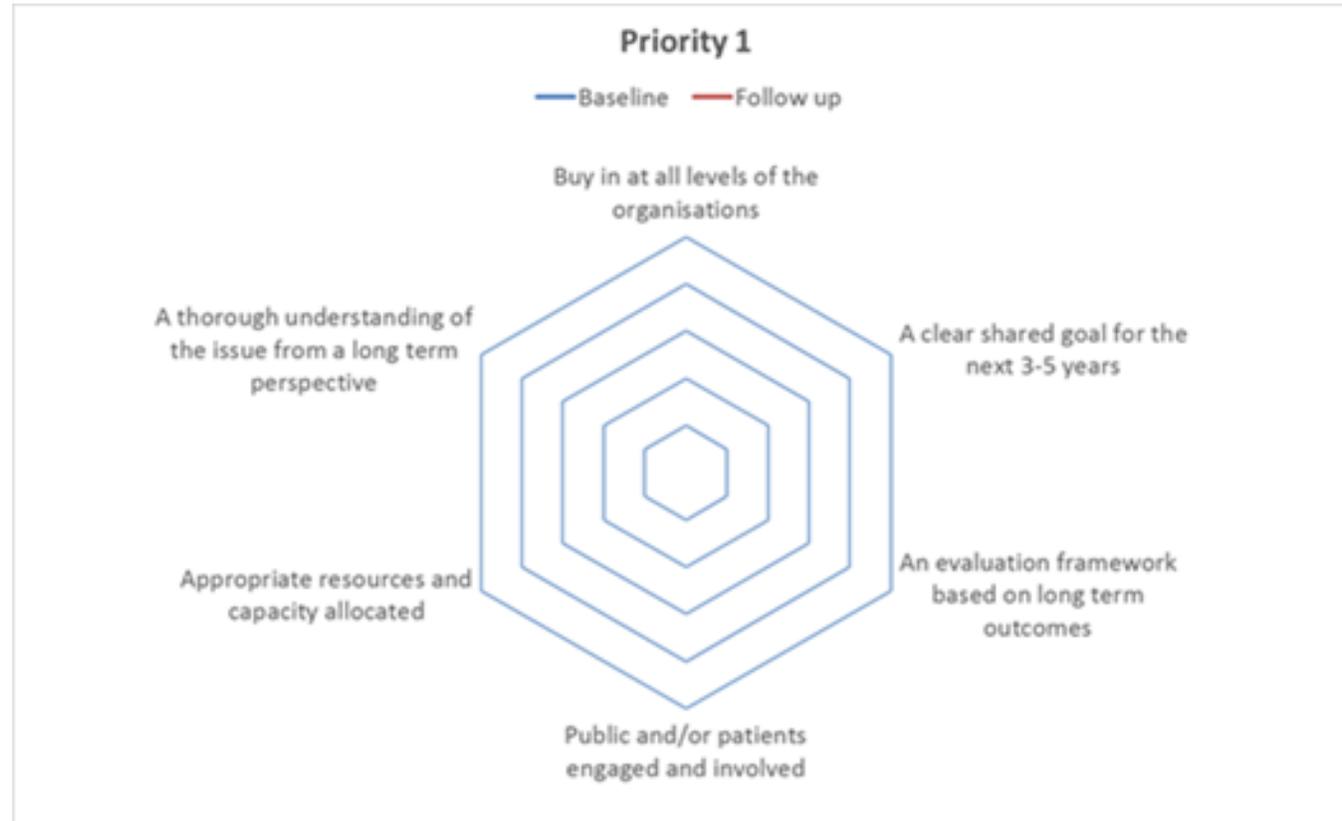
- Health and wellbeing is about more than health and care services.
- The Joint Health & Wellbeing Strategy priorities are the means for Health & Wellbeing Together to contribute to delivering the joint City Vision.
- In doing so Health & Wellbeing Together will need to work more collaboratively with other City Partnerships/Boards to deliver real system leadership and achieve the aspirations in City Vision.



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Self Assessment - Task

Self Assessment - Feedback



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