

# **Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22**

**Birmingham**

NHS England and NHS Improvement



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## **Introduction**

In this last year of our current 5-year transformation plan period, we acknowledge where we are and look to the next steps of our transformation in Birmingham.

It has been a tough year for users of services, their families and supporters and for staff, with unprecedented change and fluctuations in need created by the pandemic. We expect to see the ramifications of the pandemic on the mental health of our children and young people for years to come. We represent a wide range of partners at the Local Children and Young People's Mental Health Transformation Board and we have personally witnessed and felt the ramifications in every corner of delivery. I am thankful for the ongoing commitment and enthusiasm shown by the board in the face of these challenges.

The system has endeavoured to maintain flexibility and innovation in providing mental health and wellbeing support to our children and young people. Hope and optimism is demonstrated - for instance in delivering new methods of connecting where appropriate. Frustration is also demonstrated, as seen in the mismatch of resource and intention - in particular in workforce availability. Of course frustration is also seen with the pandemic itself, as in wider society.

Ultimately coproduction with children, families, commissioners and providers of care and all other stakeholders is critical in order to plan and deliver responsive, accurate transformation and this is an area where we must continue to focus our efforts.

Dr Angela Brady

Deputy Chief Medical Officer for Birmingham & Solihull CCG and Chair of Birmingham Local Transformation Board

**The plan will be published on [birminghamandsolihullccg.nhs.uk](http://birminghamandsolihullccg.nhs.uk) and partners websites**

# Introduction

Our Birmingham and Solihull (BSOL) vision is driven by a fundamental belief that mental ill health should not define the individual, nor limit their potential to thrive physically, socially, educationally or economically.

We want to prevent poor mental health and provide support for people, of all-ages, that actively promotes their recovery. We seek to increase independence, self-agency and hope, enabling people to live the life they want to live.

Our approach aims to address improved outcomes and to deliver this across health, social care, local authority, education, police and criminal justice services ensuring that this is supported by a life course approach through the Birmingham and Solihull System Transformation Plan. Our strategic outcomes needs are aligned to prevention, protection of vulnerability management of mental ill-health and recovery.

In recent years we have seen a growing awareness of poor mental health both nationally and locally as we worked to reduce stigma and increase ways to access support. During the Coronavirus pandemic the whole system worked as a collective across education, children's services and health to ensure there was a rapid system response to ensure that children and young people were safe and were still accessing support when needed. We also saw more people than ever needing to access mental health services. We also saw young people presenting with higher acuity across a number of complex pathways including Eating Disorders and First Episode Psychosis and the needs of some people using services have become more complex.

Nationally, mental health systems are challenged by insufficient numbers of medics, nurses, allied health professionals and psychological therapists. Our local system is no exception to this, and it is grappling with both recruitment and retention of staff.

We also recognise that children known to the social care and youth justice system, and especially those with known vulnerabilities, such as adverse experiences, are more likely to experience poor mental health, and are therefore less likely to achieve their full educational potential, which will consequently impact on their employment opportunities.

# Strategic Aims

There are a number of strategies across Birmingham and Solihull that have clearly recognised that the system must work together to prevent poor outcomes for our children and young people. Throughout this document we will provide examples of how, working together with system partners and our citizens, we have been able to develop responsive, accessible care and improved outcomes for children, young people and their families.

## Birmingham local 0-25 mental health plans includes and ensures alignment with:-

- The Sustainability and Transformation Plan for Birmingham and Solihull
- Birmingham & Solihull CCG Operational Plan [Operational plan - Birmingham and Solihull CCG](#)
- Birmingham's Local Mental health Transformation Board
- BSOL Mental Health Commissioning outcomes framework
- The Learning Disability and Autism operational plan 2021/24
- SEND plan including response to Written Statement of Action [SEND - Birmingham and Solihull CCG](#)
- Birmingham Youth Offending Service plan 2021 – 22
- Birmingham - Creating a Mentally Healthy City  
[https://www.birmingham.gov.uk/info/50119/health\\_and\\_wellbeing\\_board/2415/creating\\_a\\_mentally\\_healthy\\_city\\_forum](https://www.birmingham.gov.uk/info/50119/health_and_wellbeing_board/2415/creating_a_mentally_healthy_city_forum)



Strategic  
Commissioning Outcomes



Birmingham  
Youth Justice

Birmingham and Solihull Clinical Commissioning Group is driven by a fundamental belief that mental ill health should not define the individual, nor limit their potential to thrive physically, socially, educationally or economically.

### Objectives

To prevent poor mental health and provide support for people, of all-ages, that actively promotes their recovery. To increase independence, self-agency, and hope, enabling people to live the life they want to live.

# Strategic Aims

Our all-age approach is underpinned by the following strategic aims, which align with those of the Birmingham and Solihull Sustainability and Transformation Partnership (STP).

| STP strategic aims                  | Tackle and reduce health inequalities   | Rebalance investment from crisis to prevention  | Closer integration between health and social care  |
|-------------------------------------|---|---|--|
| <b>Mental health strategic aims</b> | Protect those most vulnerable to mental ill health. We will do this by better understanding the needs of local communities and adapting approaches to achieve a best fit. | Prevent poor mental health by working with our partners to identify and respond at the earliest opportunity. For many people this will mean helping them access support to address the social determinants of poor health like homelessness, debt and substance misuse. | Better manage mental ill health, always in the least restrictive environment by personalising care planning, with a focus on meaningful recovery and greater independence. |

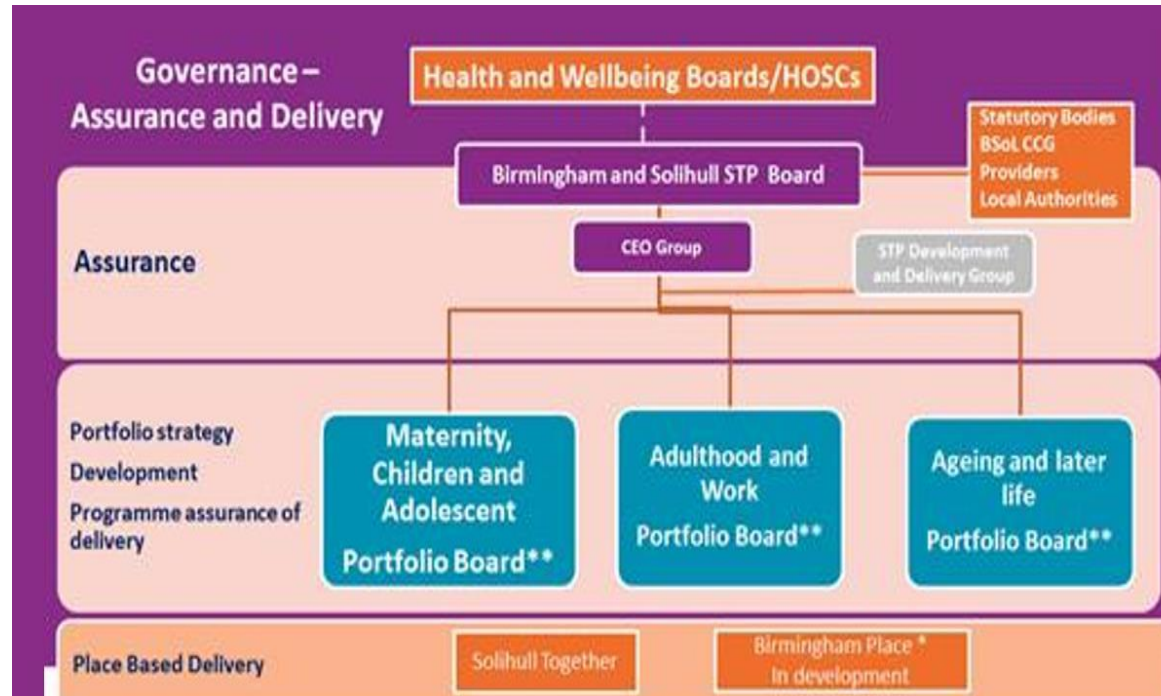
## Diagram 1, STP Strategic Aims (Strategic Priorities from CCG Operational Plan 19/21)

These aims thread through our work for children and young people, adults and older adults. However, the support offered to children, young people and families' needs to be tailored to meet their unique needs as well as to support preparation for adulthood.

# Strategic Aims

A single all-age Mental Health Transformation Board has been established. The Board will oversee delivery of both the Mental Health Long Term Plan Deliverables and other deliverables set out in Birmingham and Solihull Local Transformation Plans. This will bring oversight of all aspects of children and young people mental health transformation into one place. The Transformation Board will report into the Mental Health Provider Collaborative/Care Programme which in turn will have a route into the Integrated Care System Board.

The diagram below reflects the current STP governance arrangements:



Maternity, Childhood and Adolescence is one of the 3 key priority areas for the STP set out in the Live Healthy, Live Happy Plan <https://www.livehealthylivehappy.org.uk/our-priorities/maternity-childhood-and-adolescence/>. The intention is to “Develop integrated strategic commissioning for children’s services involving schools, public health, NHS and social care and integrate health visiting, children’s centres and other services in early years hubs”

# Strategic Aims – Integrated Care System

Birmingham and Solihull (BSOL) will become an Integrated Care System (ICS) from April 2022. Arrangements for transition to an ICS are being overseen by the BSOL ICS Board and build upon the work and commitments set out in Birmingham and Solihull Live Healthy Live Happy Plan.

The ICS and its predecessor organisations have demonstrated a system commitment to CYP wellbeing and mental health which can be evidenced through joint planning and shared funding arrangements. These funding arrangements are building capacity of established models of care that work around the system and into social care, education, voluntary sector and health.

The governance structure attached below provides interim stability as we move towards new arrangements as part of an ICS. The structure seeks to integrate transformation, the development of provider collaboration and the maintenance of the system partnership working established during Covid.

Under the ICS all-age mental health provision will form one of 6 strategic care programmes. Care Programmes will define need, resource and outcomes with the coordination and delivery of integrated provision lead by the BSOL Mental Health Provider Collaborative.

BSOL Mental Health Provider Collaborative Guiding Principles:

- Reduce health inequalities,
- Prevent mental ill-health and manage demand,
- Improve access,
- Achieve better outcomes,
- Keep people safe
- Deliver better value.

Whilst a move towards integration is signalled in national policy, we are developing the Birmingham and Solihull Mental Health Provider Collaborative because we think that we will be better able to achieve our ambitions for the people we serve by working more closely together.

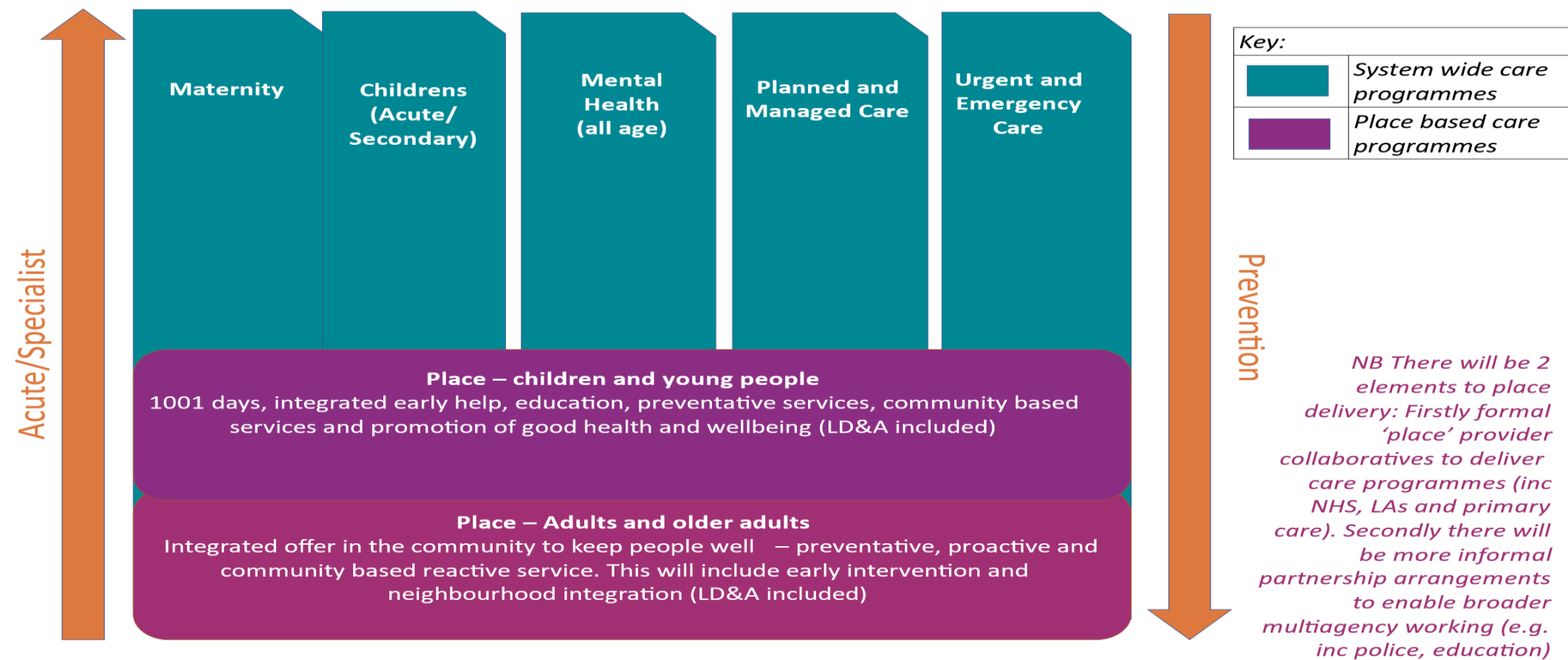
Copy of the Birmingham and Solihull Mental Health System Governance:



BSol Mental  
th System Governi

Proposed Care Programmes under ICO that will in effect deliver the strategic plans. The care programmes are likely to be led by aligned provider collaboratives.

# Potential Care programmes





# Working in Partnership

Partnership working across different agencies is at the centre of Birmingham's vision of ensuring that every child or young person is supported in a way that enables them to meet their full potential, recognising that "It takes a city to raise a child". System partners have established Birmingham Children's Partnership to support this vision.

The Birmingham and Solihull Sustainability and Transformation Partnership and developing Integrated Care System has demonstrated a system wide commitment to children and young people's wellbeing and mental health which can be evidenced through joint planning and working and shared commissioning and funding arrangements. We are building capacity in established models of care that work around the system and into social care, education, voluntary sector and health in order to meet needs in timely and accessible ways. Working in partnership we deliver a 'whole system' approach to supporting the mental health and emotional wellbeing of children and young people, which is far greater than just those services which proactively contribute to achieving the NHS Long Term Plan target for 35% of children and young people with a diagnosable mental health condition to receive treatment each year. For example, Birmingham City Council continues to invest in early emotional wellbeing support, school-based support, digital services, and workforce development. This system approach ensures that we are increasing skills and knowledge of the whole workforce and as a result providing children and young people with help at the earliest point possible.

Birmingham has an established Children and Young People's Mental Health 0-25 Local Transformation Programme Board (LTB), which provides assurance for the delivery of the Local Transformation Plan. There are clear and effective multi-agency board and governance arrangements in place, with senior level oversight for the planning and delivery of transformation activity, and a clear statement of roles, responsibilities and expected outputs.

Birmingham and Solihull is continuing to develop its high-quality crisis support work. Statutory and voluntary sector providers work together to deliver this and to ensure that crisis support is accessible, responsive and identifies and addresses health inequalities.

Throughout the year the system commissioners and providers meet with a range of stakeholders and groups to share progress and consult on gaps and priorities. These include: children and young people, parent carer forum representatives, education partners, children's early help and social care services, Education and Emotional Wellbeing Strategy Group and BSOL Learning Disabilities and Autism Board.

The following boards have been or will be involved and consulted in the development of the refreshed LTP:

BSOL Learning Disability and  
Autism Programme Board  
31st August 2021

Birmingham Local Transformation  
Board 15<sup>th</sup> September 2021

BSOL CCG Mental Health  
Programme Board  
15th September 2021

BSOL Parent/carers forum  
22nd September 2021

Birmingham Health and  
Wellbeing  
21 September 2021/ 30  
November 2021

# Reducing Stigma and Addressing Health Inequalities



Birmingham has seen an unprecedented rise in the demand for emotional wellbeing and mental health services and support which has been exacerbated by the pandemic. We recognised that some communities may be more hesitant to seek help than others and in some instances, these would be the same communities that were most affected by the pandemic, experiencing the highest numbers of deaths and financial and social impacts of Covid.

A 24/7 helpline was launched in Birmingham and Solihull in response to the pandemic and continues to operate. This was underpinned by an extensive communications campaign which sought to reach into those communities which may have been suffering the greatest health inequalities, by utilising locations and support networks including faith-based groups, shops, community radio stations and schools, and using a range of social media tools. An example of the campaign branding is shown above.

Partners and providers also increased access to digital/online support in response to social distancing requirements which limited face to face services, for example through commissioning online autism assessments and the Kooth emotional wellbeing service.

Forward Thinking Birmingham have experienced continued growth in activity through their innovative open access referral model. Forward Thinking Birmingham also responded at pace to develop digital resources to reach those who needed support during lockdown. The digital and face to face blended approach to care proved successful, with a reduction in those who did not attend/were not brought, and is now being further developed and embedded in care pathways.

The system has worked to ensure that the whole workforce is more knowledgeable, skilled and confident to support children, young people and parents and carers at the earliest point of need. Throughout the pandemic providers worked together to improve accessibility to meet workforce challenges. Our ambition for transformation in Birmingham includes equipping the workforce across the whole system of care with the competencies and skills to better identify emotional distress, and emerging mental health concerns, and to provide early interventions.

# Transparency and Accountability

NHS Birmingham and Solihull Clinical Commissioning Group (BSol CCG) is responsible for planning and commissioning health services for people living in Birmingham and Solihull. It operates as part of a large, complex system of health and care which also includes local authorities, NHS providers, the independent and voluntary sectors and primary care.

NHS Birmingham and Solihull CCG's aim is to develop, shape and improve the health and lives of people living in Birmingham and Solihull. This means:

- Delivering the best possible outcomes
- Tackling health inequalities
- Meeting the health and wellbeing needs of a diverse population
- Improving services – focusing on effectiveness, safety, quality and patient experience
- Working within a financially sustainable system in Birmingham and Solihull through integrated partnership, integrated provision and integrated improvement.

Birmingham has a single commissioned model of mental health care for 0 – 25 years olds, this is delivered by Forward Thinking Birmingham (FTB) which is part of Birmingham Women's and Children's NHS Foundation Trust. FTB is a collaborative partnership with a number of subcontracted voluntary and community sector partners, for example The Childrens Society and Open Door.

Mental health service providers flow data to the national Mental Health Services Dataset (MHSDS). This is a contractual requirement which ensures that information is available on the type and amount of care that they provide. Our providers also achieved the MHSDS Data Quality Maturity Index target in 20/21 - this is a measure which looks for 36 key data items within the MHSDS.

The CCG monitors the delivery of care and submission of data through contract and quality review processes and seeks assurance through improvement plans where required. Providers are also subject to statutory national regulators including the Care Quality Commission.

Publication of this Transformation Plan is one of the ways in which we demonstrate our transparency and accountability. The plan will be published on the following CCG and partner websites:

Birmingham and Solihull CCG  
<https://www.birminghamandsolihullccg.nhs.uk/our-work/local-transformation-plans>

Forward Thinking Birmingham

Birmingham Education Partnership  
(BEP)

Birmingham Local Offer Website

We will work to produce an accessible format for local children, young people and families/carers by December 2021.

# Engagement and Co-production

Some of the most pressing challenges we face in transforming mental health services for children and young people cannot be resolved without improving our understanding of the issues experienced by our local population and increasing opportunities for the generation of innovative and sustainable solutions. Effective engagement and participation in the commissioning of services is less about following a process and more about genuinely reaching out to involve people and communities who bring a wealth of energy, experience and wisdom to the table.

Every aspect of our commissioning system must be informed by listening to those who use and care about our services.

In Birmingham, we want to ensure that local resources are targeted effectively to best meet the needs of those within our city. Our Local Transformation Board recognises and respects the vital contribution that children and young people, and their families and carers, have to offer in the planning, delivery and evaluation of local transformation.

In Birmingham we want to deliver engagement and co-production outcomes with meaningful impact. We are committed not only to ensuring that the voices of children and young people are heard, but also that these remain consistently at the heart of everything we do. Our Local Transformation Board proactively supports opportunities for collaboration between professionals and children and young people, with the purposeful intention of shaping a partnership approach to service planning, commissioning, and delivery.

“If you truly do believe that young people are our future, then hopefully you will also agree that such a future involves their active engagement and participation to improve services that are... about them and for them” **Maniba, 23, Former Member of Think4Brum and Hub Squad**

# Example of good practice in engagement and co-production - Forward Thinking Birmingham participation and engagement

Forward Thinking Birmingham's (FTB) Participation and Engagement strategy sets out their commitment to working in partnership with children, young people, young adults, parents and carers to ensure they are actively involved in decisions about their own treatment and supervision, and can also influence service delivery, development, innovation and governance. The foundation of participation and engagement is ensuring children, young people, young adults and parents/carers experience person-centred care, and are actively involved in decisions made about their treatment, care, and supervision. Forward Thinking Birmingham wants them to understand and feel in control of the care and support they receive. Building on the 'Framework for Person Centred Care in CAMHS' which was co-developed with children and young people, FTB use a consistent set of principles implemented flexibly to reflect the differing needs of children, young people and young adults.

FTB embrace the need to listen to, learn from and respond to children, young people, young adults, and parents/carers to ensure their views and experiences underpin and inform change. FTB engage with those with and without experience of using their services, ensuring the voices of communities who are underrepresented in services are heard.

Effective engagement of children and young people is key to influencing real change, FTB use a range of approaches. One of these is 'Think4Brum', a group of young people aged 16-25 who act as a steering group for FTB, giving support, guidance, and direction from a children and young people's perspective. In addition to facilitating the opportunity for young people to directly influence the design and delivery of service, this group of young people were also consulted on the development of the Local Transformation Plan objectives for 2020/21. FTB are also committed to developing the skills, confidence and experience of young people to enhance their future careers, and via Think4Brum, young people can access training and development opportunities.

FTB also place considerable value on the views and expertise of parents and carers. To ensure they have an active voice, FTB work in partnership with parents and carers to identify improvement to the services offered. The 'Carers Voice Group' is FTB's proactive forum for parents and carers to share their views. The group is involvement in service development, the reviewing of resources, specific focus group initiatives and an ongoing input into improvement work across the service.

See this document for further information.



# Example of good practice in engagement and co-production - Mental Health Support Teams

## **Mental Health Support Team**

Mental Health Support Team (MHST) is a service designed to help meet the mental health needs of children and young people in education settings. The teams are made up of Children and Young People's Mental Health Practitioners and Education Mental Health Practitioners.

Mental Health Support Team provides early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.

Children and young people have been involved in the co-production of the Mental Health Support Team's via the use of focus groups in identified schools. Schools are worked with on an individual basis to ascertain what support is needed specifically for them. There have been several meetings where teams have worked with the senior leaders in the school to find where Mental Health Support Team best fits in their existing support networks. Children, young people and their parents/ carers are actively engaged in care-planning for the work delivered by the Mental Health Support Team. Clinicians and practitioners work with young people to take into account the views of young people as they work collaboratively on design of care and crisis plans.

# Example of good practice in engagement and co-production with Parent Carers

A Health SEND Parent Carer Forum (PCF) has been established to improve health services for Children and Young People with Special Educational Needs and Disabilities (SEND) in Birmingham and Solihull.

The forum is hosted by NHS Birmingham and Solihull Clinical Commissioning Group (CCG). It works with parents and carers of children and young people with SEND and co-opted members as required, to support open communication, co-operation and shared learning between families and professionals.

The shared responsibilities of the CCG and parent carers on the group are defined as:

1. To focus on improving outcomes for children and young people with SEND
2. To share knowledge and experiences in a reciprocal way in order to understand issues and blocks further
3. To devise solutions and take actions as agreed in a timely way
4. To engage in co-design and co-production

An example of good practice devised in conjunction with this Forum is the development of cross-border principles for providers working together, which are explained further on the next slide.

The link to Birmingham SEND Improvement Plans can be found here - [SEND - Birmingham and Solihull CCG](#)



Birmingham Send  
Revisit Report



Joint Statement  
Send Re-inspector

**Birmingham Parent/ Carer  
Forum website -**

[Birmingham Parent Carer  
Forum](#)

- **Bsol Co-  
production framework**



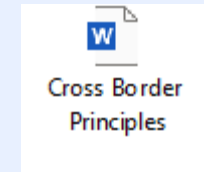
Co-production  
Framework

# Good Practice - Cross border Principles for Providers working together

Birmingham and Solihull Clinical Commissioning Group commissions health services to meet the needs of children and young people who are registered with GPs in Birmingham and Solihull. If the child is registered with a Solihull GP but goes to a school in Birmingham or vice versa, for example, then this can lead to differential access to provision of support and health care in schools. This can lead to challenges for children and young people and their families and impact directly on the care they can or cannot receive and it is often difficult and confusing for parents to navigate this complex system.

To help improve this situation, the Clinical Commissioning Group (CCG) has worked with providers and with parent carers on the Health SEND Patient Carer Forum to co-design cross border principles, which were agreed in November 2020.

## **BSOL Cross Border Principles**





# Example of good practice in engagement and co-production – key workers

A pilot project is currently being funded by NHS England and Improvement in Birmingham and Solihull for key workers. This will be a new support service for children and young people with a learning disability and/or autism and their families, delivered by Barnardos. It has been developed and co-produced with parent carers and other stakeholders, with planning events including: Barnardo's, Birmingham and Solihull CCG, Birmingham Parent Carers Forum, Solihull Parent Carer Voice, Experts by Experience Solihull Community Interest Company, Solihull Metropolitan Borough Council and Birmingham City Council. They have co-produced priorities and outcomes for the key worker pilot and shaped the evaluation framework and the contract quality reporting required from the service.

The role of the keyworker will:

- Support children and young people with learning disabilities and/or autism who are known to the Dynamic Support Register and/or other specialist services, at risk of crisis and or admission.
- Provide independent challenge to the system on behalf of families
- Enhance inter-service communication
- Support young people to reach their potential by navigating the system from their point of view, enhance inter-service communication, connect to education, health, care, youth justice and advocacy

The pilot launched in September 2021 and a regular newsletter is being produced. Further information about the key worker pilot can be found here on the CCG website: [Key worker pilot webpage](#)

What did children and young people feedback?

## Top 5 Do's:

- Include me in everything and communicate regularly
- Respect me and my family and trust and understanding will grow
- Be proactive and pragmatic to create solutions
- Listen and learn- understand what things I need to happen in order to be safe and well
- Support me to be me and achieve my potential

## Top 5 Don'ts:

- Don't exclude me or my family from a decision-making process about me
- Don't ask us to repeat my story to multiple team members this can be exhausting for us
- Don't see my learning disability or autism as what defines me
- Don't make assumptions – ask me if you need to know something
- Don't use overly clinical or medical language - I'm a person

# Example of good practice in engagement and coproduction - Prevention and Promotion Fund for Better Mental Health

Birmingham City Council was recently awarded money from the Prevention and Promotion Fund for Better Mental Health 2021 and worked in collaboration with its health colleagues and other stakeholders in order to identify and fund key priority areas. Guiding principles included partnership and system working and a life course approach.

A number of the initiatives being put in place with this funding will support children and young people, including:

- strengthening the current bereavement service to offer outreach work in schools in the most deprived parts of the city
- LGBT+ mental health awareness training
- Training and support for 10 mental health peer support workers
- Expansion of Birmingham Education Partnership's New Start Programme, which supports schools in developing a whole school approach to mental health support

## **Prevention and Promotion Fund for Better Mental Health**



Better Mental  
Health Funding

# **Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22**

## **Birmingham NEEDS ASSESSMENT SUMMARY**

NHS England and NHS Improvement



# Needs Assessment

Partners in the Birmingham and Solihull Sustainability and Transformation Partnership/ emerging Integrated Care System are committed to designing and delivering needs-led support, with a particular focus on addressing health inequalities. There is more information on the ICS Health Inequalities Programme later in this Plan. Our commitments are across all ages and care pathways. We know that we cannot look at the mental health needs of our population in isolation because physical and mental health needs often go hand in hand and there are many factors which lead to health inequalities.

## **Birmingham and Solihull partners have committed to:**

- Improve access to mental health services for Black, Asian, and Minority Ethnic (BAME) communities, migrant communities, and young people by addressing barriers of language and cultural barriers, developing inclusive provision and ensuring appropriate and accessible access routes into services.
- Redesign the support for all-ages - we have two key programmes of redesign and transformation work which are: services for 0-25 year olds and adult community mental health services.
- Removing barriers to accessing health care for people from communities that may find them difficult to access, for example Gypsy, Roma, Travellers, homeless people, migrant communities including migrant pregnant women.
- Primary Care Networks (PCN) will address health inequalities at the local level and will improve access to GPs and a range of services, registration and appointments, screening, and primary care services for those groups at risk of exclusion through prevention and raising awareness of the needs and issues experienced by these groups through training, review, and promoting best practice.
- Review and roll out of the Safe Surgeries Toolkit across GP practices to support inclusive registration for migrant communities
- Improve uptake of physical health checks for patients with serious mental illness, and patients with learning disabilities.
- Ensure culturally inclusive end of life care that supports family and carers wishes.
- Improve diagnosis and access to dementia care, particularly for BAME communities where diagnosis rates are low.
- Deliver social prescribing support and prevention to promote wellbeing connecting people to community support and statutory services
- Deliver extended access provision to GP services including at evenings and weekends ensuring access for protected characteristic groups
- Addressing barriers which people with disabilities continue to experience barriers in accessing the reasonable adjustments they need to access care and support.
- Improving support for children and young people with special educational needs and disabilities.

# Needs Assessment

**Providers have worked together across the system and organisational boundaries to tackle the impact of the pandemic on those most vulnerable children, young people and families by putting in place the following measures:**

- Ensuring young people had access to some form of digital communication to support appointments but also ensure face to face was available for those who required this (provided mobiles / supported access to local authority funds)
- Worked in partnership with schools and safeguarding to identify and increase support to those most vulnerable
- Communications to ensure our population knew we were open and offering services
- Ensured all services continued to run even if with an alternative offer
- 24/7 mental health helpline initiated – free phonenumber to increase accessibility options
- Established bereavement support single point of access
- Review of needs and safety of those waiting for services as well as in active treatment
- Local inclusion IDEAS group / forum

The Birmingham Children and Young People Joint Strategic Needs Assessment can be accessed [here](#)

Details of all Birmingham Joint Strategic Needs Assessments relating to children and young people can be found here: [BCC CYP JSNA themes webpage](#)



Birmingham  
Children and Young People

# Needs Assessment

## **Birmingham and Solihull CCG Equality Objectives and Health Inequalities Strategy 2020 – 2022**

The Equality Objectives and Health Inequalities Strategy 2020 – 2022 has been refreshed in line with the NHS Long Term Plan, CCG Five Year Plan, and Birmingham and Solihull Sustainability and Transformation Partnership Strategy. Our ambition to deliver health services that meet the needs of our local diverse communities and populations and reduce avoidable health inequalities remains at the core of our values and equality objectives. The Strategy sets out how we will work to improve access to health services, improve health outcomes and the experiences of patients, communities, and the workforce, ensuring the needs of protected and vulnerable groups are identified, considered, and appropriately met.

The Strategy includes the following high level equality objectives, which the CCG is committed to:

1. We will commission health services that are informed by local needs and people, improve access, and reduce health inequalities.
2. We will work with our local partners to improve health outcomes and in doing so, will support the voices of vulnerable and disadvantaged groups and communities to be heard.
3. We will develop our workforce across all levels of the organisation, where staff are engaged and supported, and leaders and managers foster a culture of inclusion, wellbeing, and diversity.

# Integrated Care System Inequalities Programme

Birmingham and Solihull Integrated Care System (ICS) have created a dedicated Health Inequalities Programme with a specific purpose on addressing inequalities and the impact it has on health and life chances. Tackling health inequalities has been put at the centre of the ICS work to ensure that residents of Birmingham and Solihull are able to “live healthy and live happy”.

## ICS Inequalities Guiding Principles:

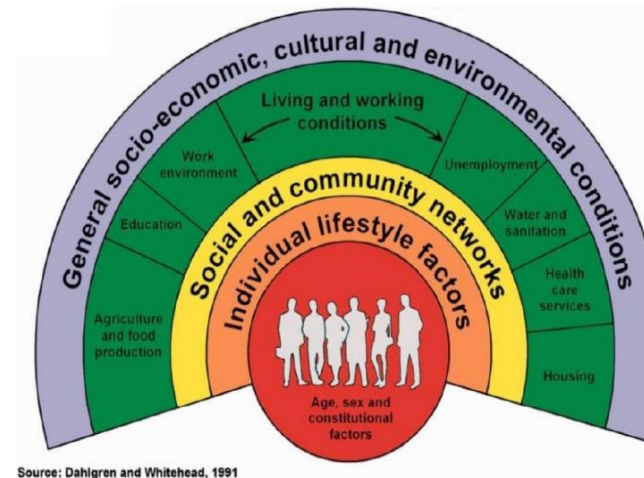
- Reducing health inequalities and workforce inequalities is mainstream activity that is core to, and not peripheral to, the work of health and social care.
- Interventions to address inequalities must be evidence-based with meaningful prospects for measurable success.

## Programme Approach:

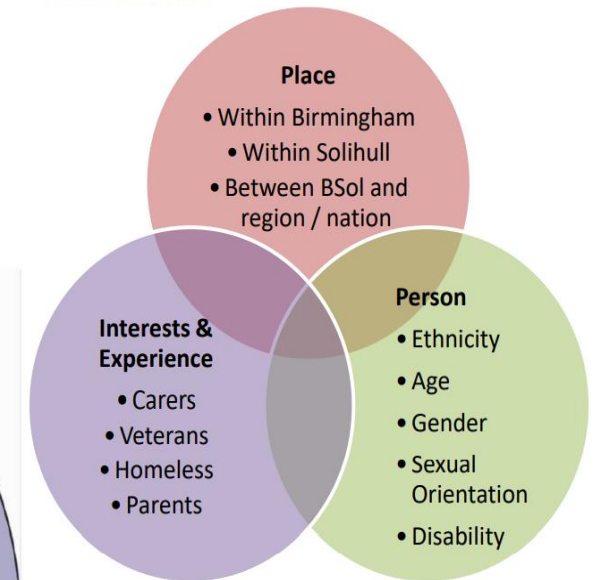
- Tackling inequalities is a task for all of the partners in our ICS.
- Part of our approach to “place” – system / place / locality / neighbourhood.
- Part of our “life course” approach – born well, grow well, live well and age well.
- Two stages: acting now on some early priorities whilst taking time to build a robust longer-term strategy.

## Our Understanding of Inequalities . . .

- Inequalities are deep-seated, complex and driven by a range of factors.
  - Deprivation
  - Housing
  - Education
  - Employment
  - Community
  - Environment
- Three, connected dimensions of inequality affect people in Birmingham and Solihull.



Source: Dahlgren and Whitehead, 1991



# Needs Assessment - Overview

- Birmingham has a population of c.1.3 million and is characterised by its high levels of ethnic diversity with a Black and Minority Ethnic population of 42% and a high level of migration into the City.
- Six in ten of the population living in the 20% most deprived neighbourhoods in England. The combined Black, Asian and ethnic minority population for BSOL is 37%.
- The Clinical Commissioning Group carried out work to understand the Mental Health inequalities that exist within Birmingham and Solihull. It looked at inequalities based on geographical locations, deprivation and ethnicity. This work highlighted the multi-factorial nature of health inequalities and how variation of access to care occurs in different population groups. [Mapping of Birmingham and Solihull Health Inequalities](#)
- The intelligence gathered from this data is being used in service design, planning and workforce developments. Engagement and targeted work has been undertaken in areas of low service uptake to help us better understand how to address the inequalities.
- There are delays and challenges for people experiencing mental health to receive the mental health care they need, particularly young people and people from BAME communities.
- There are barriers to accessing health care for people from certain backgrounds and communities including Gypsy, Roma, Travellers, homeless people, migrant communities including migrant pregnant women.
- People with disabilities continue to experience barriers to accessing the reasonable adjustments they need to access care.



# Needs Assessment – Overview for Children and Young People

- Birmingham is the largest local authority in Europe and the UK's second city, home to an estimated current population of 1,137,123. The city has a younger population, a more diverse background and higher than average levels of deprivation compared to the rest of England.
- There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city.
- Birmingham is the 6<sup>th</sup> most deprived local authority in England.
- The 2019 school census recorded 42.1% of pupils as disadvantaged, 28.3% as eligible for free school meals and 41.9% with English as an additional language.
- Birmingham has a larger proportion of the population aged under 18 years.
- There are currently (as of 19/07/21) 1,981 children in care. There is a higher rate of children in care than England average.
- Birmingham has the largest proportion of children aged 0-5 years of any local authority in England
- The population of children and young people in Birmingham are more ethnically diverse than the older population of the city.
- A larger proportion of children in education in Birmingham have special educational needs than the England average.
- A larger proportion of children in education in Birmingham have special educational needs than the England average, and there is also a higher rate of children in care

[Understanding the needs of children and young people in Birmingham 2018 | Birmingham City Council](#) – for further information

# Needs Assessment – Children and Young People's Mental Health

## Children and Young People - Any Mental Disorder Prevalent Population Accessing Mental Health services

Birmingham and Solihull completed analysis of access rates into mental health services for patients aged 0-18 which demonstrated wide variations in access rates.

### Prevalence Rates:

Birmingham=12.2%

Solihull=12.23%

Using the prevalence rate of 12.2 – 12.23% we can estimate the number of children and young people likely to need mental health support in a twelve-month period. The national target is that 35% of young people that develop mental health problems should access support. Our analysis shows that constituencies of Solihull and Meriden surpass this threshold with 38% of prevalent young people accessing services.

For Birmingham constituencies there are wide variations in access rates, from 14.8% in Ladywood to 34% in Northfield. This indicates in-equity of support for mental health conditions dependent on geography of residence. Those prevalent with Any Mental Disorder and least likely to receive support are in the central parts of the geography – Ladywood, Hodge Hill, Hall Green, all with access rates below 20%. These are areas that also have higher rates of deprivation and higher BAME populations. Areas to the north and south of the geography – Northfield, Selly Oak, Sutton Coldfield have better access rates – all above 30%, but still below the national target of 35%.



Mapping of the BSol Children and Young People Prevalent Population Accessing Mental Health services:

CYP Prevalent  
Population Accessing Mental Health Services

# Needs Assessment – Ethnicity data

## Ethnicity data

Through data quality assurance, we noted discrepancies in the non-recording of ethnicity data with Forward Thinking Birmingham (FTB) and Partners. For referrals received between July 2020 and June 2021, FTB and their partners has 31.2% of CYP that did not have ethnicity recorded. This equates to 9,676 referrals.

## Mitigation Plans:

- Data Quality Improvement Plan in place and actions identified to improve data capture and recording.
- Regular meetings with provider to monitor progress

## Ethnicity data – non recorded

|                | FY 2021    |            |            | FY 2022    | Grand Total |
|----------------|------------|------------|------------|------------|-------------|
|                | FY 2021 Q2 | FY 2021 Q3 | FY 2021 Q4 | FY 2022 Q1 |             |
| % Not Recorded | 40.2%      | 35.7%      | 24.9%      | 26.3%      | 31.2%       |
| Denominator    | 2,515      | 2,943      | 2,010      | 2,208      | 9,676       |
| Numerator      | 6,262      | 8,243      | 8,066      | 8,403      | 30,974      |

# Needs Assessment - Homelessness

There are youth homelessness pathways commissioned by both Birmingham and Solihull Local Authorities. Commissioned services are provided by a number of specialist providers who provide accommodation and support for young people aged 16-25 who are homeless or at risk. The Pathway models focus on prevention as a priority. Research suggests there are around 86,000 young people experiencing homelessness in the UK and around 8,500 in the West Midlands [source: Centrepoin].

St Basils works with young people aged 16-25 who are homeless or at risk of homelessness, helping some 4,500 young people per year across the West Midlands region with specific services in Birmingham, Solihull, Coventry, Worcestershire, Warwickshire and Sandwell. Every year around 1200+ young people are housed in our 40+ supported accommodation schemes, which for some young people includes their young children as well. St Basils offer a range of prevention, accommodation, support, employability and engagement services to help young people regain the stability they need to rebuild their lives, gain skills, confidence and employment and move on. Their aim is to help young people to successfully break the 'cycle of homelessness' so that they can go on to experience a bright, fulfilling future and never return to a state where they are at risk of homelessness again.

## **St Basils Statistics for April 2020 - March 2021**

### **Outcomes**

3860 young people were assisted with advice and support

1,028 young people were housed by St Basils

90% moved on in a planned positive way

### **Referrals**

Gender - 57% of referrals to our services were young men; 52% young women; 1% Transgender

Ethnicity- 56% referrals were Black or Minority Ethnic (BME) young people

Age- 13% of referrals were aged 16-17 years; 54% were aged 18-21 years; 34% were aged 22-25

Employment status- 51% of referrals aged 16-17 were Not in Education, Employment or Training; 67% of 18-21s were unemployed; 68% of 22-25s were unemployed.

49% of young people cited family conflict as a contributory factor leading to homelessness while 69% have multiple support needs, including Domestic Violence, complex trauma, Autism Spectrum Disorder, sexual exploitation, self-harm, suicidal ideation; drugs and alcohol, criminal convictions.

# Needs Assessment - Homelessness

## **St Basils Psychologically Informed Environment (PIE)**

Designed to meet the emotional and psychological needs of service users in order to empower them to make positive changes in their lives. St Basils became one of the first Psychologically Informed Environments or 'PIEs' in 2011, in recognition that homeless young people were increasingly struggling with mental health problems, had experience of trauma and abuse and presented with challenging behaviours. St Basils have invested in a long-term secondment of a Consultant Clinical Psychologist from Forward Thinking Birmingham (FTB) to be their PIE Lead.

Evidence is building to support the learning that this approach enables staff to help young people build confidence and resilience so they are better equipped to tackle the challenges they face in order to achieve long-lasting and positive change. In partnership with the University of Birmingham, evaluation of the St Basils PIE model is in progress, investigating the strengths of the model, the economic impact, as well as constant learning to inform continuous development.

## **St Basils Transitions Hub**

In March 2021, St Basils were awarded the Vulnerable Adults contract to deliver the Transition Hub as part of the Birmingham Preparation for Adulthood (PFA) teams. Forward Thinking Birmingham were part of the partnership, alongside Aquarius Substance Misuse services, and shared funding of a full-time Occupational Therapist and Clinical Psychologist to work directly alongside St Basils' progression coaches and Transition Co-ordinators. This project is commissioned to support young people with extremely complex needs who typically are excluded from mainstream mental health services and supported accommodation due to challenging behaviour, disengagement and serious drug use. The service is currently accepting referrals and is designed to accommodate twelve young people for approximately six months and offer an outreach service for twelve others. This service is design to be a proof of concept project and will provide on-going learning to organisations involved in youth homelessness and mental health.

## **Response to Covid 19**

Since the first Covid Lockdown, St Basils has continued to provide support to young people who found themselves homeless and needed to access the Youth Homelessness and Wellbeing Hubs in Birmingham and Solihull. Staff have provided both face to face and remote/virtual support depending on the needs/situation of the young person. St Basils' Rough Sleeper Team were involved in the "Everyone In" scheme to ensure that young people rough sleeping were able to secure emergency accommodation and had food and other necessities.

# Needs Assessment - Children in Care

## **Children In Care / Looked after Children**

BSol CCG commission Birmingham Community Healthcare (BCHC) children in care service and University Hospital Birmingham (UHB) Looked After Children Team. The services aim to address the unmet health needs of Children in Care across Birmingham and Solihull. The central role of the service is to undertake a rolling programme of annual health assessments for Children & Young People in care and produce an individual health plan to meet their healthcare needs.

In 2019/2020 BCHC successfully appointed 19.7 WTE nurses to support with the increased demand on the Children in Care (CiC) service to support with service delivery, risk associated and ensuring that all children and young people under the age of 18 years receive a statutory health assessment that fulfils the requirements and timescales identified.

Both the Solihull and Birmingham teams have continued to provide a service for children in care throughout the pandemic either by face to face appointments or virtual. 80-90% of Birmingham and Solihull children have received a health assessment for 20/21. There was a noted delay with some health assessments being completed due to the redeployment of staff and sickness within the teams, which has been a challenge and longer wait times for children placed into area as no foresight to the level of demand.

Solihull and Birmingham identified the significant increase and demand of Unaccompanied Asylum Seeking Children and meeting their health needs. The number of new arrivals has escalated sharply this year, particularly by boat and irregular routes during lockdown. We anticipate the impact on Solihull systems to be less than those experienced in Birmingham in line with population size and associated placements.

Partners across the system are reviewing the current emotional wellbeing and mental health care that is in place for children in care and care leavers. Work is being undertaken to ensure that the new 0 – 25 model of care and Birmingham Children's Trust Therapeutic Education Support Team (TESS) provides a cohesive offer of care. Forward Thinking Birmingham and TESS provide training for Local Authority foster carers, including connected carers.

Birmingham and Solihull are also piloting how personal health budgets can improve the emotional wellbeing and mental health of children in care, care experienced young people and children on the edge of care who have previously been in care. We will be evaluating the impact of this to inform future CCG planning.

Adopted children access to support from the Department for Education adoption support fund commissioned by Local Authorities via a sub-regional framework for psychological support; this is managed via Adoption Central England, our sub-regional adoption agency.

# Needs Assessment – Early Childhood

About 10% of mothers suffer from mental health problems in the first years after giving birth and about one in ten children have a mental health problem. The impact of a difficult start in life can be very harmful to children's chances in life.

## **Perinatal Mental Health Support**

Perinatal mental health has been identified as a key priority in Birmingham and Solihull. The maternity and newborn workstream governance is through Birmingham and Solihull United Maternity Project (BUMP). There are close working relationships between statutory and voluntary sector partners.

Key objectives of the Specialist Perinatal Mental Health service for Birmingham and Solihull (provided by Birmingham and Solihull Mental Health Foundation Trust), include:

- Increase Access to services (2021/22 Target of 8.6% of the population birth rate)
- Ensure that mechanisms are in place to enable women with lived experience to be actively involved in the development of local perinatal mental health services (including a focus on Infant Mental Health)
- Ensure that community PMH services understand their particular access challenges for different groups (such as BAME and younger parents) and are working to ensure that all groups have equal and timely access.

The Perinatal Mental Health Service has conducted analysis to explore the socio-demographic characteristics of potential service recipients and to determine where differences lie in the utilisation of services amongst these subgroups. Using the analysis conducted the service aims to enable provision of proactive outreach within BAME communities to improve access for these communities; for example, through the recruitment of Peer Support Workers from third sector agencies with established links with local BAME communities.

## **Infant Mental Health/Parenting Support:**

- Forward Thinking Birmingham (FTB) under 5s pathway, including parent-infant interventions
- Birmingham Forward Steps (BFS) – including, for example: parenting advice, including parenting courses, Maternal mental health, 1:1 family support, including support provided by Home-Start volunteers, Attachment and emotional development
- Birmingham Children's Partnership Early Help Offer - extended mobilisation at pace during the pandemic, including support for families.

# Needs Assessment – Pre-school children and Needs Assessment – LGBTQ+

## Pre School

- Birmingham's parenting offer is universal underpinned by principles of primary prevention and enabling peer support between parents and carers in our communities. There is also a targeted offer to support parents with particular needs or at a particular stage in the life course.
- FTB provides specialist 0-5 IAPT interventions with the addition of CYP IAPT qualified practitioners and with input from child and adolescent psychotherapy. Practitioners will support and link with STICKservice offer (Screening Training Intervention Consultation Knowledge)
- The 0-5-year team formulate and offer specialist psychological intervention for a whole range of referrals for children aged under five years old, including challenging behaviour difficulties, chronic regulatory problems (feeding, sleeping, soiling), developmental trauma, and attachment difficulties, as well as neuro-developmental difficulties.
- The development of the pathway has led to the delivery of Infant mental health support in a specific defined pathway and been the interface between Parent Infant Mental Health and Perinatal Mental Health across the four community hubs. This work interfaces within FTB, in particular links with Looked After Children and ED pathways and pathway links in relation to primary and tertiary care and with the VCS to provide continuity in relation to the patient's journey.
- FTB provides clinical supervision for the partnership with Acacia's YPP: Young Parents Project for under 25's across Birmingham. There are established links with Community Paediatricians and Teams around the child/Early Help plans/Child in Need and Child Protection meetings in terms of supporting FTB families in their patient journey. FTB also jointly lead the Parental emotional well-being practice and training monthly network in partnership with Birmingham Forward Steps.

## LGBTQ+

- Kooth the online counselling and support service include LGBTQ+ in their forum discussions and monitoring information shows that LGBTQ+ (Sex & Relationships) is regularly reported as the area of most viewed articles.
- Birmingham has a dedicated centre called Birmingham LGBT (BLGBT) which is a local charity providing support, information and advice to the local lesbian, gay, bisexual and trans community, and those who identify under a variety of other sexual orientations and genders.
- This includes some specific provision for LGBT+ young people such as Sexual health services, Wellbeing support service, Counselling and psychotherapy.

[Birmingham LGBT](#)



# Needs Assessment – Learning Disabilities and Autism

Learning Disability and Autism Partnerships in the Midlands region were asked by NHS England and Improvement to submit a bid to fund their 3 year Learning Disabilities and Autism road map plan, to build on foundations already set within the learning disabilities and autism programme to ensure that people with a learning disability and/or autism have timely access to appropriate care and support to enable them to thrive and to continue to reduce health inequalities.

The objectives of the 3 year Birmingham and Solihull plan are:

- To reduce the number of admissions into inpatient provision through wider adoption and utilisation of the dynamic support register (DSR), learning disabilities mortality review (C(E)TR) process and increase capacity and capability of provision within the community.
- To reduce the length of stay for inpatient admissions through the implementation of the discharge hub, discharge protocol and increase risk appetite of inpatient providers.
- To reduce the breakdown of care and support packages within the community through the re-establishment of provider forums, a tailored package of training to increase knowledge and skills of community care and support providers.
- To establish a pre and post diagnostic autism support offer to enable our population to access a clear offer of support at points in their care and support journey to increase their well being and increase their life outcomes.
- To increase the positive experience of care and support of our population through this increased offer.
- To support the reduction in health inequalities that our population face through this increased offer.

Crisis Management and Admission Avoidance - 0-25 offer:

- To establish parity in ways of working across Birmingham (FTB) and Solihull (Solar / BSMHFT) by adopting the model used by DICE, bolstering this model and implementing it across the two services. This would initially constitute expansion of current resources within FTB and establishing the same model with adjusted additional resources within Solar.

# Needs Assessment – Learning Disabilities and Autism

A summary of some of the other key developments and work-streams that sit outside the proposals in this plan are outlined below:


- Mobilisation of the CYP Key worker Pilot
- Mobilisation of the Digital Flag for Reasonable Adjustments
- Delivery of the LeDeR Strategic 3 year plan
- Small Supports
- Continued delivery of transformation projects established in 20/21 including circles of support and additional funding provided to Solar and Forward Thinking Birmingham.
- Annual Health Check delivery - action group in place with targeted support to primary care to increase quality and consistency of reviews, uptake and development of registers
- Community care and support provider development as well as collaborative approaches with our inpatient providers
- Themed quality reviews without main NHS providers to support future commissioning intention

The plan was co-produced with partners as detailed below:

- Membership from all system partners (including our provider collaboratives) involved in weekly calls to develop and review the plan
- Consulted with our Autism and ADHD Partnership Board.
- Held a confirm and challenge session which had members from our Solihull Experts by Experience group along with representation from the Association of Directors for Adult Social Care (ADASS) and the local government association.
- All partners have been asked to consult with any service users group they have within their organisations.
- Feedback sought from a number of our independent experts who chair our Care and Education Treatment Reviews (C(E)TRs).
- We will continue to work collaboratively with people who have lived experience and system partners

# Needs Assessment – Impact of Covid

The Covid-19 pandemic has been an unprecedented challenge for our services and communities. A range of steps have been taken to seek to meet peoples' mental health needs during the crisis. However, national and local evidence suggests that there will be a longer term effect on population mental health as a result of the economic and social impact of the pandemic. The Pandemic has brought into focus the inequalities that exists in society. It is clear that the virus's burden has been felt most deeply by members of BAME communities and those living in poverty.

| Mental Health Impact of COVID-19 Across Life Course |  |   |   |   |  |
|---|--|---|---|---|--|
|   |   |   |   |   |  |
|   | Pre-Term   | 0-5 Years   | School Years  | Working Age Adults  | Old Age  |
| Key issues to consider                              | <ul style="list-style-type: none"> <li>• Anxiety about impact of COVID on baby</li> <li>• Financial worries</li> <li>• Anxiety about delivery and access to care</li> <li>• Isolation</li> </ul>   | <ul style="list-style-type: none"> <li>• Coping with significant changes to routine</li> <li>• Isolation from friends</li> <li>• Impact of parental stress and coping on child</li> </ul> | <ul style="list-style-type: none"> <li>• School progress and exams</li> <li>• Boredom</li> <li>• Anxiety or depression or other MH problems</li> <li>• Isolation from friends</li> <li>• Impact of parental stress</li> </ul> | <ul style="list-style-type: none"> <li>• Balancing work and home</li> <li>• Being out of work</li> <li>• Carer Stress</li> <li>• Anxiety about measures and family or dependents or children</li> <li>• Financial Worry</li> <li>• Isolation</li> </ul> | <ul style="list-style-type: none"> <li>• Isolation and disruption of routine</li> <li>• Anxiety from dependent on services</li> <li>• Financial worry</li> <li>• Fear about impact of COVID if infected</li> </ul> |
| Staff/ Vols   | Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping  |   |   |   |  |
| Loss  | Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc  |   |   |   |  |
| Specific Issues                                     | Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues. People reliant on foodbanks or on low incomes or self employed may have additional stress. |   |   |   |  |

# Needs Assessment – Impacts of Covid and Local Response

The Covid-19 pandemic has represented a significant challenge to our communities, public services, the voluntary sector and private enterprise. Birmingham and Solihull partners responded to the challenge by working both collaboratively and at pace putting in place a number of measures to adapt services in light of restrictions on movement and face to face contact. The system has sought to put in place provision to meet need created as a direct impact of Covid-19.

Locally we have seen:

- Increase in acuity, 3 x higher use of Psychiatric Intensive Care
- Increase in complexity of IAPT clients, increased use of High Intensity Therapists
- Increase in self-harm and eating disorders amongst young people
- Increase in young people presenting with mental health need associated with family tensions and violence
- WMP reporting unprecedented levels of domestic violence and child abuse
- Inequalities in access occurred more from those young people isolated from other agencies and primary care staff who may have identified the difficulties early on and typically would have been referred into services.

Measures to support people in response to the impact of the pandemic have included:

- The launch of a 24/7 mental health crisis and support line and targeted work has taken place to raise awareness of this.
- The opening of a Bereavement Support Service across Birmingham and Solihull. The Service is run by Cruse Birmingham in partnership with Solihull Bereavement Service, Marie Curie, Beyond the Horizon and Edward's Trust who responds to the burden of bereavement as a result of Covid-19 but offers support to people of any age experiencing the loss of a loved one – including those bereaved by suicide.
- Greater use of technology to deliver care and support across all providers.
- The launch of further work to understand the future demand for mental health support given the likely impact of the pandemic on the economy and on particular communities.
- Easy access CYP mental health support was facilitated through the rapid commissioning of the online digital platform Kooth to support children and young people aged 11-25. Kooth offers peer to peer support through moderated discussion forums, self-care tools and resources and online mental health counselling and chat services. The platform has seen an increase in demand with 48% of those who have accessed the service identifying themselves as Black, Asian and ethnic minority.
- System resilience calls were held to identify and address issues arising due to Covid and identify where providers could support one another across the system, for example in order to support areas which were short staffed due to Covid.
- Enhanced risk assessment approach during the pandemic to ensure additional risks were captured, additional support offered, and risks were managed.

# Needs Assessment – Ethnic Disparities in Impact of Covid and Local Response

## **Birmingham Covid Ethnicity Report:**

Analysis was carried out to assess the impact Covid had to children and young people and their families. The findings revealed small ethnic disparities including:

- A dip in uptake for the mandatory health visitor check (6-8 weeks) for the BAME group in particular
- BAME accounted for 74% of recurrent (3+) missing episodes during the pandemic months, three times the volume of recurrent episodes seen for the White group over the same period (24%).

It was felt that a more in-depth review of data by ethnic categorisation would be required in future to be able to draw conclusions although providers were able to put in place quick responses to address concerns such as:

- Reviewing of data at district level in relation to 6–8-week health visitor check and 2 year review to determine whether larger discrepancies occur in certain localities
- Operational managers completing action plan around locality findings

Copy of the Understanding the Impact of Covid Findings -



Birmingham  
Covid Ethnicity Repc

# Needs Assessment - Access and Diverse Communities Key Actions

- Close monitoring of access and rates not attending or being brought to appointments, including for digital offers - broken down by ethnicity
- During the pandemic in Birmingham Did Not Attend (DNA) / Was Not Brought (WNB) rates went down from around 8% to around 4%, - but this was higher for Black, Asian and minority ethnic children and young people.
- Data has shown higher Did Not Attend (DNA) / Was Not Brought (WNB) rates for Black, Asian and minority ethnic children and young people who are offered virtual appointments – clinical offer being reviewed based on ethnicity and deprivation indices.
- All staff had Covid risk assessments being sensitive and mindful of associated increased risks for Black, Asian and minority ethnic groups.
- The Mental Health in Schools Teams (MHST) are currently working in schools within the South Birmingham locality that has an area of higher deprivation and lower life expectancy as well as a high referral rate into CAMHS FTB services. This targeted population was chosen following evidence retrieved from data around referral submissions into FTB services. We have been successful in securing additional resources for Wave 6 MHST implementation during 2021/22. We are currently developing a needs-based delivery model.

# **Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22**

## **Birmingham SYSTEM MODEL AND PATHWAYS**

NHS England and NHS Improvement



# System Model for 0-25 Mental Health Care

A memorandum of understanding between Birmingham and Solihull Mental Health Foundation Trust and Birmingham Women's and Children's NHS Foundation Trust is in place that supports a shared ambition of establishing a 0-25 support offer across Birmingham and Solihull, but delivered with place in mind.

Provider contract end dates have been aligned to support smooth transition to new arrangements by 2022. Commissioners have set the strategic context, direction and outcomes for the model whilst the clinical pathway and workforce model will be developed by providers in partnership with stakeholders and service users. The model will build on the success and innovation of both Birmingham and Solihull services for children and young people.

Initial modelling below gives an indication of the number of young people who would be accessing mental health services if a 35% target is applied to the 18-25 year old cohort.

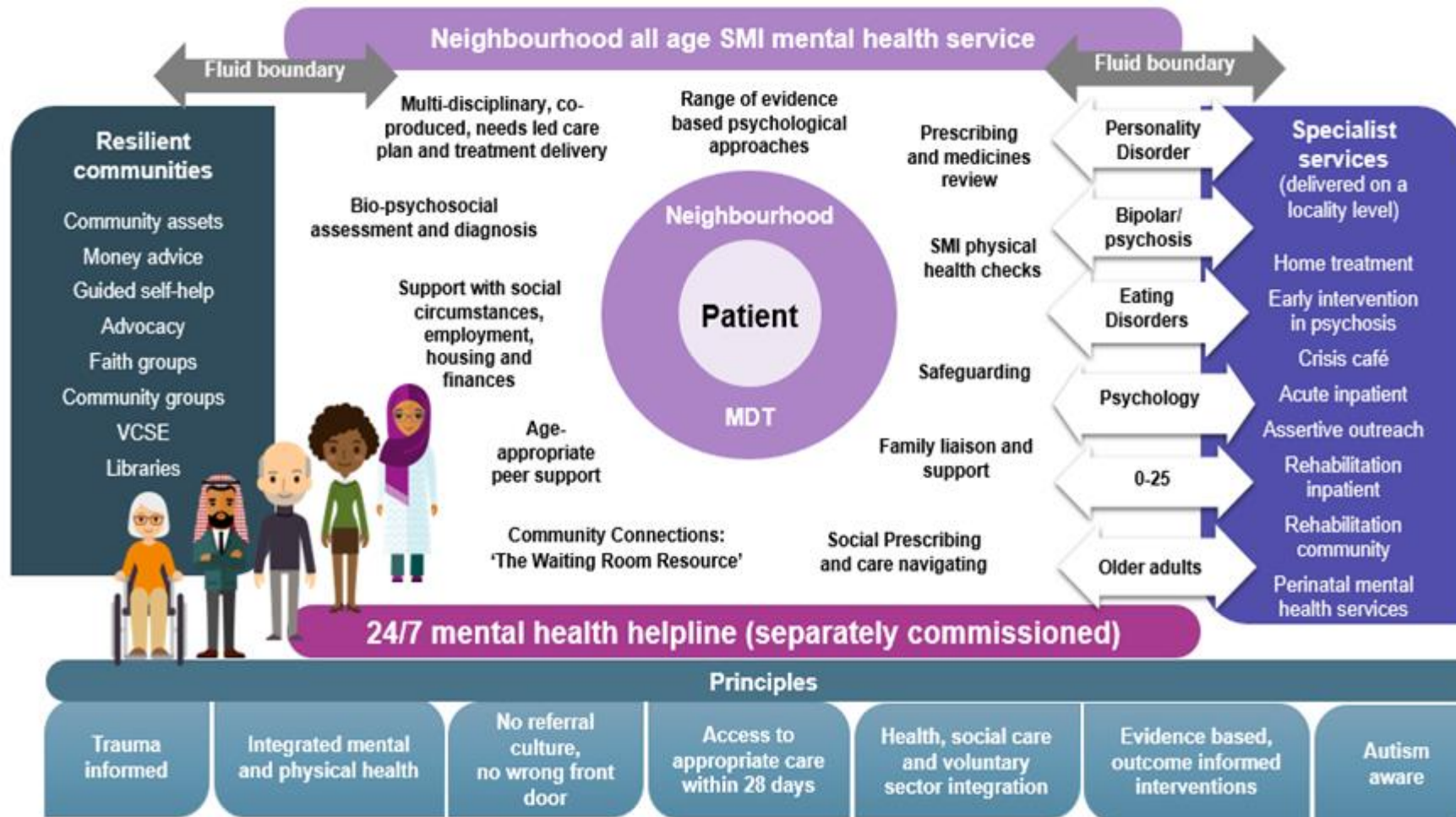
Birmingham and Solihull Mental Health Foundation Trust are the lead partner of Solar, they also provide adult mental health services for Solihull. Our aim is to move to a model where transition is based on need and not age, with young people being supported by the right service for them in a blended model with support from the core service be that Solar or adult mental health

| Criteria  | Birmingham | Solihull | Birmingham and Solihull |
|---|------------|----------|-------------------------|
| 18 – 25 population separated by Bham and Solihull | 124,670    | 19,749   | 144,419                 |
| What's MH prevalence rate for adults              | 18.9%      | 18.9%    | 18.9%                   |
| By 18 – 25 population by prevalence rate          | 23,563     | 3,733    | 27,295                  |
|   | 8,247      | 1,306    | 9,553                   |
| 35% of that number                                |            |          |                         |



# Adult Community Mental Health Transformation

Below is a diagram of Birmingham and Solihull community Mental Health Services Model of Care from age 18 years onwards



# System Model in Birmingham

Birmingham has an established 0–25 children, young people and young adults' mental health service model. This model based on IThrive was considered to be ground-breaking and innovative and was crucially co-created in partnership with Experts by Experience, parent/carers, mental health service providers and other stakeholders.

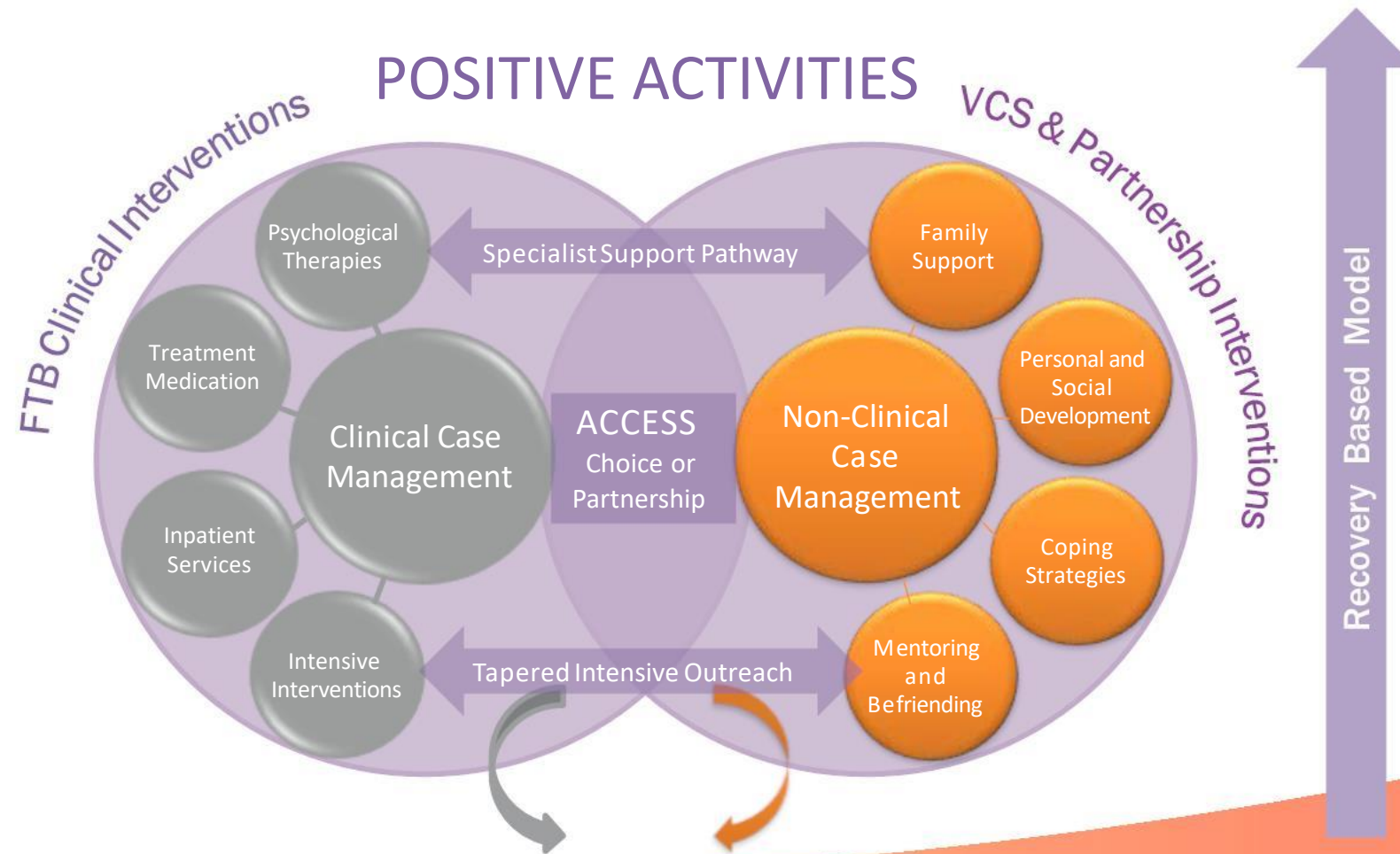
The Future In Mind (FIM) recommendations were incorporated into 0 to 25 years old, and the model has now evolved to include the Long Term Plan ambitions and the Community Transformation model. This approach enables sustained investment in the core areas of increasing access, eating disorders, early intervention in psychosis and Improving Access to Psychological Therapies (IAPT), Learning Disability and Autism and vulnerable children and young people. The model will continue to evolve as we move into a Birmingham and Solihull Integrated Care Organisation (ICO) provider collaborative model during 2022.

BSOL has also worked with system providers to undertake Mental Health Surge modelling to inform the impact Covid has had and is expected to have in the coming years.

The BSOL system has demonstrated its commitment to a comprehensive 0-25 support offer by 2023/24 this is evidenced in the Birmingham and Solihull system plans and also as BSOL moves into the ICO. The ICO Executive team is made up of Executives from across the systems.

Details of the Forward Thinking Birmingham pathways are set out on the following slides.

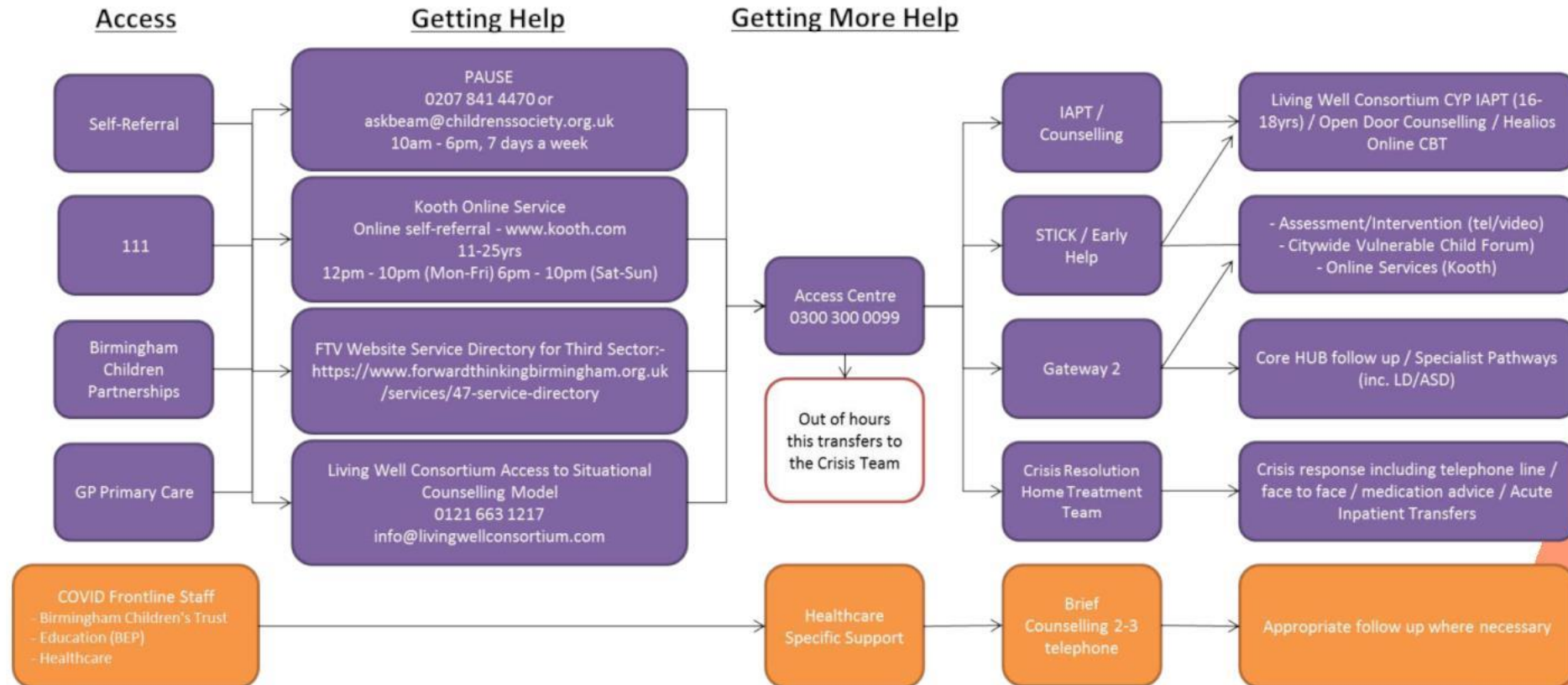
# CYP Partnership MH Delivery Model



# Birmingham

## CYP- 0-25

### Mental Health Services Pathway



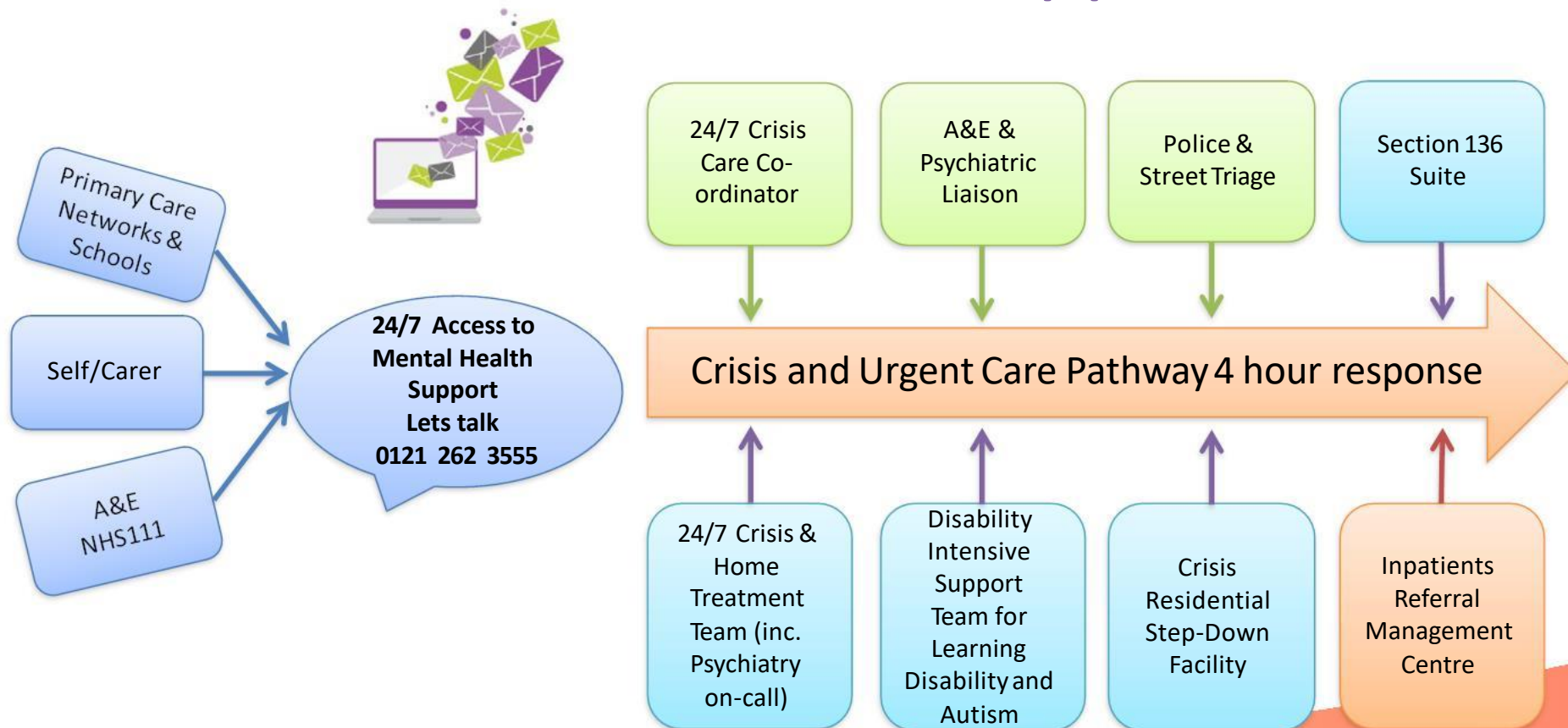
# 24/7 Access CYP Mental Health Support

- 24/7 Access for Children and Young People access to mental health support 24 hours a day
- Birmingham Mind, BSMHFT, FTB, NHS111 and a consortium of Third Sector Providers
- Listening, signposting, speedy access to talking therapies, crisis support, access to clinical assessment
- VCS providing tailored support to BAME groups
- PDSA approach to on-going development and improvement
  - Access from ED settings
  - Interface with Primary Care
- 'All-age' bereavement support in place





# CYP 24/7 Access to Mental Health Support



# Mental Health Consortium of Third Sector

## Birmingham MIND

- Providers of a 24/7 helpline with the aim to prevent hospital admission
- Crisis Café's
- Virtual listening service for young people open to secondary care
- Crisis navigator role support Young People in the Crisis pathway virtually
- Recovery Hubs moved quickly to a virtual in Covid

## Living Well Consortium

- Consortium has over 35 members
- Access to a consortium of organisations providing high quality mental health and Psychological wellbeing services
- Support services offering a range of inclusive support services LGBTQ, LD/A and BAME groups

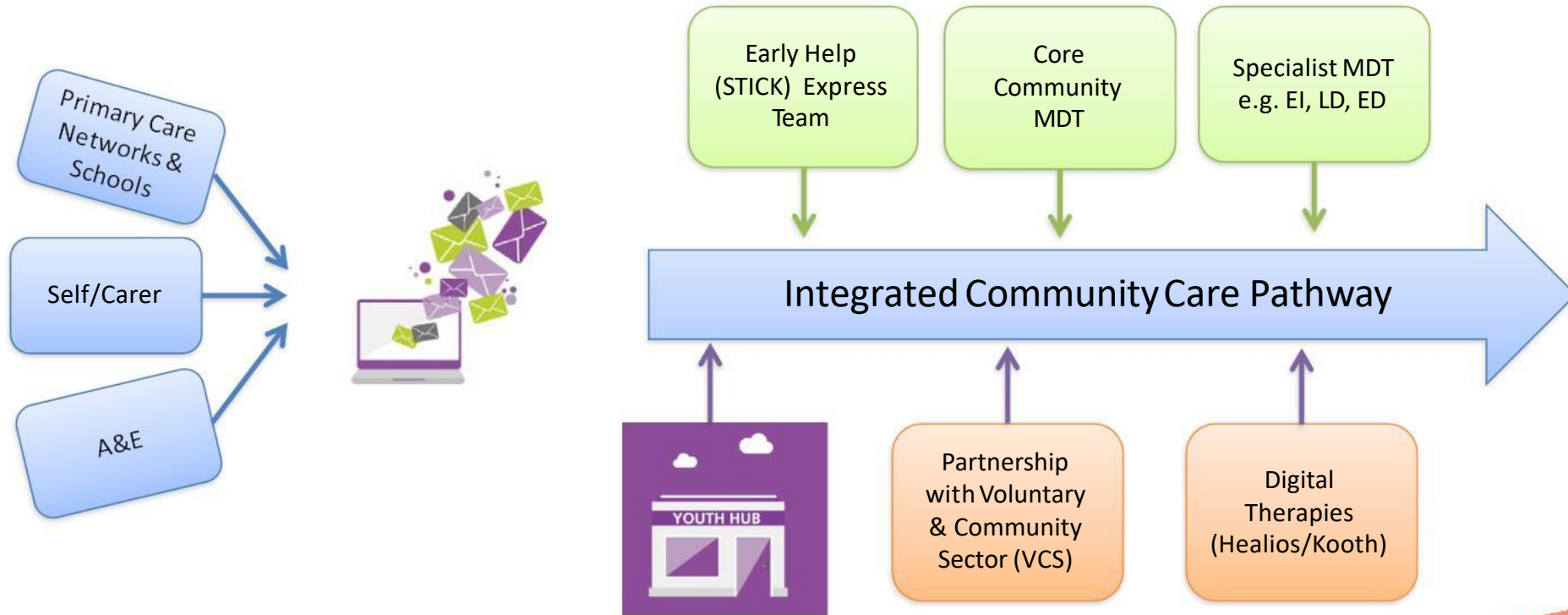
## Children's Society/Pause

- Early Help, Information, advice and guidance
- Brief interventions via telephone in relation to anxiety/low mood/depression/resilience

## Cruse Bereavement Care

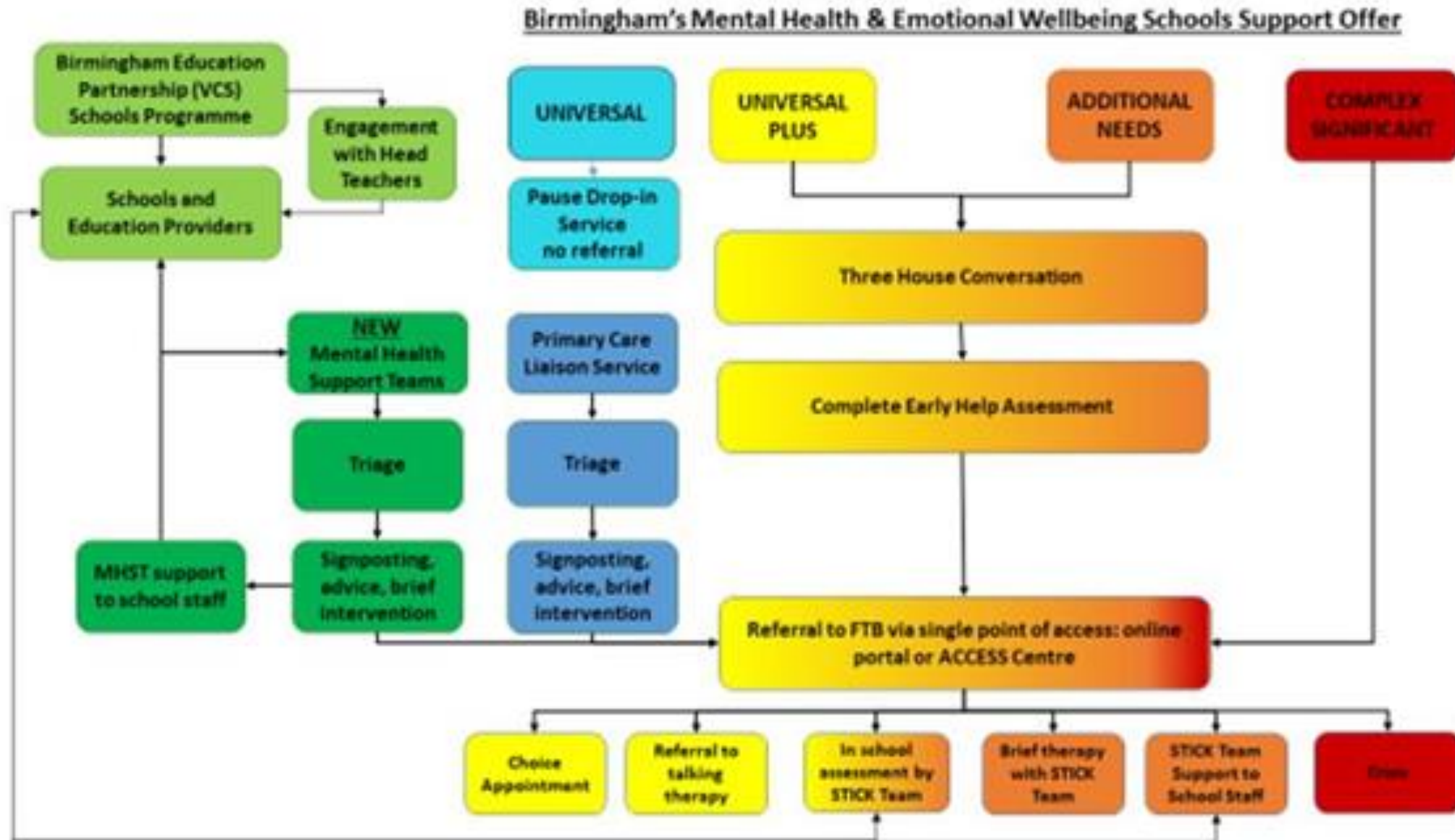
- Delivers existing bereavement counselling for the city
- Sub-contracting the CYP element to the Edward's Trust and Beyond the Horizon

# Options and Support Post-Discharge from Crisis





# Schools Support Offer Care Pathway



# Early access delivered by Pause

## Pause.

Need someone to talk to?  
Struggling to cope with feelings?  
We're here for you.

Pause can help, we listen and help you find solutions – no referrals or long waits, you choose when and how to use our service.

Anyone under the age of 25 with a Birmingham GP can access phone, video call or face to face support.

Drop-in sessions aren't available yet, we hope to launch them soon and not just in City Centre. For updates, check out the website.

Pause can offer:

- A non-judgemental listening ear.
- Self-help strategies, skills for managing difficult situations and feelings.
- Detail of other support services that can help.

Each session last around 20-30 minutes which focuses on ways forward.

To register visit:

[www.forwardthinkingbirmingham.org.uk/services/13-pause](https://www.forwardthinkingbirmingham.org.uk/services/13-pause)  
or call our Registration Line 0207 841 4470  
(please note local call charges do apply).

Pause operates:

- Monday, Wednesday, Thursday, Fridays - 10am-6pm
- Tuesdays 12am-8pm
- Saturdays 10am-5pm
- We are Closed Sundays & Bank Holidays.

ForwardThinking  
Birmingham



The  
Children's  
Society

"I liked how easy it was to share my problems and that I got support in my first chat."

Pause supports anyone under the age of 25 with a Birmingham GP via phone, video call or face to face session.

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"I was feeling lost and stuck and did not know how to support my child which is heart breaking. Having Pause to turn to has lifted the fog and I feel less alone with it."

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A 'PAUSE' drop-in service has also been running at the University of Birmingham for 18–25-year-olds since October 2019 and adapted throughout the lockdown periods to support student's mental health.

<https://www.intranet.birmingham.ac.uk/student/your-wellbeing/mental-health/pause-drop-in-sessions.aspx>

# Care Pathways – Health and Justice

We know that two thirds of people in the youth justice system have a mental health problem and/or Autism/ADHD although it is acknowledged that figures are likely to underestimate the prevalence and complexity of need that many young offenders experience. Children and young people within this cohort present with a higher likelihood of experienced trauma or severe neglect, coupled with high levels of social disadvantage, and are at increased risk of mental health problems. We know that young black males are also disproportionately overrepresented as are young people with Autism and/or a learning disability.

The CCG is a member of the Birmingham Youth Justice Board and represents the Youth Justice Board on the disproportionately group – which has been set up as a result of the Birmingham Youth Offending Service (YOS) review that identified disproportionately as a significant issue.

The Youth Offending Service has a co-located mental health team. The team delivers direct interventions with young people and also supports the workforce to better understand and proactively meet young people's needs with clinical support and supervision.

NHSE Youth Justice team have funded additional support for youth justice service in Birmingham where there are concerns around Sexualised Harmful Behaviours (SHB). SHB is a key safeguarding team, hosted within the Birmingham Youth Offending Service, which undertakes specialised risk assessments and therapeutic interventions to prevent and reduce sexually harmful behaviour, in partnership with key agencies, including Youth Offending Services, Children's Services, health services, Police, CPS, and schools.

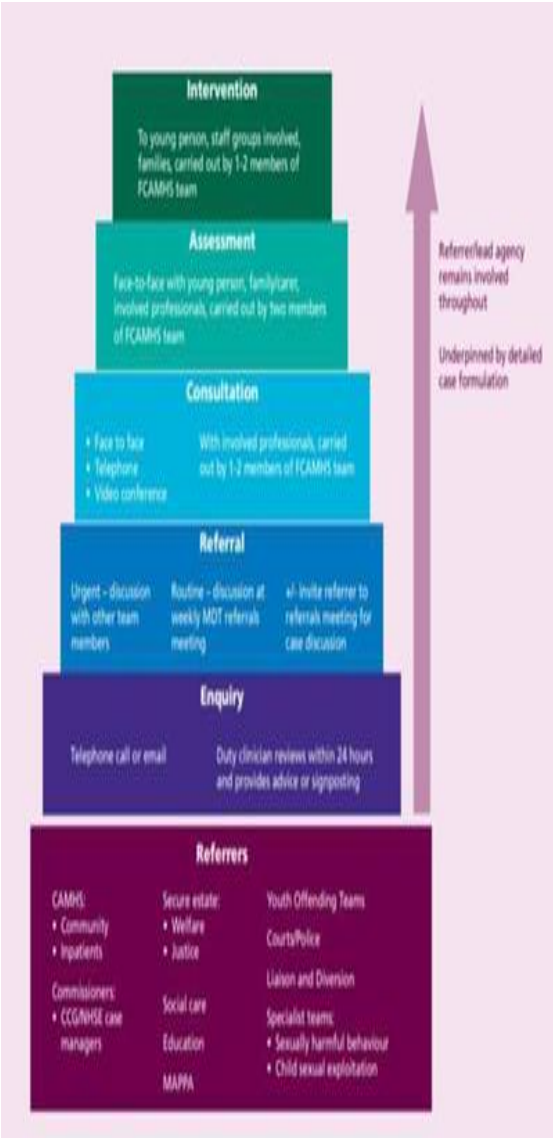
NHSE recognised this work as good practice, it is multi-disciplinary and provides training and support with wider YOS workforce as well direct work with children and young people. NHSE invited BSOL to develop a proposal to also work across into Solihull. The proposal was successful and an implementation plan is now being developed.

# Care Pathways – Forensic CAMHS

Birmingham and Solihull Mental Health Foundation Trust is the NHS England commissioned provider of forensic child and adolescent mental health services. One of the service's key strengths is its multidisciplinary approach and provision of interventions delivered by a number of disciplines, including psychiatrists, psychologists, nursing staff, occupational therapists, activity workers, social workers and other support staff. To maximise positive outcomes for young people, care is tailored to meet individual needs and encompasses a holistic approach, based on the latest clinical evidence. Using a whole system approach to a young person's development, and following the care programme approach treatment pathway, a comprehensive assessment includes detailed analysis of physical and mental health needs, social care needs, educational and vocational needs, alongside assessing family functioning and peer relationships. Young people are involved in the development of their own care plans and encouraged to set goals and track their own progress through their admission. In Solihull, we believe that every interaction with a young person has the opportunity to be therapeutic. The forensic Child and Adolescent Mental Health Services effect change through promoting positive experiences and developing self-regulation strategies.

## Youth First

Youth First, also provided by Birmingham and Solihull Mental Health Foundation Trust , is a specialist community child and adolescent mental health service for high risk young people with complex needs. With a central base in Birmingham, the service provides an advisory, consultation, assessment and intervention model of care for young people in the West Midlands Region. The service is accessible to any professional who wishes to make an initial contact regarding a young person aged under 18, who is giving cause for concern and about who there are questions regarding their mental health, or neurodevelopmental difficulties, including learning disability and autism. The service provides a flexible and responsive approach, which priorities referrals, so that resources are deployed on the most urgent cases, and care planning is tailored to forensic and non-forensic needs of the young person.





# Care Pathways – vulnerable children and young people

The Birmingham SEND Strategy sets out a framework for a joint commissioning approach. The strategy aims to:

- Develop robust measurable plans to address the inequalities further exposed by Covid pandemic.
  - Develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes
  - Provide services that ensure the needs of children and young people who have special educational needs and disabilities, and their families, are at the heart of all that we do. We aim to offer this as locally as possible
  - Ensure all Birmingham mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND code of practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities
  - Develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment, and training, as young people move into adulthood.
- 
- **Under 5's** this model of care is underpinned by the principles of enablement, empowerment and education, the Birmingham 0-25 mental health model of care delivered by FTB works in partnership with a range of organisations and agencies that children and young people come into contact with. With a dedicated partnership lead in post, FTB is committed to strengthening collaborative relationships to establish shared purpose and joint working so that opportunities for early help are maximised.
  - Birmingham's ambition for **Early Help** aims to transform Universal and Universal-Partnership levels of care to ensure that children and young people living in our city receive easy access to the right support, from the right service, and at the right time, leading to a reduced need for long term engagement with mental health and other services.
  - We will continue to support investment of transformation resource into the creation of joint co-located teams and partnership working with the Birmingham Children's Trust and other agencies working in Early Help, Children's Social Care, Youth Offending and Child Sexual Exploitation to develop quality support and appropriate care pathways for delivering effective early help.
  - Birmingham system model of care sets out the offer from education to Crisis Care.

# Care Pathways – Early Intervention in Psychosis

Currently, all children and young people 14-35 experiencing a first episode of psychosis (FEP), a subsequent episode, or suspected FEP should be offered NICE recommended interventions within two weeks of referral by one of the four Early Intervention Psychosis teams within one of the four Hubs within FTB. Compliance with this standard is monitored through our participation in the annual National Clinical Audit of Psychosis (NCAP). However, there have been data recording and reporting issues which meant that the service was being reported as achieving lower performance than their internal systems suggested. There has been an improvement plan to address this and in the most recent period, the service achieved 73% against a 60% target for referral to treatment time.

Further development work is required between Forward Thinking Birmingham's (FTB) senior leadership team, the four FTB core teams, EIP and the Referral Management Centre to ensure that all those aged 14-15 with suspected psychosis or psychosis receive the same degree of monitoring for the three target areas; referral to treatment, NICE interventions, and the use of routine outcome measures.

In relation to At Risk Medical State (ARMS), FTB have recently funded and commissioned a 12-month pilot project to develop an ARMS pathway. The primary aim of this project is to identify the number of ARMS cases that FTB can expect to provide care for each year. Recruitment is soon starting for staff to work in this pilot project. Development work will be required with the Referral Management Centre, the Core Teams, and the ARMS consultation team within EIP to ensure that there are processes in place to monitor performance against the three target areas: referral to treatment, offer of NICE recommended interventions, and use of routine outcome measures.

Other developments in relation to At Risk Mental State (ARMS):

- NHSE are looking at procurement of Comprehensive Assessment of At Risk Mental States (CAARMs) training as there is none nationally.
- There are working parties from around the country that focus on the ARMs provision as there is no uniformity in approaches.
- Recruitment in general for posts within the trust has been difficult.

# Care Pathways – Early Intervention in Psychosis

## Impacts of Covid

The pandemic raised a number of challenges to deliver the full range of NICE guided interventions:

- The need to manage safe, responsive services in line with national/local guidance and infection control requirements during the pandemic resulted in potential delays in clinicians seeking timely access to patients with first episode psychosis.
- We saw a further withdrawal from service of patients being cared for within the Early Intervention Service and an increase in substance use which is widely known to impact on mental health and is a complicating feature for young people with early onset and first episode psychosis.
- Social isolation as a result of lockdown impacted on people's mental health and closure in facilities such as schools and youth clubs reduced the number of safeguards that would normally be in place. The service saw a shift in referrals from being primarily via GP's to more coming through Urgent Care and Inpatient services which could be a result of the impact of the pandemic.
- Managing and determining risk in a virtual environment posed a challenge for clinicians as risk formulation is reliant on the ability to assess and synthesise a range of factors, including environment and family dynamics/relationships. The absence of this due to risks of infection creates gaps in risk profiling.

## Mitigation Plans

- Introduced an enhanced risk approach to risk assessment. Provided guidance to staff to help them determine which patients should be seen face to face or virtually.
- Ensured all control measures with regards to the management of Infection Prevention Control were in place to support contact with patients across the city and in people's homes.
- Access to employment opportunities which is a key aspect in promoting recovery for first episode was considerably reduced. As part of recovery and restoration, the service recently engaged a new provider of Individual Placement and Support for Birmingham - The Shaw Trust, whose work includes improving access and delivery of support achieved through organising access to our clinical records, ability to have remote access and integration with the clinical teams via virtual platforms. This has allowed for interventions to be offered within an increased capacity over the past months.
- Physical health monitoring –Despite the pandemic, ECG and phlebotomy clinics continued to be offered but other areas were affected such as smoking cessation groups, access to wellbeing activities such as gym attendance and cycle session. As restrictions have lifted, these activities have resumed.

# Care Pathways – Urgent & Emergency

**Support for CYP beyond their crisis presentation, working with community teams/offers and inpatients as necessary inclusive of the local comprehensive offer for 18-25s**

Crisis Services to Children and Young People are delivered by Forward Thinking Birmingham. The service has its own established self-referral systems in place which provides access to telephone support. Crisis Services and support are available 24/7 in Birmingham with open access support lines.

In response to the Covid pandemic Birmingham and Solihull Sustainability Transformation Partnership developed all age 24/7 Crisis helpline offer which has direct access to a range of third sector interventions as well as access to NHS services. The helpline data shows that young people under 25 are accessing the service. This approach has ensured that our children and young people are able to get strength based help and support outside of secondary services quickly resulting in few individuals needing referrals into secondary or traditional Crisis services. Those accessing the helpline have access to practical support, intervention over the telephone, or directly via counselling offered from Voluntary and Community Sector partners.



# Care Pathways – Urgent & Emergency

The table below shows the 24/7 helpline annual data – April 20 – April 2021

|                          |      |
|--------------------------|------|
| Under 18                 | 183  |
| 18-24                    | 1233 |
| 25-34                    | 2765 |
| 35-44                    | 2431 |
| 45-54                    | 2015 |
| 55-64                    | 1199 |
| 65+                      | 889  |
| Did not wish to disclose | 5089 |
| N/A                      | 2004 |
| No Answer Given          | 80   |

- The 24/7 line has a live transfer to local CAMHS where specialist input can be achieved. This service is also 24/7 open access. Close working relationship exists between the 24/7 helpline and home treatment teams to provide intensive community support, step down care and avoid admissions.
- In addition, Birmingham and Solihull Sustainability Transformation Partnership introduced a Crisis House model as part of their crisis pathway offer. The Crisis house was fully implemented in January 2021 and provides time limited support for those in crisis including with access to nursing and consultant input. There is a BSMHFT offer that is currently for their patients and BWC and they have been operating a spot purchase arrangement with Care and Management services – both organisations are working together on a procurement process for an 18 plus crisis house model provision.

# Care Pathways - New Care Models

New Care Models (now called Establishing Steady State Commissioning) are essentially the transfer of funding, commissioning, service redesign, quality improvement and performance oversight of specialised services from NHSE/I to provider collaboratives. Vanguard across the UK have shown success in repatriation of out of area patients, developing full pathway approaches, delivering financial efficiency and making investment in early intervention work. All specialised commission for Mental Health will move to this new way of working by 2021. Due to the pandemic this timeline has been reviewed and it is expected October 2021.

Each New Care Model requires a lead provider and a provider alliance. Birmingham Women Childrens Hospital have been selected as the West Midlands Collaborative provider to develop a CAMHS West Midlands model.

The Lead providers will hold the main contract with NHS England and will be responsible for planning for and sourcing partners and sub-contractors to enable the best provider-mix possible, to attain equity of services and value for money. Provider collaboratives are financially and clinically responsible for placement and care of their patient population. They are able to pool financial risk across the partnership, having the flexibility to make savings, and reinvest in community and step-down services. This is to improve the whole pathway and reduce reliance on the most specialised services, supported by appropriate governance, contract and decision making processes, with NHS England involved in collaboration at a strategic level.

Please see below for information on the West Midlands Child and Adolescent Mental Health Services provider collaborative programme covering overview of partnership, new ways of working and benefits, service development, learning disability and autism update and timeline.



WMCPC

# Care Pathways – Eating Disorders

A city-wide, NICE compliant multidisciplinary team is embedded within the Forward Thinking Birmingham (FTB) 0-25 model . FTB has been able to build on the framework integral to FTB 0-25 model, removing barriers hindering access, enabling self-referral and eliminating transitions that previously occurred at key ages for young people (and their families). The model that incorporates early intervention & prevention as well as offer a wide range of NICE concordant treatment options.

## **Brief intervention:**

- Psycho-education including diet, health, weight restoration/stabilisation,
- Physical health management, diet/meal planning and activity planning – 8-12 sessions.
- Family/parental intervention to directly address the eating disorder 8-12 sessions.
- Therapeutic group interventions (such as, MANTRA or DBT skills group) for 8-12 sessions.
- Guided self help for Binge Eating
- University preparation/readiness programme
- Dietetic Psycho-education and Intuitive eating programme

## **Complex/Intensive intervention:**

Specialist Supportive Clinical Management

Intensive Outreach support such as home visits, community physical health monitoring and meal support (under 18) and Joint working with local Day Treatment units for (over 18) patients for admission avoidance.

In-reach and joint care planning to medical wards if patients require medical admission due to poor physical health. A predominant feature of how we are working has been the joint working with Birmingham Children's Hospital and University Hospitals Birmingham Trust. This has included Multi agency and multi professional working, care planning and multi professional support meetings. Joint escalation meetings are in place where young person requires an alternative pathway. This work is on-going.

## **NICE Compliant interventions:**

Evidence based interventions (such as CBT, CBT-E, CAT, DBT, MANTRA, EMDR) - 20-40 sessions.

Specialist family therapy - FT-AN/FTB-BN, NVR and Family based treatment directly addressing the eating disorder for minimum 20 sessions.

The team provides coordinated care, working closely with other services to reduce and prevent gaps in care during service transitions (age-related, geographical or community to inpatient transitions) and has clear processes around managing risk and safety.

# Care Pathways – Eating Disorders

Birmingham Eating Disorder Service is also an early adopter of national programme of FREED (First Episode Rapid Early Intervention for Eating Disorders for 16–25year-olds). FREED went live in February 2019 and has become a ‘buddy’ site for other services in the Midlands who have recently or are interested in integrating FREED into their pathways.

The service has maintained the Early Help ethos, extending the FREED model to those under 16, as we continue to see the after effects of social isolation, the increased social media pressure to be active/productive, the impact of reduced motivational cues and lack of available avenues of emotion regulation and support. Early intervention in eating disorders is imperative to the long-term physical and emotional health of children and young people. Early intervention will also be integral to our long-term goal to continue to accept all presentations – from people who present for the first time to those with long-term problems, regardless of weight or BMI (body mass index) reduce the need for admissions and keep re-referral rates low, with young people who present early being able to maintain long-term change. Notably, this focus on early intervention has enabled FTB to reach service users that eating disorder services typically miss.

Cultural Competency training has enabled the service to review and challenge the illness narrative that continues to purport the image of eating disorders as being primarily exclusive to the white and/or affluent as well as identify typical clinician biases that are heavily informed by outdated guidelines around, for example BMI. The promotion of early intervention could also be said to go some way towards removing some of the disparities in perceived diagnosis and need for treatment for Black and Minority Ethnic groups.

FTB is also proactive in its approach to community outreach, co-producing and co working with BEAT, the Health Innovation Network and service users to create resources, media content around topics such as Eating Disorders and Race and Advice on Ramadan.

Although there are still improvements to be made in this area, we are pleased that the diversity represented within our children, young people and families is more reflective of the rich diversity of the communities we serve in Birmingham. Notably service users have commented on the fact that this diversity is also, encouragingly reflected in the SEDS workforce

Birmingham Eating Disorder Service provides fast triage and intervention. The duty system is working well with the FTB Referral management Centre to ensure potential referrals are actioned efficiently. This ensures that Eating Disorder referrals are triaged by a specialist clinician in a timely manner, providing an assessment and mitigation of risk but also providing the all-important initial engagement and motivation enhancement at the point of referral (in line with the FREED operating model)

# Care Pathways – Eating Disorders

Arrangements that are in place to support medical monitoring in the Eating Disorder service throughout treatment:

## Management of Physical Health

The eating Disorder model of care have their own dedicated physical health clinics led by specialist nurses and in consultation with lead psychiatrist (inclusive of phlebotomy, running weekly, at each of the three Hubs, across the city. Clinicians regularly assess fluid and electrolyte balance in people with an eating disorder who are believed to be engaging in compensatory behaviours, such as vomiting, taking laxatives or diuretics, or water loading. Clinicians also assess whether ECG monitoring is required, based on risk factors such as rapid weight loss, excessive exercise, severe purging behaviours, such as laxative or diuretic use or vomiting, bradycardia, prescribed or non-prescribed medications and electrolyte imbalance. On-going growth and development in children and young people with anorexia nervosa who have not completed puberty (for example, not reached menarche or final height) is also monitored in line with NICE guidelines 2017.

## Medication risk management

When prescribing medication for people with an eating disorder and comorbid mental or physical health conditions, SEDS psychiatry take into account the impact malnutrition and compensatory behaviours can have on medication effectiveness and the risk of side effects. Regular ECG monitoring is conducted for service users with an eating disorder who are taking medication that could compromise cardiac functioning.

## Assertive Outreach

Home assessment of physical monitoring is also provided by nursing and support worker staff as required, for example where bed rest has been deemed necessary or physical observations are required more frequently than once a week.

| Indicator Description  | Mar-19 | Sept 21 |
|--|--------|---------|
| Mental Health - Children and Young People (CYP) - Eating Disorders Routine Referrals <4 Weeks (Target 95%) | 90.9%  | 100%    |
| Mental Health - Children and Young People (CYP) - Eating Disorders Urgent Referrals <1 Week                | 100.0% | 100%    |

# Eating Disorders – Impact of Covid

- FTB have seen an increase 52% in referrals for young people presenting with Eating Disorders during Covid-19, we know this is a national trend: [Effect of the COVID-19 Pandemic on Eating Disorders — Department of Psychiatry \(ox.ac.uk\)](#),
- Changes to service delivery have made treatment, and management of Eating Disorders more logistically challenging.
- The Eating Disorders team have continued to offer services with adaptations,.
- The range of support has benefited from online platforms such as the parent support group where it wasn't possible to bring parents together physically.
- The vast majority of work undertaken by team has continued face to face to ensure that the young people are safely monitored.
- Some of the established psychological interventions are now taking place online and this is proving successful.
- During the pandemic we saw an increase in the number of referrals and in the acuity of cases. This was primarily with our university population and children and young people who were not being seen in a school setting, this consequentially added pressure to this system.

# Eating Disorders support available via Kooth

**Kooth** is an anonymous online service, we found that young people seem more readily able to disclose eating difficulties to us without fear of having to 'give up' control. This provides an important early window of opportunity to address the typical ambivalence regarding help seeking. Kooth teams are aware of the national eating disorders referral to treatment standard and are able to dispel myths about long NHS waiting times. Kooth have also seen increase in ED presentations.

We are transparent about not being able to offer full, evidence based interventions for eating disorder, however, we are able to provide many components of evidenced based treatment including the following:

- Regulated eating support (and later support with more flexible eating)
- Motivational interviewing techniques and readiness for change work
- Exploration of the function of the ED (here and now maintenance)
- Root cause and trauma work
- Goal setting
- Cognitive restructuring techniques
- Distraction and 'urge surfing' (binge/purge presentations)
- Psychoeducation (via counsellors)
- Normalising (via our moderated community support offer and young person generated content)
- Risk support via our drop in chat
- Management of co-morbid presentations and underlying low mood, anxiety and low self-esteem.

Kooth provides training for practitioners on how to assess and manage eating difficulties on our site, plus have a smaller cohort who have completed a more in depth learning and development programme and act as mentors for the wider service delivery group. In addition to assessment of ED in the more general sense, there is also have a specific focus on how EDs are presented online and indeed outside of 1:1 sessions as not all of the service users choose to work with a counsellor. For example, many of the young people prefer to access journals and goal setting or contribute to peer group forums and discussion boards. As all activity is pre-moderated, in addition to 'protecting' the wider community from unhelpful or triggering content, this also enables a proactively reach out to young people to provide the appropriate level of support for them early on, including signposting and referral as necessary. All of our ED related community guidelines are in line with Beat's media guidelines -

<https://www.beateatingdisorders.org.uk/media-centre/media-guidelines> and guidelines around their online groups

<https://www.beateatingdisorders.org.uk/support-services/online-groups/rules>

# Eating Disorders – Partnership Working and Self-Help Resources

## **Partnership working**

In some cases the safe management of physical health requires liaison with primary care and Paediatrics. Birmingham's transient student population and patients with diabetes, for example, often require a coordination approach to care. This approach expands the MDT around the young person and allows closer working with other services to reduce risk and prevent gaps in care during service transitions (diagnosis-related, geographical or community to inpatient transitions).

Where necessary, FTB works in partnership with acute medical care and paediatric colleagues to support the specialist management severe electrolyte imbalance, severe malnutrition, severe dehydration or signs of incipient organ failure in the context of Eating Disorder treatment. Our Psychiatry, specialist nurses, dietitians and support workers support care planning and re-feeding throughout admission on acute wards.

## **Self-Help Resources**

A number of online resources have been developed in order to provide psycho-education, promote motivation to work towards improving physical health and manage risks, for example, the effects of vomiting and management of dental care.

<https://www.beateatingdisorders.org.uk/support-services>



# Draft Transformation Model – Eating Disorder service (July 2021)

Levels of  
Care

INPATIENT

INTENSIVE

COMPLEX

BRIEF

UNIVERSAL  
PLUS

UNIVERSAL

Inpatient

In-reach and Hospital  
Liaison

Intensive  
Outreach

Virtual/ Face-to-face Evidence  
Based Treatment Programmes,  
Complex assessment and  
Multidisciplinary/Multisystem  
coordinated complex care

Early Intervention (FREED)  
Virtual/ Face-to-face Evidence  
Based Treatment Programmes

Early Help, VCS partnership  
work & Social Recovery/Peer  
support workers

## ***Social Recovery***

Social Recovery  
Navigators/Peer Support  
Workers to work alongside  
VCSE partners to deliver  
integrated services to  
reconnect young people with  
their community. (Inclusive of  
Housing, Peer Support,  
Education & training)

## ***Complex Care***

Multidisciplinary/Multisystem  
coordinated complex  
care providing specialist  
assessments and differential  
diagnoses (e.g., Autistic Spectrum  
Disorders, ARFID, Personality  
Disorders, etc.  
Improved/collaborative working  
across e.g. IAPT, DBT,  
Neurodevelopmental & Gender  
Identity pathways ensuring  
provision of formulation,  
diagnostic and needs informed  
joint care and treatment and  
reduce weight based treatment  
thresholds to access these  
services. Development of ARFID  
treatment pathway

## ***Early Intervention***

Rapid response to enquires from primary  
care (e.g., G.P's, Acute Hospitals, etc.)  
and secondary care (e.g., CMHTs, Home  
Treatment Teams, Psychiatric Liaison  
Teams, etc.). Support primary and  
secondary care services (including G.P.s)  
regarding management of complex  
cases. To conduct formulation-based  
assessments (potentially jointly with  
local teams). To provide specialist ED  
training to primary/secondary care  
clinicians. To provide community  
consultation-liaison/community link role  
to improve access to treatment for  
the BAME population. Provision of an  
evidence-based treatment package  
(FREED).

## ***Intensive Outreach and Hospital In-reach***

Providing intensive support, risk  
management, frequent physical  
health monitoring, re-feeding  
alongside motivation  
enhancement for young people  
and parent training to prevent  
day/inpatient admission or  
manage risks in absence of  
available beds

# Care Pathways – Eating Disorders Future Enhancements

## Future enhancements

- Inclusive, cross pathway care for co-morbidity (Personality Disorders, Trauma, Autistic Spectrum Disorder, Gender Identity)
- Addressing the significant unmet need in the treatment of ARFID by recruiting an appropriately trained workforce with the specialist skills to meet that need.
- Improving diagnostic pathways for Neurodevelopmental conditions
- Enhancing the offer of the stepped approach to care (guided self-help, Advice and Monitoring, group & individual therapy, Intensive Outreach). Supporting the team to continue to innovate and develop virtual treatment and digital training sessions for schools and University Wellbeing.
- Utilising training from Health Education England (HEE) and addressing recruitment/ resource gaps.
- Increasing workforce capacity via partnerships with VCS and employment of Peer Support workers increasing the capacity of the team to provide early intervention and provide a recovery /hope focused community care.
- Continuing to address gaps in provision for under-represented groups.

# Care Pathways – Mental Health Support Team in Schools

Mental Health Support Teams (MHSTs) were developed to expand access to mental health care for children and young people, building on the national NHS transformation programme. MHSTs are intended to provide early intervention on mental health and emotional wellbeing issues within schools and college settings, enabling provision of 'whole school approach' to mental health and wellbeing. It also aims to enable easy and timely access to specialist support and reduce waiting times.

Forward Thinking Birmingham (FTB) is Birmingham lead provider for MHST. The first Mental Health Support Teams (MHST) have been well-received by schools as meeting a real need. The expansion to a further team in 2022 will benefit from the experience of initial implementation and will continue to target key areas of inequality and need in the city. MHSTs are being shaped through co-production with staff, pupils, and parents in schools.

The CCG and FTB work in partnership with Birmingham Education Partnership (BEP), the city's current school improvement provider. BEP have a role in leading the development of the emotional health and wellbeing agenda across mainstream schools in partnership with wider system colleagues. As well as continuing to fund the New Start approach which supports schools to develop their whole school mental health leadership, BEP will continue an expanded series of Mental Health short videos for schools relating psychoeducation to policy and practice; FTB continue to be an active collaborator in the delivery.

In September 2021 the Department of Education will introduce the first round of grants for training Senior Mental Health Leads. BEP will be seeking to provide an offer locally for Birmingham to ensure integration and coherence with the local system. In addition, FTB, BEP, Education Psychology colleagues and others will continue to work with system leaders to build sustainable mental health support in schools that is responsive to the emerging mental health needs arising from the pandemic which includes trauma responsive and healing-centred work with schools, the link up with a digital offer for schools staff around mental and emotional health, an annual wellbeing census and staff survey in partnership with colleagues at Warwick University and also continuing to work on decreasing long term absence from school.

# Care Pathways - Mental Health Support Team in Schools

The Birmingham Mental Health Support Team delivered a blended remote service offer throughout the pandemic and this has increasingly become face to face over the last few months, following appropriate risk assessment to meet the needs of children and young people. Those who had difficulty engaging virtually or those struggling to access school due to anxiety have been receiving intervention face to face and home visits were undertaken upon the easing of restrictions in order to meet client need.

The team have communicated regularly through email updates and visits to school, when appropriate, to meet with the Mental Health Leads ensuring awareness of the current service offer and working in collaboration in order to fulfil the requirements of individual school settings to meet the mental health needs of pupils.

MHST Wave 2 teams are working in schools that were selected following NHSE school selection process, within the South Birmingham locality that have higher deprivation and lower life expectancy as well as a high referral rate into FTB services.

MHST works with the Mental Health Leads in schools to establish the areas /gaps where additional mental health support is required. This partnership was key in establishing the MHST as an additional and not a replacement or diagnostic service. This has formed the basis of our work within schools. It is very individualistic according to school need and targets areas highlighted by school that they require support in. This can be in the form of workshops, staff training or helping develop the wider whole school approach in promoting positive emotional health and wellbeing. It incorporates the whole school community recognising parents as key to establishing positive mental health and well-being and working alongside them.

MHST refer children and young people to other suitable mental health services within Forward Thinking Birmingham via an internal referral form. This has been successful in escalating cases to CYP IAPT and other core services. MHST also able to request consultation with the eating disorder service for advice and support for children and young people that are experiencing eating difficulties which present to the MHST. Information and resources to support the child/young person is shared with parents and school staff as well as the children and young people. Advice is given as to when a referral into their service would be deemed necessary, ensuring that the correct information and tests have been undertaken so there is no delay in the referral which is submitted internally.

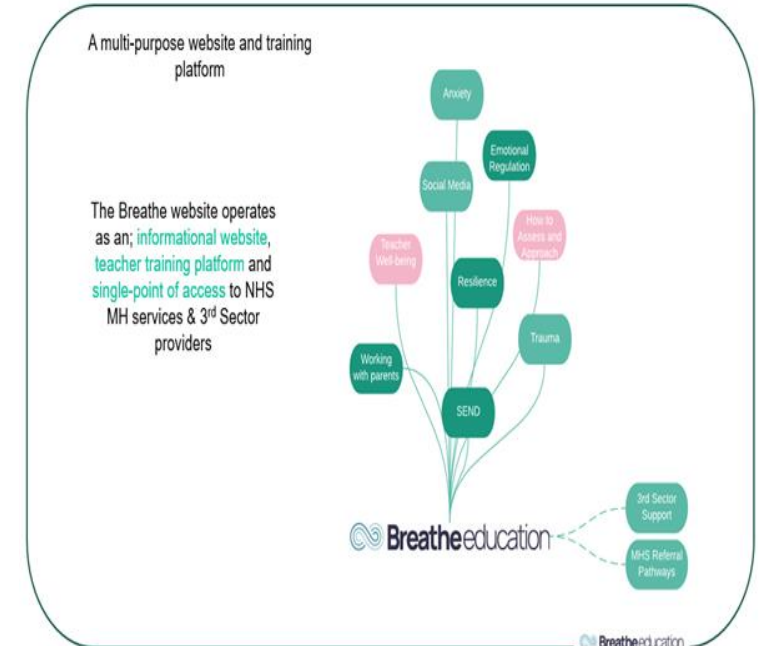
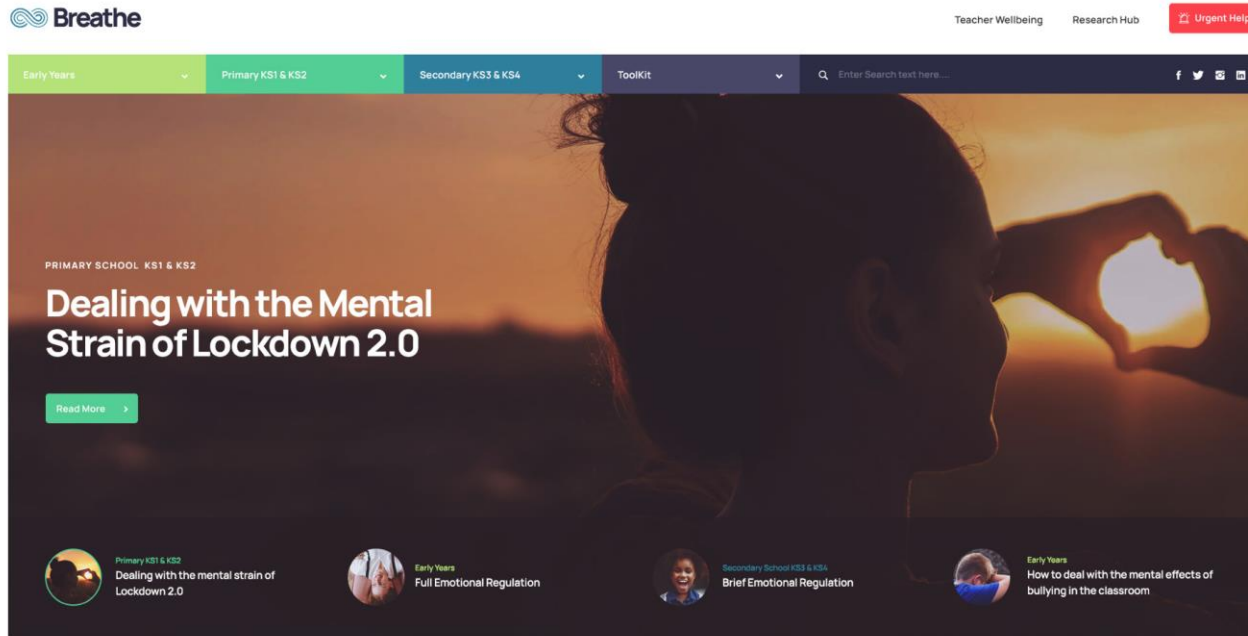
# Care Pathways - Mental Health Support Team in Schools

MHST offer a consultation model to school staff for referral upon request and this is widely used for advice and signposting too when the MHST service is not appropriate. Feedback from school staff is that they value the prompt response and easy access to a mental health practitioner for advice.

MHST continue to offer 1:1 interventions with children and young people offering low intensity CBT therapy and this has been extremely popular and successful in meeting the needs of children and young people who would not meet the threshold for other services. MHST have developed a whole school approach despite difficulties with class bubbles and COVID restrictions. MHST continue to be active in offering presentations, workshops and staff training to embed positive mental health and wellbeing in schools, despite difficulties with class bubbles and COVID restrictions.

Recruitment of new senior posts will include enrolment (if necessary) on supervision training in order to provide this fully within the service. In addition, recruitment to more senior posts takes account of the service now having been running and with a clearer view of what is needed in terms of skill set for example in relation to risk management or SEN. Education Mental Health Practitioners (EMHP) career progression is an area of development for 21/22 as a new Birmingham wave will come on stream providing the opportunity for currently qualified EMHPs to support with induction of new EMHPs in the service. As a service, MHST are active in communicating with other areas to draw from their existing models (Nottingham as an example) including in relation to EMHP progression. As EMHPs have worked and relationships with schools have built. MHST's are aware of the need for development around SEN provision and adaptation. This is already in progress with Derby University as a provider who will make changes to their course in order to accommodate this area of need.

## Beautiful thinking, for well minds



A partnership work between Forward Thinking Birmingham (FTB), Birmingham Education Partnership (BEP) and BCC (Education Psychology & Public Health) has led to the development of a dedicated website for Teachers and Early Years staff to assist them in supporting CYP's mental health and wellbeing. Within the website there are sections dedicated to self-harm and suicide prevention including a short video on suicide prevention for teachers on the website.

The Breathe Education website has been launched and is available to all schools and staff in Birmingham with localised service information. The site can be accessed here:

[Breathe Education](#)

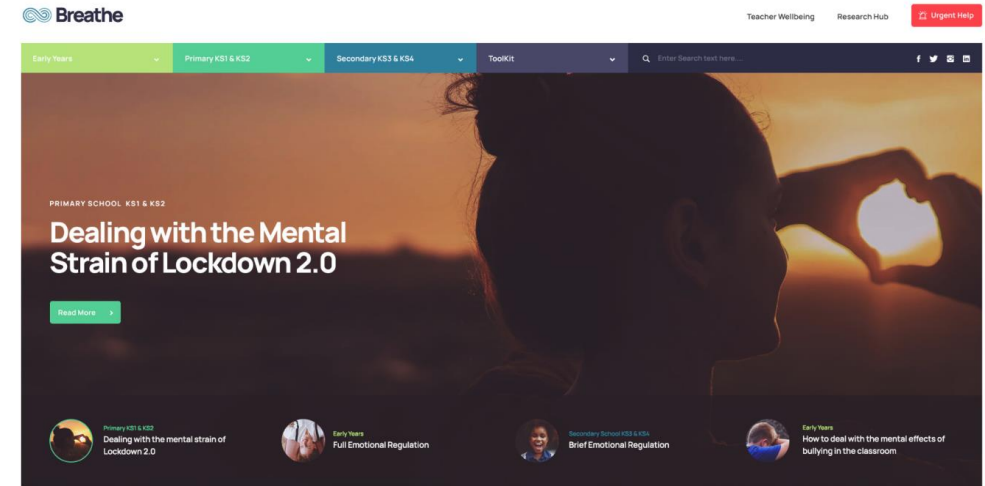
[Breathe Education Offer](#)



## **Breathe is a digital well-being strategy for schools**

We've worked with **teachers, young people and experts in the area of youth mental health** to co-create high quality digital well-being resources for teachers to use remotely or in the classroom.

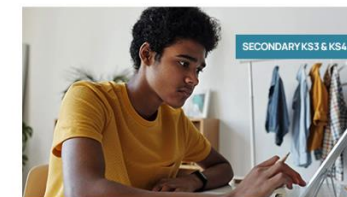
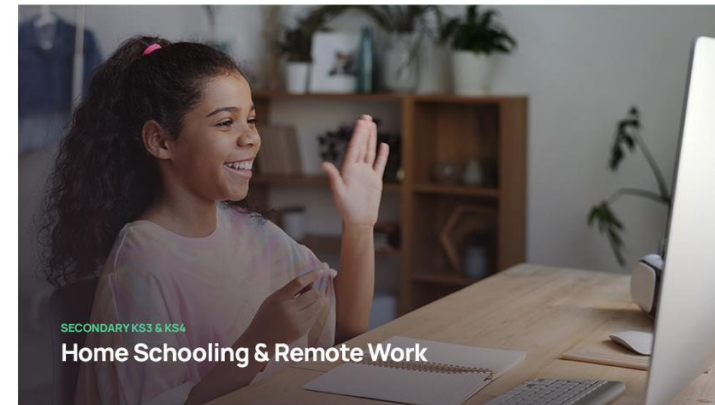
Breathe helps teachers interact and explore well-being with their students in a modern, efficient and innovative way. One that takes into consideration the well-being and busy working lives of teachers themselves.



**Key Stage related** early intervention as a holistic approach to youth mental health.

Focusing on a **strengths-based model** it facilitates what mental health support teachers can provide in schools.

But also provide knowledge pathways between foundational wellbeing concepts and more serious emerging mental health concerns



# Suicide Prevention

## Progress on delivery

Local Multi agency suicide reduction strategy groups are in operational for both Birmingham LA and Solihull MBC to deliver all age suicide prevention activities with a clear commitment to CYP. Improvement of children and young people's wellbeing, looked after children, care leavers and children and young people in the youth justice system is a key priority in the Birmingham Suicide Prevention Strategy. Our Suicide Strategy focuses on reducing suicide risk factors across all ages as part of a system wide zero suicide ambition.

Birmingham and Solihull has a 24/7 mental health Crisis offer in place for children and young people with an open referral system that provides easy access to brief psychological interventions for those in crisis. Structures are in place to provide weekly data of those presenting with suicide ideations which supports targeted interventions.

In addition, Birmingham and Solihull has an all-age bereavement offer which includes suicide bereavement provision for both children and young people and adults through the single point of access. The service is provided across five care providers – Cruse and Solihull Bereavement (supporting adults) and Marie Curie, Beyond the Horizon and Edwards Trust providing bereavement support to our children and young people. Young people who have been bereaved through suicide have quick access to specialised postvention support. Providers such as Marie Curie offer individual bereavement support and group therapy. In the last 12 months, the service has seen an increase in demand and acuity of those bereaved through suicide across all age groups.

Birmingham's suicide prevention strategy can be found here: [Birmingham Suicide Prevention Strategy](#)



Birmingham  
de Prevention Stra



# Suicide Prevention

Our children and young people also have access to online mental health support through Kooth to provide better access and choice to children and young people aged 11-25. Kooth have seen an increase in demand since Covid from CYP (Kooth.com). Kooth offers peer to peer support through moderated discussion forums, self-care tools and resources and online mental health counselling and chat services. Implementation of Kooth was accelerated to provide easy access of support during the pandemic. Since its launch in April 2020, over 1,700 11-25 years olds have registered. Of those registered, 48% identify as BAME.

Forward Thinking Birmingham (FTB) run 'PAUSE' drop-in service at the University of Birmingham for 18–25-year-olds that has adapted throughout the lockdown periods to support student's mental health while also responding to students with suicidal thoughts. Forward Thinking Birmingham, Birmingham Education Partnership (BEP) and BCC (Education Psychology & Public Health) have a dedicated website for Teachers and Early Years staff to assist them in supporting children and young people's mental health and wellbeing with sections dedicated to self-harm and suicide prevention.

We are currently developing a Real Time Surveillance System (RTS) to ensure that anyone affected by suicide is able to access support in a timely manner. Implementation of the RTS system requires strong partnership working between different agencies such as the Emergency Services, Children Service, Coroners, and Police. We have a strong commitment to support children and young people affected by suicide and have been working with the Child Death Overview Panel as part of creating an effective Real Time Surveillance System that is able to meet the needs of our children and young people.

Through the BSOL Suicide Wave 3 Group, suicide awareness training options are being explored with the Zero Suicide Alliance online training being shared across the Birmingham and Solihull including to our Children and Young People providers – FTB, BCWH and Solar. The training has also been shared with the Birmingham Education Partnership (BEP) and Birmingham Childrens Trust. The online Health Education England (HEE) accredited postvention training has been shared with educational psychologists, bereavement services staff and the Child Death Overview Panel (CDOP) to improve skill and increase resilience. The Bereavement service which has a suicide bereavement offer embedded in it is regularly promoted within various social media platforms to increase awareness.

Link to Suicide Prevention Training- [Suicide Awareness Training and Postvention Training](#)

"Pause Drop in Service - <https://www.intranet.birmingham.ac.uk/student/your-wellbeing/mental-health/pause-drop-in-sessions.aspx>

# Suicide Prevention

- Birmingham and Solihull has an online support resource – The Waiting Room that is widely shared across and accessible through various platforms and languages.
- [www.the-waitingroom.org](http://www.the-waitingroom.org)

**TWR**  
THE WAITING ROOM

**Birmingham & Solihull**  
Health & Wellbeing Services  
At Your Finger Tips

Translation tool that speaks your language

Provides easy to access contact options

Keeps you up to date with current local health and wellbeing services

A fast growing online directory

Built in search engine

Share through #TWRdirect

**TWR**  
THE WAITING ROOM  
the-waitingroom.org

Birmingham & Solihull  
Health & Wellbeing Services

**www.the-waitingroom.org**

Whether you are on Apple or Android  
You can now find "TWR" in your local marketplace

Download on the  
**App Store**

GET IT ON  
**Google Play**

TWR provides an effective approach to taking control of your own health and wellbeing. With an emphasis on protection and prevention, The Waiting Room is split into 24 key areas, that will take you through to a list of local and national services that can be accessed for the purposes of information and direct support.

For more information contact us on  
t: 07990 947093 - e: [info@the-waitingroom.org](mailto:info@the-waitingroom.org)

**common unity** Forward for life

**NHS**  
Supported by BSOI, CCG

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# Care Pathways - Learning Disability and Autism Programme of work

Birmingham and Solihull continues to work with system partners to enhance its Learning disability and /autism offer with a 3 year LD road map that focuses on building foundations already set within the learning disabilities and autism programme to ensure that children and young people with SEND have access to appropriate and timely support. The Birmingham SEND Revisit Inspection that took place in May 2021 highlighted a number of key areas to improve. BSol CCG is working in close partnership with the local authorities in Birmingham and Solihull to ensure that the health needs of children and young people with SEND are met. The process of improving a service starts with acknowledging weaknesses and putting mitigation plans in place as highlighted below.

## PROGRESS SINCE 2018

### COMPLETED:

- ☐ A named 'Transition Lead' is in place across all Health Providers with established pathways, policies and young-person friendly transition tools
- ☐ Strong clinical links across Health system established to support transitions between specialities and acknowledges medical as well as LD /A needs
- ☐ Importance of GP-led Annual Health Check from age 14 promoted widely in Health and on BCC Yr9 Review paperwork
- ☐ Information on Transition in Health is accessible and more updated via LO and Trust websites
- ☐ BCH and BCHC transition has focus on health support to school at Yr9
- ☐ BCHC WHAT transition tool ('Wellbeing and Health At Transition') from Yr. 13/14 (16yrs) completed with Parent / Carers provides a healthcare plan ready for transition (uptake 130 out of 400 WHAT templates completed)
- ☐ BCHC use an Annual Review template / Health advice template with PFA domains on for health advice for YP over 14yrs
- ☐ Understanding of PFA domains and importance of health input into Yr9 Review has improved via SEND awareness training
- ☐ Quality transitions from children to adult LD team are enabled through clinical case discussion at Transition Panel (in FTB)
- ☐ Easy read 'Wellbeing passports' and 'My transition' tools used across Health providers
- ☐ FTB 'wellbeing passport' as hand held record is coproduced with YP being piloted across 100 cases
- ☐ Strong health representation at fortnightly cross-agency Transitions Operational Oversight Group (TOOG) to ensure joined up EHCP transition packages post 18
- ☐ Strong links established strategically with Regional Transition Leads (under NHSEI 'Transforming Transition' programme)
- ☐ Expansion of DICE team to support crisis management in LDA
- ☐ ASD LD key worker pilot to be rolled out will support transition

### IN PROGRESS:

Scoping out with regional Transition leads a focus on quality improvement transforming transition (initiated Oct 20 paused due to Covid)

## WEAKNESS / RISKS

- Acknowledgement that transition pathways have weakened considerably during Covid (BWC survey Oct 20 confirms this)
- The breadth of health work around transition not fully mapped understood across system by partners in health or across system
- Covid impact means that Health collaborative work on the BCC Transition Strategy and action plan has been limited
- Uptake of Annual Health Checks is still low and value not fully recognised
- High levels of parent carer confusion and dissatisfaction reported related to diverse aspects of transition experience in health
- Parent / Carer engagement with 'WHAT' tool still limited
- Health transition work under WHAT tool not aligned to the key Yr9 Annual Review therefore disjointed experience for families
- BCHC Transition support currently focused on YP with complex medical needs in Special Schools only
- Flexibility of Health system to prioritise Yr9 AR and align to EHCP review is a challenge

## PLANS / MITIGATIONS IN PLACE

- Re- Establish Health leadership and links to the BCC transition strategy implementation Plan
- A stocktake of all transition pathways, tools and effectiveness across B-Sol health providers will involve CCG and key transition leads will be led by Nicky Pettit / Nathan Samuels under NHSEI 'Transforming Transition' starting in June 2021 with focus on quality improvements
- Full time Transition posts in BCHC to be confirmed to improve uptake of WHAT transition support and extend to students at Yr11 and Yr9
- LD/A focused work on improved quality and uptake of AHC is in place
- A Review of transition guidance for 24 ½ yr. olds from FTB to adult mental health services (BSMHFT) is taking place by clinical leads

# Improvements to Delivery in Response to Covid

In response to the Covid demands, a system response was ensured around children and young people's (CYP) care focusing on how Covid has impacted on the mental health and wellbeing of children and young people in Birmingham and acknowledging the requirement of a rapid service redesign to meet the needs of the children and young people.

A number of themes were identified that required rapid response:

- Presentation of higher-than-normal levels of mental health acuity
- Changes to the historic age ranges for children and young people requiring urgent care.
- Initial concerns over decreasing referrals in April 2020. Since July 2020 surge in demand that continues to rise.
- On-going workforce challenges.
- Adaption of MHS service accelerated delivery from F2F to Telemedicine.

Mitigation Plans were put in place to urgently address concerns and enhance Birmingham's children and young people's offer such as:

- STICK Team extended their level of support to schools and colleges (CYP and Teachers/Staff)
- Increased level of support available for Birmingham Universities.
- Enhanced Assessment approach assessing clinical risk
- Drop in sessions locally for staff support
- Staff enabled to work from home (where appropriate)
- Additional risk assessments completed for high-risk individuals (BAME, Shielding and vulnerable)
- Online intervention and group offer – Phase 1 has been completed providing online pathways within our core and specialist services and linked in with local partner such as Kooth to provide patients with an early help. Phase 2 will look at more Core online accessibility especially with larger groups, incorporating a “remote first” approach.

Access link - [FTB HOSC Presentation](#)

# Improvements to Delivery in Use of Digital

The BSOL digital strategy is part of the digital transformation of care to deliver the commitments within the NHS Long Term Plan with digital enabled mental health care delivered by 2024. The pandemic led to the need for technology to be this to be accessible more immediately.

The use of technology has enabled children and young people with mental health needs to access mental health support during the pandemic and assurance in place that it is safely delivered within appropriate governance structures:

- Shared COVID related practices with system partners
- At peak of pandemic there were weekly system meetings to identify system pressure points
- Telemedicine implemented at rapid pace ensured services continued (alongside face to face work where needed in line with risk assessment)
- Using online platforms to maintain links with partners, providers, children and young people / families.
- Local businesses donated tablets and mobile phones for children and young people who would not otherwise have access to them
- Worked with schools to identify safe spaces where children and young people could access technology to continue engaging with MH services
- Attendance and use monitored which suggests reduction in DNAs where digital contact used.
- Use of Healios for online autism assessments
- Providing mobile phones to the most vulnerable patients
- Linking into partner organisations remote wellbeing activities
- Updated guidance for working from home regarding confidentiality
- Contract with Kooth includes assurance on policies and processes around safeguarding etc
- Audit of CYP response to digital care provision

BSOL digital strategy is currently being finalised and will be published on the Birmingham and Solihull CCG website.

Specific improvements with FTB have included:

- Development of in-house online autism assessment offer
- Pilot of remote Carers Support group
- FTB Website re-design

# Improvements to Delivery

During the pandemic system working increased significantly and quickly. Birmingham's Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2021 builds on the collaborative working across agencies and established and newly forming partnerships that are reducing fragmentation in the planning, commissioning and delivery of our services. The Plan is being delivered in the context of wider local system reform, in which integration of health, social care and other services (including schools, colleges and the third sector) is seen as a key enabler to supporting improved outcomes for children and young people. Birmingham and Solihull CCG is working closely with Local Authority partners to strengthen our existing integrated commissioning arrangements, and integrated commissioning budgets. The strategy aims to:

- Develop robust measurable plans to address the inequalities further exposed by Covid pandemic.
- Continuing development of 0 – 25 new model of care
- Develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes
- Provide services that ensure the needs of children and young people who have special educational needs and disabilities, and their families, are at the heart of all that we do. We aim to offer this as locally as possible
- Ensure all mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND code of practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities
- Develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment, and training, as young people move into adulthood.
- Building on and strengthening blended models of care
- Expanding MHST Wave 6
- Creation of new roles
- Increasing and improving how parents are supported to understand and meet their young person's needs
- Continue the work across systems and the workforce to ensure children and young people's needs are met at the earliest point
- Strengthening and expanding our work with the Voluntary sector organisations



# Forward Thinking Birmingham – Improvements

FTB continue their programme of work following the Care Quality Commission (CQC) inspection in 5W Quality Improvement framework. The 5W approach is a quality improvement (QI) approach designed by Birmingham Women's and Children's NHS Trust to progress areas identified as requiring focus for change.

These five areas are outlined below and are aligned with overarching objectives, as FTB identified their own areas of improvement.

## 5Ws

| 5Ws                  | QI Objectives   |
|----------------------|---|
| <b>With Patients</b> | Our patients and families will be well-informed and involved in making decisions about their care       |
| <b>Waiting</b>       | Our patients have access to care when they need it and are discharged appropriately from our care       |
| <b>Without Harm</b>  | We will increase safety around medication prescribing and management, including HDAT                    |
|                      | We will increase the number of patients accessing early help services                                   |
| <b>Waste</b>         | We will increase the proportion of permanent staff that are employed by the organisation – retain staff |
|                      | We will increase the efficiency of our bed management system  |
| <b>Work life</b>     | Our staff are proud to recommend BWC as a great place to work   |
|                      | Our staff are able to make improvements in their place of work  |

One of the most significant pieces of transformation work as a result of this approach has been around waiting lists and access to services. The quality priorities set out for 19/20 that included effective access to services has continued to be a priority with our Waiting List work, Gateway 2, and a new Access policy. Maintaining a focus on access to services aligned perfectly with the 5W framework and the rapid improvement event on 'safe waiting lists'.



# Care Quality Commission

- The table below is how Forward Thinking Birmingham was rated in November 2019.
- This is a monumental improvement for FTB as in February 2018, the CQC published a report rating the service as Inadequate and issued twenty-eight requirement notices. As shown above the current rating of 'Good' for safe, caring and well led services now shines through due to the hard work of our teams across the city. The inspection focused on the core teams within each Hub, our Early Intervention (EI) and our Urgent Care service including Health Based Place of Safety (HBPoS). Our current CQC rating reflects the effort all staff have made to ensure that our services provide treatments such as care packages and programmes that are auditable, whilst delivering them with a value based approach regardless of role.

|     | Safe             | Effective                        | Caring           | Responsive                       | Well-led         | Overall                          |
|-----|------------------|----------------------------------|------------------|----------------------------------|------------------|----------------------------------|
| FTB | Good<br>Oct 2019 | Requires Improvement<br>Oct 2019 | Good<br>Oct 2019 | Requires Improvement<br>Oct 2019 | Good<br>Oct 2019 | Requires Improvement<br>Oct 2019 |

- Source: Annual review of Mental Health Service 2019/20 Forward Thinking Birmingham

# Care Quality Commission

- The current CQC rating reflects the effort all staff have made to ensure that our services provide treatments such as care packages and programmes that are auditable, whilst delivering them with a value based approach regardless of role.
- FTB will continue to build on the CQC report this coming year, by decreasing the length of stay and implementing the suicide prevention work. FTB will also continue to develop services to further reduce admissions overall and provide alternatives to our young people.
- One of the ways FTB will do this is through working with the charity Mind, who had a significant impact on supporting our young people's social barriers to discharge.
- FTB will drive work throughout 2020/2021 aligning our clinical outcomes with the wider Mental Health Service strategic vision, to enhance investment and associated activity.
- Thanks to the support from the FTB's Clinical Outcomes Group and Think4Brum, a four phased mental health clinical outcomes framework has been developed. The framework monitors quality and impact via the triangulation of data from routine outcome measure collation, service user feedback and data reporting via projects.
- This will be introduced through further training and supervision for clinicians by a targeted development of knowledge, which will provide a more confident way of working. The potential of improving case management will also support the quality and contingency of our overall reporting and reinforce staff performance, by identifying risky areas that require innovative solutions.

# **Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22**

## **SYSTEM RESOURCES**

NHS England and NHS Improvement



# Funding & Resource Allocation 20/21

Birmingham and Solihull System modelling has been used to review current mental health provision and to plan investment across system pathways, considering the NHS Long Term Plan commitments, local prevalence data, impact of Covid-19 and expected future demand. The table below sets out the additional investment made in services for children and young people in Birmingham during 21/22. This is in addition to local children and young people's transformation funding which has already been given to providers and is now recurrent in their contract funding. Additional funding was also allocated for adult pathways.

The funding streams are as follows:

- SDF (Service Development Funding) - Time limited Investment to support transformational redesign.
- SR (Spending Review allocation) - Non Recurrent Investment to support recovery from COVID19 and increased demand

\* Note: the Perinatal Mental Health funding is for the whole of Birmingham and Solihull

| Programme:              | Investment 21/22 |                        |  |
|-------------------------|------------------|------------------------|--|
|                         | SDF £'000        | SR £'000 Non-recurrent | Additional Centrally Funded Investment |
| CYP Community & Crisis  | 1,488            | 999                    |  |
| CYP Eating Disorders    |                  | 267                    |  |
| Young Adults 18-25      | 463              | 301                    |  |
| Perinatal Mental Health | 430              |                        |  |
| MHST - Wave 6           |                  |                        | 390                                    |

# Funding & Resource Allocation

20/21 funding allocations were not made in the usual way due to national changes introduced by NHS England in light of the Covid pandemic, whereby providers were paid through block contract arrangements.

|   |            |          |           |         |           |         |           | Draft   |           |           |           |           |
|---|------------|----------|-----------|---------|-----------|---------|-----------|---------|-----------|-----------|-----------|-----------|
|   |            |          | 2017-18   |         | 2018-19   |         | 2019-20   |         | 2020-21   |           | 2021-22   |           |
|   | Area       | Org      | BSOL      | SWB     | BSOL      | SWB     | BSOL      | SWB     | BSOL      | SWB       | BSOL      | SWB       |
| CCG Funding as per National Allocation      |            |          |           |         |           |         |           |         |           |           |           |           |
| Application of Funding                      |            |          |           |         |           |         |           |         |           |           |           |           |
| CYP Monies allocated to FTB                 | Birmingham | FTB      | 1,783,312 | 399,453 | 1,783,312 | 399,453 | 1,783,312 | 399,453 | 1,783,312 | 399,453   | 1,783,312 | 399,453   |
| Programme Office                            | Birmingham | BSOL CCG | 90,460    | 20,262  | 90,460    | 20,262  | 90,460    | 20,262  | 90,460    | 20,262    | 90,460    | 20,262    |
| MST   | Birmingham | FTB      | 40,850    | 9,150   | 40,850    | 9,150   | 40,850    | 9,150   | 40,850    | 9,150     | 40,850    | 9,150     |
| Innovation Hub                              | Birmingham | FTB      | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300    | 81,700    | 18,300    |
| LAC Pathway                                 | Birmingham | FTB      | 61,275    | 13,725  | 61,275    | 13,725  | 61,275    | 13,725  | 61,275    | 13,725    | 61,275    | 13,725    |
| ASD   | Birmingham | FTB      | 106,210   | 23,790  | 106,210   | 23,790  | 106,210   | 23,790  | 106,210   | 23,790    | 106,210   | 23,790    |
| Perinatal Mental Health                     | Birmingham | FTB      | 102,125   | 22,875  | 142,975   | 32,025  | 142,975   | 32,025  | 142,975   | 32,025    | 142,975   | 32,025    |
| EIS   | Birmingham | FTB      | 40,850    | 9,150   | 40,850    | 9,150   | 40,850    | 9,150   | 40,850    | 9,150     | 40,850    | 9,150     |
| Care Leavers Service                        | Birmingham | FTB      | 24,510    | 5,490   | 24,510    | 5,490   | 24,510    | 5,490   | 24,510    | 5,490     | 24,510    | 5,490     |
| Pause Additional Capacity                   | Birmingham | FTB      | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300    | 81,700    | 18,300    |
| Crisis Line                                 | Birmingham | FTB      | 40,850    | 9,150   | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300    | 81,700    | 18,300    |
| Personality Disorder Service                | Birmingham | FTB      | 25,327    | 5,673   | 254,904   | 57,096  | 254,904   | 57,096  | 254,904   | 57,096    | 254,904   | 57,096    |
| Early Help                                  | Birmingham | FTB      | 166,084   | 37,201  | 332,166   | 74,403  | 332,166   | 74,403  | 332,166   | 74,403    | 332,166   | 74,403    |
| School Based 6 weeks congruent psychosocial | Birmingham | FTB      | 67,539    | 15,128  | 135,077   | 30,256  | 135,077   | 30,256  | 135,077   | 30,256    | 135,077   | 30,256    |
| CASE  | Birmingham | FTB      | 17,030    | 3,814   | 34,059    | 7,629   | 34,059    | 7,629   | 34,059    | 7,629     | 34,059    | 7,629     |
| Workforce Lead                              | Birmingham | FTB      | 24,406    | 5,467   | 48,812    | 10,934  | 48,812    | 10,934  | 48,812    | 10,934    | 48,812    | 10,934    |
| Working with Schools                        | Birmingham | FTB      | 0         | 0       | 48,938    | 10,962  | 48,938    | 10,962  | 48,938    | 10,962    | 48,938    | 10,962    |
| Mental Health Input into Social Care (BCC)  | Birmingham | BCC      | 49,020    | 10,980  | 49,020    | 10,980  | 49,020    | 10,980  | 49,020    | 10,980    | 49,020    | 10,980    |
| Headstart (BEP)                             | Birmingham | BEP      | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300  | 81,700    | 18,300    | 81,700    | 18,300    |
| Newstart (BEP)                              | Birmingham | BEP      | 14,951    | 3,349   | 14,951    | 3,349   | 14,951    | 3,349   | 14,951    | 3,349     | 14,951    | 3,349     |
| Acacia (FTB)                                | Birmingham | FTB      | 40,850    | 9,150   | 45,314    | 10,150  | 45,314    | 10,150  | 45,314    | 10,150    | 45,314    | 10,150    |
| Neuro Developmental Pathway                 | Birmingham | FTB      | 53,922    | 12,078  | 107,844   | 24,156  | 107,844   | 24,156  | 107,844   | 24,156    | 107,844   | 24,156    |
| ADHD Drugs                                  | Birmingham | BCHC     |           |         | 0         | 0       | 0         | 0       | 0         | 0         | 0         | 0         |
| South Asian & Muslim Mental Health          | Birmingham |          |           |         | 0         | 0       | 0         | 0       | 0         | 0         | 0         | 0         |
| Neuro Developmental Investment in BCHC      | Birmingham | BCHC     | 174,838   | 39,162  | 0         | 0       | 46,557    | 0       | 847,463   | 152,537   | 847,463   | 152,537   |
| Neuro Developmental Investments in FTB      | Birmingham | FTB      |           |         | 0         | 0       | 0         | 0       | 423,731   | 76,269    | 423,731   | 76,269    |
| BCHC Additional Investment into ND          | Birmingham |          |           |         | 0         | 0       | 0         | 0       | 668,000   | 0         | 668,000   | 0         |
| ADOS Assessment                             | Birmingham | BCHC     |           |         | 102,942   | 23,058  | 0         | 0       | 0         | 0         | 0         | 0         |
| Healios Investment                          | Birmingham |          |           |         | 0         | 0       | 0         | 0       | 172,500   | 0         | 0         | 0         |
| Total Investment Birmingham                 |            |          | 3,169,509 | 709,947 | 3,791,269 | 849,218 | 3,734,884 | 826,160 | 5,800,021 | 1,054,966 | 5,627,521 | 1,054,966 |

# Workforce Planning

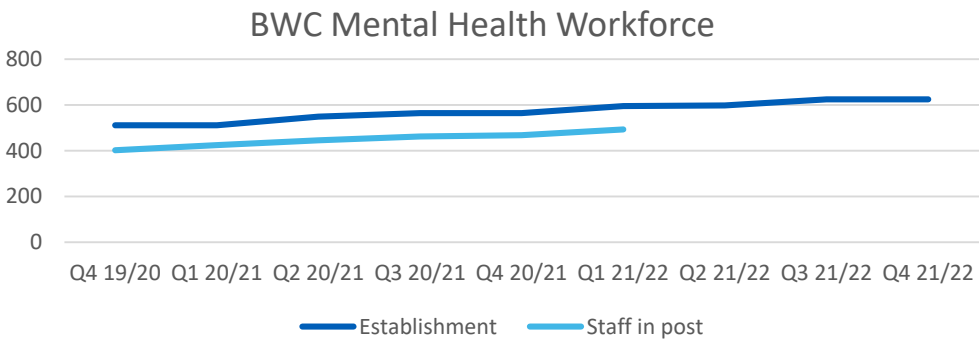
- The workforce plan aligns with the wider Sustainability Transformation Plan. This will be monitored through the recently refreshed Integrated Care System Workforce Group whose membership includes representatives from NHS Providers, Voluntary and Community Sector, Primary care, Clinical Commissioning Group and Health Education England. The Workforce Group will report risks and progress to the Transformation Board. There is high level commitment and involvement in the Workforce Group
- As part of the NHS Long term Plan and Service Development Fund 100 WTE additional workforce has been identified across the system. In recognition of limitations of the supply of traditional roles this includes many new roles Administration staff have also been included in the growth to release capacity for clinicians.
- Existing workforce data has been used to establish the gap in capacity and capability. Ethnicity data is regularly analysed to identify trends, risks and opportunities. Age profile helps us to identify potential retirements to enable us to succession plan.
- The Service will build capacity in partner agencies to support children and young people with emotional wellbeing and mental health needs, providing consultation, advice and training for schools and other settings, including understanding and managing behaviour, Solihull Approach, and mental health first aid. Where appropriate the Service will lead a multi-agency approach to both delivery and receipt of training, using partner experts and young people to co-deliver training sessions.
- There is ongoing training for Children and Young People wellbeing practitioners and Education Mental Health School Team
- A system Mental Health workforce plan has been developed.

# Workforce - Forward Thinking Birmingham

- As part of the Training needs assessment, FTB are looking at utilising our existing staff who specialise in Learning Disability and autism to train and develop tools to increase capability of the wider workforce.
- The workforce plan outlines the need for an inclusive recruitment approach. In addition, the creation of new roles such as apprenticeships, peer support workers and nursing associates should support a more diverse workforce. The plan also includes the intention to tap into under represented groups such as refugees. We have recruited a Skills Improvement Lead, part of the role will be to ensure that our recruitment processes are inclusive and if appropriate target diverse groups.

Table below shows workforce growth:

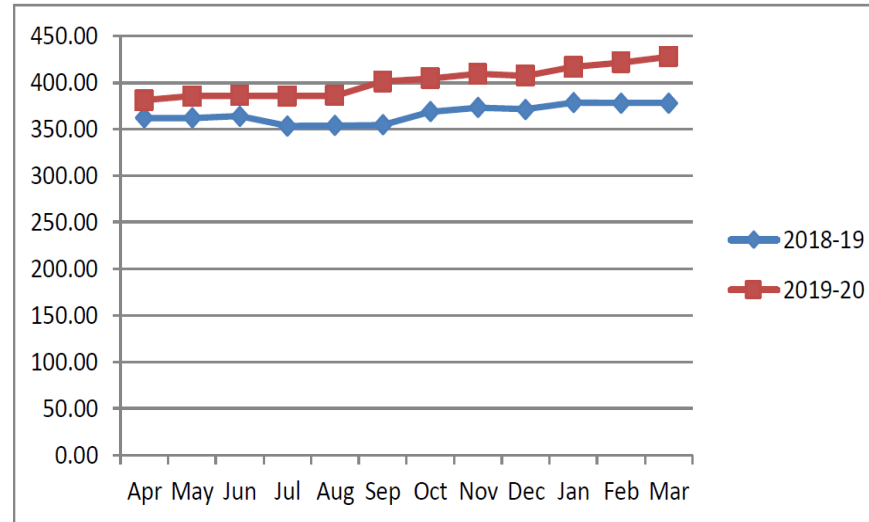
|               | Q4 19/20 | Q1 20/21 | Q2 20/21 | Q3 20/21 | Q4 20/21 | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Establishment | 511.2    | 511.2    | 549.02   | 563.82   | 563.82   | 594.36   | 597.19   | 623.9    | 623.9    |
| Staff in post | 401.6    | 424.05   | 444.38   | 461.62   | 468.03   | 493.11   |          |          |          |





# Workforce - Forward Thinking Birmingham

The graph below highlights 2018-2019 growth of FTB 15 WTE posts, compared to 2019-2020 of a further 47 WTE posts.



Some of the most significant interventions implemented in 2019/2020 that we are most proud of are: The introduction of a monthly Workforce Supply Meeting; Actively converting agency Mental Health nurses into MHS substantive posts; Employing other professional registrants into Mental Health Nursing Vacancies such as Social Workers; Recruiting Band 5 Mental Health Practitioners and providing a development plan; Participating in the National pilot for Educational Mental Health Practitioners; Encouraging 'Return to Practice' Placements; Partnering with Mind Charity to include Social Prescribers in Urgent Care; Producing Trainee Nursing Associates opportunities in both FTB and inpatient CAMHS; Focusing on international Medical recruitment throughout the year; A Psychology workforce & recruitment plan being implemented.

FTB will be commencing a new Learning Disabilities nursing apprenticeship pilot, as well as other projects that due to Covid-19 were put on hold. Following projects delayed due to pandemic will now resume: A Peer Support Worker Pilot, with training due to commence in July; Introducing Physician Associate Interns starting in June; The introduction of the newly developed Shelford tool at inpatient CAMHS which will monitor patient activity and safe staffing, this was due to be completed in March but was delayed due to Covid-19 and will now commence as soon as appropriate meaning the data collected can be used to evidence decisions around staffing supporting clinical judgment. There is also planned expansion of the Early Intervention Service subject to LTP funding alongside an increase in support roles within the core teams. Another focus for our Workforce Supply Group is to look at and assess the opportunities available for professional leads to work in a multi-disciplinary way to form more innovative ways of working.

# Workforce – Forward Thinking Birmingham

## Inclusion Data:

- There have been some positive shifts in the MHS staff survey inclusion indicators; the Staff Survey results showed 0.20 increase from 8.4 in 2018 to 8.6 in 2019 in engagement scores on questions relating to diversity and inclusion across Mental Health Services division.
- Whilst some progress has been made with reasonable representation at Band 7 and above, we realise there is still a need for improvement.
- There is still work to be done to ensure that culture, teamwork, leadership, and any programmes of work positively impact on the individual/team experience.
- Workforce Race Equality Standards (WRES) data 2019, showed that in quarter 1 MHS candidates were 1.09 times more likely to be appointed if they were white as opposed to BAME compared to the wider BWC Trust where this is 1.6 - this will be compared in Q1

|   | BAME (wte) | Bame (%) |
|---|------------|----------|
| <b>FTB</b>  | 104.68     | 33.76%   |
| <b>Inpatient<br/>CAMHS</b>                                | 19.83      | 16.85%   |
| <b>MHS Total</b>  | 124.50     | 29.10%   |
| <b>Band 7 &amp; above</b>                                 | 27.90      | 40.55%   |
| <b>% is of total<br/>bnd7 and<br/>above<br/>workforce</b> |            |          |
| <b>Medical<br/>(excludes<br/>trainees)</b>                | 18.0       | 62.32%   |

# Workforce – Wellbeing Support

## Actions to support the wellbeing of the staff team during Covid-19 pressures and ongoing

### Progress since March 2020

- System wide Mental Health & Wellbeing Hub for health and social care staff implemented
- New universal offers also open to staff including 24/7 Mental Health helpline, single point of access for bereavement support and Long Covid pathway
- Provider specific wellbeing initiatives
- Risk assessments completed and reviewed regularly to support vulnerable groups – options for remote and or restricted working in place.
- Access to senior staff in various forums to support with issues related to health and safety and the application of effective Infection Control and where experiences could be shared and acted upon
- Inclusion and diversity agenda progressed across the division that was led by ground floor staff.
- Access to Occupational Health and staff support
- Guidance developed on safe and effective use of remote working with focus on improving patient experience
- Trust wide ACT workshops to support staff resilience
- Access to Personal Protective Equipment (PPE), Covid testing and vaccination
- BSol Our People website launched: [Our People – Empowering those caring for our communities \(bsolpeople.nhs.uk\)](https://bsolpeople.nhs.uk)

#### In progress:

- Psychologically informed training to support engagement with physical health monitoring and vaccinations uptake

### Weakness/Risks

- Staff interval fears and anxieties
- Time to release for pastoral and self-care given the pressures circulating with a global pandemic

### Plans/mitigation in place

- Remote and agile working options.
- Locally designed directives shaped by national guidance that supported safe working practices (eg face to face contact – when and how)
- Full adherence to national guidance and support around isolation for vulnerable groups
- Self care and regeneration areas identified
- **Staff Mental health wellbeing offer -**



# **Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22**

## **ACHIEVEMENTS**

NHS England and NHS Improvement



# Our achievements in the past year include:

- Birmingham and Solihull approach to mental health support during pandemic
- System partners maintained and developed and flexible approach during the pandemic
- Workforce demonstrated tremendous commitment and personal resilience
- Cross sector partnership working challenged and removed barriers at pace to ensure children and families were cared for and safe
- Providers' resilience to maintain and develop blend of support to children, young people, families and system workforce
- Continued delivery of staff training, development and support including system workforce training
- Mental Health Surge modelling to inform the impact Covid has had and is expected to have in the coming years.
- The opening of an all-age Bereavement Support Service across Birmingham and Solihull
- Crisis House fully implemented in January 2021
- 24/7 Mental Health Helpline established
- Digital improvements e.g. increased access to online care and support, improved access, upgraded IT kit
- Creation of new types of roles - as part of the Long-term Plan and Service Development Fund 100 WTE additional workforce has been identified; in recognition of limitations of the supply of traditional roles this includes new roles such as nursing associates, physician associates and care navigator roles.
- Increased investment in Voluntary and Community Sector (VCS) and core services
- Success of 3-year Learning Disability and Autism plan and funding awarded
- Collaborative projects across Birmingham and Solihull includes Education, Eating Disorders, Workforce and Mental Health Support Teams.
- Increased support of the workforce, through the development of staff Wellbeing Hub, access to a range of supportive services and BSol Our People website.
- Community Mental Health Transformation model of care from age 18 onwards. This has enabled further investment into Primary care settings to support access at the earliest point of need. Years 2 and 3 of the plan also include further investment into Eating Disorders.

# Our achievements in the past year include:

- FTB continues to respond to the challenges that the Covid-19 pandemic has presented. Two major changes have been transitioning to non-face to face digital consultation appointments where clinically safe, and all staff working remotely when possible.
- By making these dynamic changes we have been able to maintain a consistent level of high-quality access and care to our service users, when they need us most.
- The Quality Assurance framework provides healthy governance around the service changes that have been required by identifying the rationale behind them, and gives our new Ethics group the space to raise any ethical care dilemmas or risks. It is essential that we continue to monitor and track the changes made, as we assess the impact they have had on patients as we move into the 'Recovery and Restoration' phase.
- The **#you'vebeenmissed** campaign message and materials remain as relevant now as before, the aim of the current resource offer is to support all children back to school where appropriate and possible and to identify and respond early to children who may struggle to return and be at risk of extended non-attendance.
- Since the first return of schools in September of this year, FTB, Education Psychology Service and BEP have delivered ongoing training and development opportunities. In addition, the DfE's Wellbeing for Education Return programme training has been disseminated to all schools and will continue to be shaped by need.
- 162 staff have attended mental health training over the past year, funded by New Start.
- School nursing offer over the pandemic
- 82% of Birmingham schools have engaged with at least 1 BEP event over the year (84% of primaries and 86% of secondaries)
- Over 1000 subscribers to the Birmingham Education Partnership inclusion newsletter which is the source of information sharing around mental and emotional health.
- Additional funding has been put to further develop and extend the Birmingham Youth Offending Service Sexually harmful behaviours model of care into Solihull and becoming a BSOL approach.

# Good Practice Examples

## Eating Disorders - Seen as best practice

- Development of the community Eating Disorders Service that removes barriers hindering access, enabling self-referral and eliminating transitions that previously occurred at key ages for young people and their families. Further information is highlighted in earlier slides.

## Crisis Model - Seen as best practice

- Crisis Services to Children and Young People delivered by both BWCH /Forward Thinking Birmingham 0-25, and BSMHFT/ Solar within the STP. Both Services have their own established self-referrals in place. In addition, an all-age Crisis Service support is available 24/7 in Birmingham. Further information is highlighted in earlier slides.
- Vulnerable Child risk register created in first lockdown with health & education partners to ensure all children open to social care/EHCP/secondary care were accessing education or being seen regularly by professionals.
- Extra workshops and resources for CYP, families and partners throughout the pandemic including **#wearethinkingofyou** (Solihull) and **#YouveBeenMissed** (Birmingham) campaigns. Example impact of #YouveBeenMissed - 1200 educators trained in mental health related topics to help identify early warning signs and understand how to support CYP to access FTB services, STICK team links with 350 schools and 200 CYP accessed webinars. Also approximately 100,000 FTB patient contacts.
- Parent, Carer and Educational setting Guide on supporting children with autism to manage death, loss and grief.
- Forward Thinking Birmingham developed a Wellbeing Survival Guide, a resource designed to support children and young people and their families on how to manage at the height of the pandemic and during the lockdown.
- The survival guide highlighted various support groups/ resources such as online Zumba classes and online free music sessions.
- It also gave links on where to get support when feeling anxious and had colouring activities to keep the CYP engaged while on self- isolation.
- [Self Isolation Survival Guide](#)



Return to School  
Offer



Bereavement and  
tism - A Guide for



# Best Practice case study

A 13-year-old girl identified to the Mental Health Support Team (MHST) as requiring intervention due to a change in behaviour. Previously, the young person had been very interested in school and had achieved academically however following lockdown she appeared to lose interest in school and her friendship group changed. Parents also reported difficulties in managing her behaviour at home and that she wouldn't leave her bedroom when at home without arguments.

MHST were able to offer assessment to the young person in the school environment and from the assessment noted she was low in mood and there were signs of potential exploitation.

## TREATMENT AND INTERVENTION (Joint MHST and STICK)

- 1-1 sessions with EMHP for the young person around behaviour activation
- Consultation and supervision sessions offered for school from the STICK team to up skill teaching and mentoring staff around "Emotionally Based School Avoidance" and also exploitation
- Group Non Violent Resistance (NVR) offered to parents to provide skills training and peer support in managing young person's behaviour at home.

# Best practice Case Study

## Supporting CYP returning to school – Birmingham and Solihull MHST

### #youvebeenmissed – supporting children and young people returning to school

- **Situation:** Birmingham is taking a partnership approach to emotionally based school avoidance/extended school non-attendance (EBSA). Parents/carers, Education and Health partners have needed clearer guidance to be able to offer early help at the first signs of a child's attendance waning.
- **Solution:** To produce a broad range of resources for parents, young people and professionals including a new referral pathway for primary care colleagues where a child or young person may be in need of further support. #youvebeenmissed offers a trauma-informed message for children and young people returning to school. We know how important it is for us all to have the experience of being held in mind, hence the title of the project.
- **Activity:** As the Covid-19 pandemic hit we realised the #youvebeenmissed tag had even greater relevance and one of our EMHPs was redeployed to the project to use her training and skills to contribute to creating resources, short films and materials to help children and young people across the city. Resources include: psychoeducation and brain function, therapy toolkits, Non-Violent Resistance (NVR) guidance, webinars for professionals and parents, sleep, worry, stress, low mood, goal-setting, routine, self-help films for young people, and accessible and scaffolded low level Cognitive Behavioural Therapy (CBT) interventions.
- These all sit alongside banners and postcards for schools to welcome children back and also to get in touch when children are not able to attend to let them know they are being held in mind.
- **Impact:** The project/campaign will take major effect from September 2020 as resources become live.
- The expected outcome of the campaign is schools and parents being better equipped to support their children back into school and therefore avoiding any significant troubles in the child readjusting back to education following COVID19. The MHST have adjusted to a hybrid delivery method, using both digital and face to face intervention to maximise the engagement of CYP's, parents and teaching staff. The useful guidance from #YBM also allows for home visits from the wider STICK team where appropriate to assess and engage CYP's who are not able to engage with digital solutions and who are not in school. This approach will be business as usual going forward.
- A small cohort of those engaged in the campaign will require additional assessment and treatment from Forward Thinking Birmingham /BCC Teams
- Those who successfully return to school will have a positive, trauma responsive experience where they are able to thrive post-COVID-19
- We would hope to continue to record training videos following the COVID-19 recovery to continue to invest heavily into the emotional wellbeing of the 244,000 school-aged children in Birmingham.

(Birmingham MHST, August 2020)

|   |  |
|---|--|
| Region  | Midlands   |
| Wave of MHST Programme                          | Wave 2 – 19/20   |
| Number of other MHST in region to date          | 2 teams across Birmingham and Solihull and a range of teams throughout the region  |
| Geographical area covered                       | Birmingham and Solihull  |
| Key features of the locality                    | Urban  |
| No. of schools and schools type covered by MHST | 45 education settings including primary, secondary and special schools and FE colleges.  |
| Workforce                                       | 2 teams with 8 EMHPS, Service manager, senior wellbeing practitioner, senior admin, CYP wellbeing practitioner and project manager roles |

# Development for 2021/22

As Birmingham and Solihull (BSOL) moves at pace to an Integrated Care Organisation, we continue the progress we have made with system wide providers, including VCS on establishing a Provider led collaborative model. BSOL's aspirations are demonstrated as system commitment to children and young people's wellbeing and mental health which can be evidenced through joint planning and shared funding arrangements. These funding arrangements are building capacity of established models of care that work around the system and into social care, education, voluntary sector and health. In terms of the Integrated Care System outlined earlier, the proposed 'CYP care programme' will in effect deliver the strategic plans. The care programmes are likely to be led by aligned provider collaboratives.

Over the next 12 months we will continue to progress the delivery of the needs assessment priorities in this document and at the same time collaboratively develop our new 0-25 model for mental health services for Birmingham and Solihull based on the learning from our transformation journey. Whilst we will move to a single Children and Young People Local Transformation Plan for Birmingham and Solihull, we will continue to have a focus on place-based provisions.

## **The aim is to :**

- Develop a clear measurable plan on how we will understand our communities needs
- Address Inequalities by improving access and outcomes
- Support and develop our workforce to ensure the care is culturally sensitive and needs driven.
- Ensure that all care plans are developed with children and their families
- Ensure crisis plans are led and responsive to both child and family's needs
- Continue to improve the crisis model and the crisis offer
- Eliminate overlaps in care inefficiencies in the system such as children/families having to repeat their stories
- Eliminate Gaps in care, Exploitation, Domestic Abuse, Sexual Abuse, Foetal Alcohol Syndrome, Early years mental health
- Thresholds are clear and not blurred (Neurodevelopmental, Parenting, Bereavement/Complex Grief and co-morbid mental health
- Improve communication knowing what the offers are, who by, inclusion/exclusion, how to access and inefficiencies in the system
- Reduce waiting lists/waiting times on Specialist Assessment Services
- Continue to support education providers to be better able to support CYP at the earliest point of need
- Expand our approach to parent support and future aspirations
- Disordered eating as opposed to eating disorder
- Mental health support for autism
- To continue to reduce numbers of young people that are admitted to Tier 4 bed and to reduce length of stay

# Performance

## Access Standard

### Five Year Forward View ambition

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

- Birmingham has not met this target 20/21 achievement 27.5 %  
We know there are substantial data quality issues. A Data Quality Improvement Plan' has been developed and performance is improving.

**By 2020/21, evidence-based community Eating Disorder services for children and young people will be in place in all areas, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine case.**

- Birmingham has achieved this target, however during the pandemic we have seen a 53% higher than expected number of children and young people presenting with eating disorders and disordered eating, consequently the target was missed for a small number of patients. However, a clinical risk assessment was undertaken of these young people and no harm was caused by the delay.

**Early Intervention in Psychosis (EIP) services delivering NICE compliant model of care, achieve 60% meet the two-week waiting time by 2020/21 and achieving National Clinical Audit of Psychosis (NCAP) level 3.**

- Birmingham has not consistently achieved this target. During the pandemic, a higher than expected number of young people presented potential psychosis. At Quarter 1 20/21 73% of patients were seen within 2 weeks.  
We know that there are substantial data quality issues. A Data Quality Improvement Plan has been developed and performance is improving.

### Mental Health Support Teams in Schools

- Birmingham has one established team and is currently developing the second team.

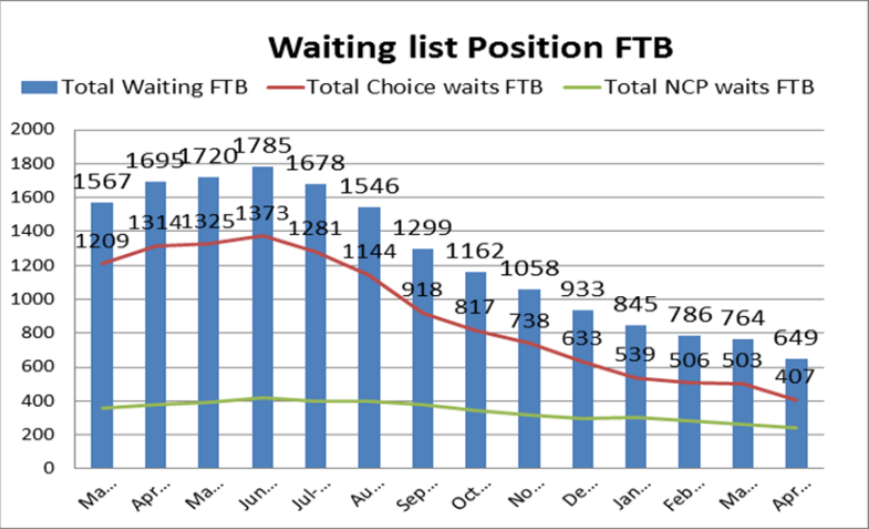
### Workforce requirements: Delivering the increase in access to mental health services

- The STP is reaching the target to increase the workforce, however the workforce remains a challenge across the system. There has been significant progress by creating new roles, working as a system on recruitment, sharing expertise and joint learning and development.

# Performance

## Waiting list

During 2019/20 FTB have reduced the waiting list by over 1000 patients; a fantastic achievement due to creating better access to services and listening to patients. At the start of the year there were on average 25-30 fifty-two week breaches every month; this number is now zero.



## Time to Treatment

FTB’s wider work to manage capacity and demand an additional layer of clinical triage, ‘Gateway 2’ has been implemented with regard to all new referrals. This, alongside a range of other initiatives, has led to a reduction in referrals to core service. On-going increased demand on service and a subsequent increase in the number of cases waiting for NCP alongside known capacity issues has led to an increase in overall % of cases not hitting 18-week RTT target.

| National Indicators   | March -18 | March -19 | March -20 | June 21 |
|---|-----------|-----------|-----------|---------|
| Patients on incomplete-non emergency pathway (yet to start treatment) should have been waiting no more than 18 weeks from referrals | 82%       | 66%       | 52%       | 69%     |

# Performance - Forward Thinking Birmingham

**Was Not Brought (WNB) Did Not Attend (DNA) rates for Forward Thinking Birmingham**

| DNA 0 – 18 years Report                            | 2017/18 | 2018/19 | 19/20  | 20/21 |
|--|---------|---------|--------|-------|
| Percentage of DNAs at First Outpatient Appointment | 14.1%   | 14.38%  | 10.71% | 8.78% |
| Percentage of DNAs at First Follow Up Appointment  | 10.0%   | 4.17%   | 5.88%  | 9.95% |

The CAMHS Benchmarking report from December 2013 found an average of DNAs in tiers 1-3 CAMHS of 11%. This is used as a way of comparing rates against a national average. The report can be viewed [here](#).

# Performance - Forward Thinking Birmingham

## Referrals

| Referral Source         | 18/19  | 19/20  | 20/21  |
|-------------------------|--------|--------|--------|
| Total referrals         | 16,831 | 17,222 | 16,747 |
| Access Centre Referrals | 15,490 | 15,970 | 15,399 |
| Non AC Referrals        | 1,341  | 1,252  | 1,348  |

## Waiting Lists

| FTB Local Standards (Choice/Partnership waits)                           | 19/20 | 20/21 YTD |
|--|-------|-----------|
| Incomplete - % waiting less than 18 weeks                                | 56%   | 67.3%     |
| Choice Incomplete - % waiting less than 8 weeks<br>(includes medic only) | 25%   | 39%       |
| Number of 52 week waits  | 28    | 0         |

FTB monitor all referrals that have exceeded the 18-week referral to treatment target through monthly contract monitoring and a detailed breach report.



# Risks and Mitigation Plans

| Risk  | Detail  | Mitigation  | Risk Management  |
|---|---|---|--|
| Forward Thinking Birmingham (FTB) is funded to provide treatment to 35% of CYP with a diagnosable mental health problem. Demand has been increasing year on year and due to the pandemic referrals are at the highest level ever. | As awareness of mental health problems, referral pathways improve, impact of pandemic there has been more referrals to FTB – leading to increased waiting times.  | <p>Increased the range of treatment options – including online support and counselling, group work, online CBT options.</p> <p>Work with the wider system to support CYP with emotional wellbeing and mental health issues early to prevent them escalating where possible by increased capability of early help services including schools, colleges, school nurses, health visitors and third sector providers.</p>   | This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board |
| Demand  | <p>Crisis</p> <p>There are concerns regarding the rise in referrals into young people's crisis service. A reduction in Tier 4 beds continues to be a challenge with national shortages which are having impacts on staff capacity for young people being cared for in the community</p> | <p>Birmingham and Solihull (BSOL) approach to crisis /provider collaborative: BSOL are working with partners in the Voluntary and Community Sector to establish a range of support options for people in mental health crisis. 24/7 open access crisis and mental health support will be available to all by 2021.</p> <p>Recruitment to our fully-funded Core 24 Psychiatric Liaison Services in all A&amp;E sites began in October 2019. BSOL and Multi-agency suicide reduction plans with the ambition of achieving zero suicides. Increased bereavement support.</p> <p>Additional funding for crisis support was received during the pandemic to help manage the demand. Staffing levels in crisis team did not match the demand as such additional staffing was sourced.</p> | This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board |

# Risks and Mitigation Plans

| Risk  | Detail   | Mitigation  | Risk Status   |
|---|--|---|---|
| Demand  | <p>An audit on the impact of COVID 19 on the 0 – 25 Eating Disorders service shows an 53% increase in referrals. These increased demands may have an impact on waiting times, increased pressure and workload on staff, and delayed access for under 10 young people to the service. There is a possibility that the effects of COVID-19 on this eating disorder service are only beginning to emerge, and that the demands on the service will increase during the next six months.</p>   | <p>Capacity and demand modelling is ongoing across all areas of Solar and BSOL which is especially important with increased numbers of referrals. The Eating Disorder team have been working with colleagues in Solar and Barberry to ensure that transformation monies across the system follows demands and need.</p>   | <p>This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board</p> |
| Demand and Safeguarding Unseen pupils - Out of School due to Pandemic/isolation | <p>The impact of lock down many children may have been affected by disruption to their daily routine, not being able to see friends which increased risk of mental health and wellbeing. Most children have returned to school, however with summer holidays it is important to remain vigilant. and we await to see the impact of schools returning in September 2021 and the impact on children's mental health and potential safeguarding/safety concerns which may be highlighted at this time</p> <p>The impact of lockdown during the Covid pandemic on the mental health and wellbeing of vulnerable children were unseen by professionals.</p> | <p>Whilst not all initial assessments and new patient appointments were moved to online, a significant number were, but we are now seeing young people face-to-face more regularly.</p> <p>This has been particularly important as despite children returning to school before the end of the academic term, the summer holidays provides another risk period where children may not be seen by professionals, ensuring that children are seen face-to-face in this time mitigates against that risk.</p> | <p>This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board</p> |

# Risks and Mitigation Plans

| Risk   | Detail  | Mitigation   | Risk Status  |
|--|---|--|--|
| Children and young people with additional vulnerabilities<br>Learning Disability<br>Autism<br>Children in Care<br>Care Leavers<br>Carers<br>Exploited<br>Known to YOS<br>LGBTQ<br>Unaccompanied asylum seekers (UCAS)<br>Black and Asian | <p>We know that these groups of young people were more isolated due to the pandemic and that their networks of support was also impacted.</p> <p>We know that the during the summer when the Black Lives Matter protests were seen, this hit our communities harder at a time when community support was most needed.</p> <p>We know the pandemic also saw a rise in those young people most vulnerable to exploitation were potentially missed through the systems usual mitigation sources; being in school, seen by case workers.</p>              | Additional resource has been identified to try and manage growing waiting lists and waiting times through non recurrent surge and recurrent funding. System working continues across health, Social Care and education providers.  | This is overseen by the CCG contracting, Local Transformation Board  |
| Workforce  | Staff continue to be affected by Covid19, both in terms of personal losses, bereavement, illness, and the impacts of social isolation, increased health anxiety, and adapting as we all are to a pandemic. Recruitment has been an additional pressure, with many recruitment drives ending up with people not local to the area wanting to only work remotely and not be available in the community, with changing ways of working for the nation, however, to ensure patient safety and quality of clinical care this has not always been possible. | <p>We continue to look at recruiting flexibly to meet the needs of our service users.</p> <p>Recruitment has been impacted by Covid significantly. There is a national shortage in positions in CAMHS, particularly psychology, psychiatry and mental health nursing. Providers are carrying some vacancies. Skills analysis is ongoing to look at the training needs and areas of strength in the workforce.'</p> | This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board |

# Risks and Mitigation Plans

| Risk                  | Detail  | Mitigation   | Risk Status  |
|-----------------------|---|--|--|
| 4 week waits          | New standards coming out on 4 week waits from referral to receiving care- how is that going to be achieved  | Awaiting notification of timescales at present.  | This is overseen by the CCG contracting  |
| CYP Representation    | CYP input has reduced since meetings have gone online as a result of the pandemic. There has been no CYP representative on the local transformation board | We continue to work as a system to link across co-production, engagement with young people.  | This is overseen by the CCG contracting , Local Transformation Board   |
| Parents Mental Health | Impact on parents with their own mental health issues, ability to cope and support their children   | <ul style="list-style-type: none"> <li>Specialist community Perinatal Mental Health (PNMH) service commissioned across Birmingham and Solihull working towards key objectives:</li> <li>Increase Access to services (2021/22 Target of 8.6% of the population birth rate)</li> <li>Ensure that mechanisms are in place to ensure that women with lived experience are actively involved in the development of local perinatal mental health services (including a focus on Infant Mental Health)</li> <li>Ensure Perinatal Mental Health services understand access challenges for different groups (such as BAME and younger parents) and are working towards equal and timely access.</li> </ul> | This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board |

# Risks and Mitigation Plans

| Risk  | Detail  | Mitigation   | Risk Status  |
|---|---|--|--|
| Down Syndrome access to mental health support | BSOL Parent Carer forum have received reports from parents/carers that they are experiencing difficulty in accessing mental health support for CYP's with down syndrome | There is a programme of work in progress to address CYP with LD and/or Autism needs across all pathways – with a focus on crisis and Eating Disorders. A workforce programme of work continues to be delivered and further developed.  | Overseen by the CCG Contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board |
| Child development                             | Reduction in child development checks at age 2, currently 1 in 5 children affected.   | <ul style="list-style-type: none"> <li>•Covid will have affected health visitor ability to carry out some visits and checks that would normally be carried out face to face therefore risk reduction in opportunity to offer early support.</li> <li>•Restoration / Recovery plans</li> <li>•Reviewing of data at district level in relation to 6–8-week health visitor check and 2-year review to determine trends/ concerns and address in a timely manner.</li> </ul> | Commissioned and monitored by local authorities  |

# Risks and Mitigation Plans

| Risk         | Detail  | Mitigation   | Risk Status   |
|--------------|---|--|---|
| Autism       | <p>Increased demand for assessment has led to long waits across BSOL.</p> <p>Workforce needs to be appropriately trained to ensure that pathways including crisis are Autism aware and a differentiation offer is available and accessible.</p> <p>System workforce trained to understand the mental health implications for this cohort.</p> | <p>Additional investment to address long waits has been secured. Providers also utilising Digital assessments.</p> <p>There is a programme of work in progress to address children and young people with Learning Disability and/or Autism needs across all pathways – with a focus on crisis and Eating Disorders.</p> <p>A workforce programme of work continues to be delivered and further developed.</p>  | <p>This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board</p> |
| Inequalities | <p>Addressing the health inequalities that exists and ensuring that services offered can meet the needs of our local diverse communities, reduce health inequalities and improve health outcomes of those most vulnerable and / or marginalised in our communities.</p>   | <ul style="list-style-type: none"> <li>• BSOL Strategic approach to Health inequalities – Launch of the ICS Inequalities Programme to address health inequalities.</li> <li>• Surge modelling - BSOL has undertaken the Mental Health Surge modelling to understand the impact Covid has had and is expected to have in the coming years. System Capacity and Demand modelling will continue to inform service design.</li> <li>• CCG Health Inequalities work - completed to understand inequalities that exist within BSol. Intelligence gathered is used in service design, planning and workforce developments.</li> </ul> | <p>This overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board</p>    |

# **Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22**

## **APPENDIX**

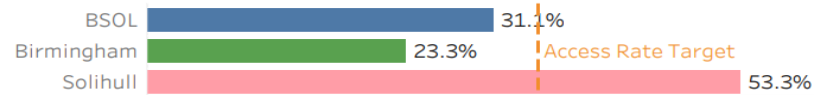
NHS England and NHS Improvement



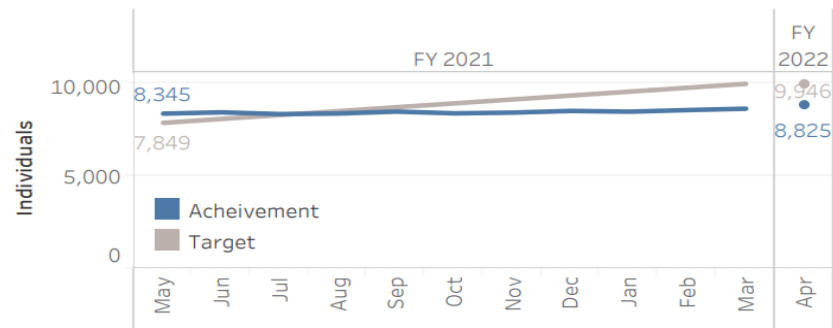
# Appendices

## CYP Accessing MH Services - Two Contacts

% of Prevalent Population Accessing, rolling 12 months

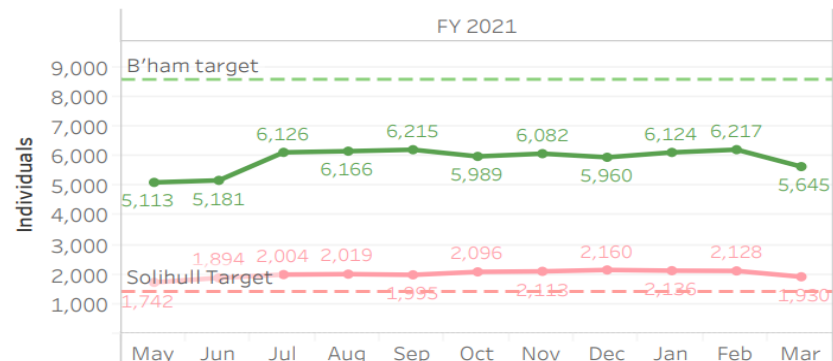


Volume Accessing, BSOL CCG rolling 12 months



Volume Accessing, Solihull and Birmingham rolling 12 months

April not available due to MHSDS commissioner extracts not updated by MLCSU



Volume In-month, Providers

|                            |                     | FY 2021 |     |     |     |     |     |     |     |     |     |     |       | FY 2022 | Grand Total |
|----------------------------|---------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|---------|-------------|
|                            |                     | May     | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr   |         |             |
| BSOL Commissioned Provider | FTB: B'ham W & C's  | 330     | 295 | 175 | 105 | 150 | 125 | 115 | 85  | 90  | 75  | 110 | 525   | 2,180   |             |
|                            | B'ham MH Trust      | 135     | 350 | 210 | 140 | 150 | 165 | 140 | 120 | 120 | 105 | 65  | 385   | 2,085   |             |
|                            | B'ham Comm'ty He..  | 50      | 70  | 75  | 65  | 130 | 160 | 235 | 145 | 145 | 155 | 145 | 155   | 1,530   |             |
|                            | Kooth               | 85      | 60  | 75  | 50  | 85  | 90  | 65  | 75  | 65  | 55  | 50  | 75    | 830     |             |
|                            | FTB: Open Door      | 35      | 50  | 40  | 40  | 30  | 40  | 30  | 35  | 40  | 50  | 45  | 65    | 500     |             |
|                            | FTB: Children's Soc |         |     | 40  | 45  | 65  | 35  | 25  | 45  | 45  | 50  | 70  | 70    | 490     |             |
|                            | HEALIOS LTD         | 0       | 10  |     | 35  | 55  |     | 60  |     | 80  | 110 | 100 | 0     | 450     |             |
|                            | FTB: Living Well    | 65      | 45  | 40  | 20  | 20  | 20  | 35  | 25  | 25  | 50  | 30  | 55    | 430     |             |
|                            | Uni Hosp B'ham      |         |     | 0   | 0   |     | 0   | 5   | 0   | 0   | 0   |     | 0     | 5       |             |
| Other Provider             | Other Providers     | 25      | 20  | 20  | 10  | 10  | 10  | 10  | 10  | 15  | 5   | 10  | 55    | 200     |             |
| Grand Total                |                     | 725     | 900 | 675 | 510 | 695 | 645 | 720 | 540 | 625 | 655 | 625 | 1,385 | 8,700   |             |

**Target:** At least 35% of CYP with a diagnosable MH condition (the prevalent population) receive treatment from an NHS-funded community MH service.

Data plotted is 2020.21 2+ contacts methodology. 2021.22 methodology will be 1+ contact. Data for this not yet available from NHS Digital.

**Data Source:** NHS Digital, MHSDS published metric MHS69 via MLCSU Analyst Global

**Prevalence:** 28,416 BSOL (24,437 B'ham, 3,979 Solihull), based on 2004 survey.

**Methodology:** An individual is counted if: Age is <18 at first contact; 'treatment' includes indirect contacts but not email or SMS; An individual can be counted only once in a financial year; Treatment is defined as 2 contacts; The date of the second contact determines the reporting month; Individuals can be counted in multiple financial years if they have 2 contacts in each.

**Solihull Accessing:** addition of BSMHFT, UHB, Cov & War and Xenxone (Solihull split ratio sourced from MHSDS).

**Birmingham Accessing:** addition of: B'ham W&C, BMHC-FTB, Children's Soc, Open Door, BCHC, Black Country Healthcare, Dud and Walsall MHPT, Healios and Xenxone (B'ham split ratio sourced from MHSDS).

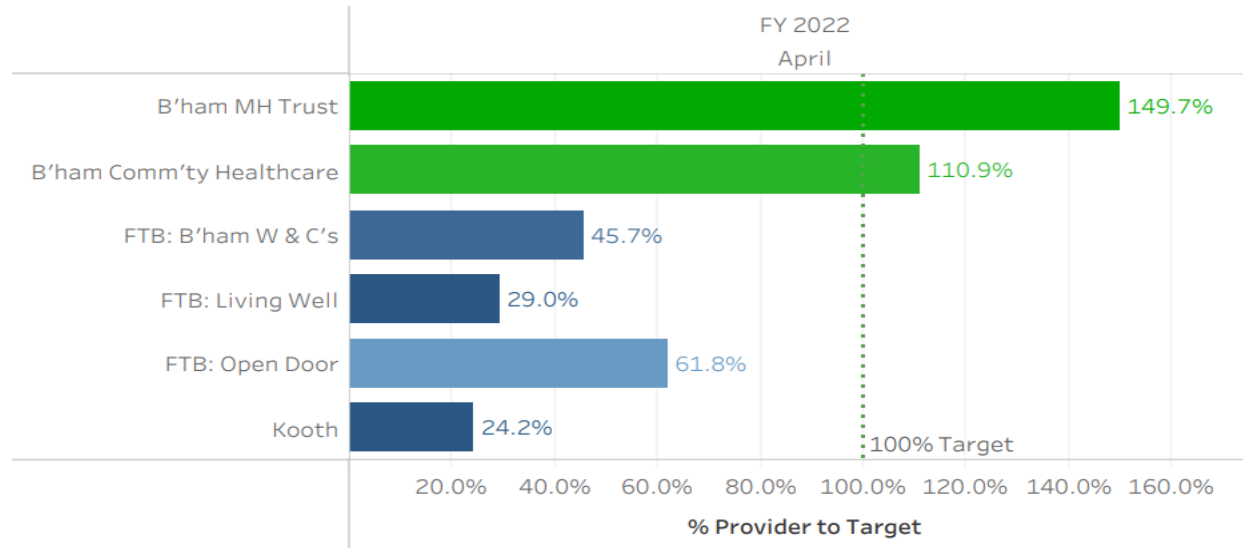


# Appendices

## CYP Accessing MH Services - Healthcare Provider Targets

CYP Reaching Second Contact on a Referral, Rolling 12 months

% Achievement of Target April, 2021



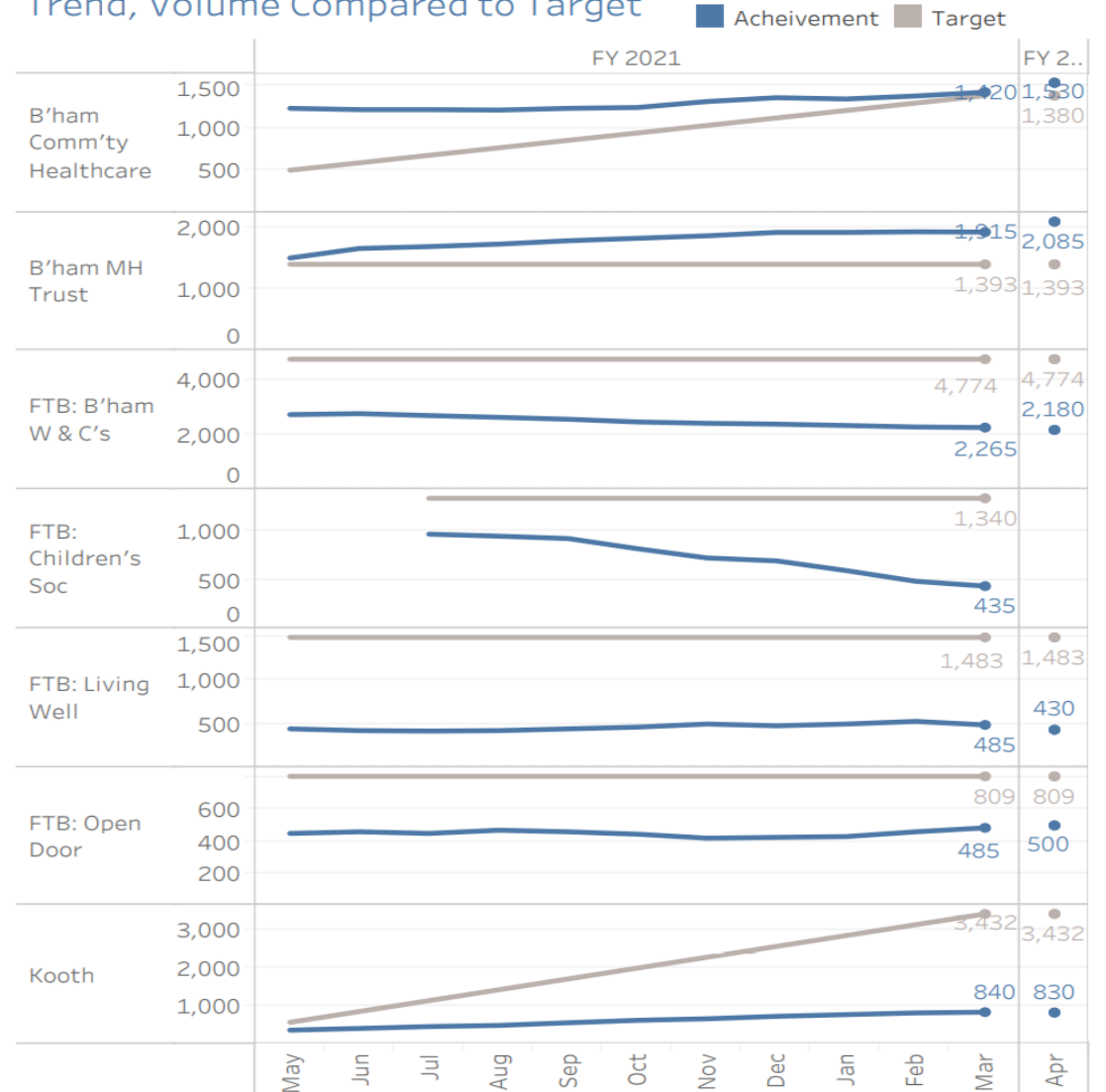
Provider Second Contact Volume Targets for 2020/21 year end.

FTB: B'ham W & C = 4774; FTB: Living Well Consortium = 1483; FTB: Open Door = 809; FTB: The Children's Society = 1340; B'ham MH Trust = 1393; B'ham Comm'ty Healthcare = 1380; Kooth = 3432\*

\* Kooth target calculated from 10,296 worker hours (8448 B'ham + 1848 Solihull). Average of 2 sessions per referral (MHSOS Sourced). Estimated 1.5 hours per session.

% Achievement of Target: [Current Volume Accessing 12 months rolling] / [Target from trajectory to year end]

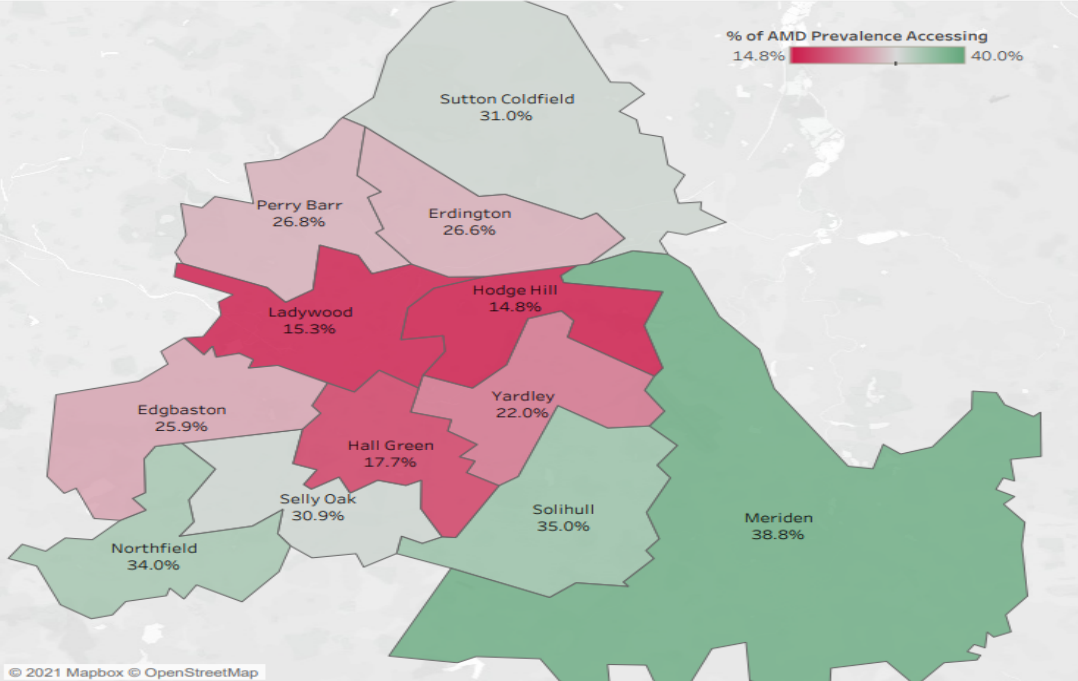
## Trend, Volume Compared to Target



# Appendices

## CYP Prevalent Population Accessing MH services BSOL\_0863

% of BSOL GP Registered 0-18's Prevalent with Any Mental Disorder (AMD) Accessing MH Services



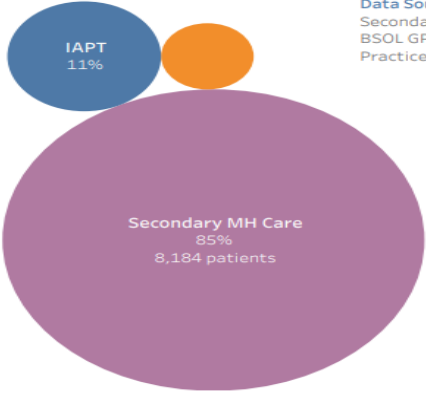
|            |                        | % of AMD Prevalence Accessing | Numerator: 0-18's Accessing MH Services | Denominator: BSOL GP Registered 0-18 AMD Prevalent Pop |
|------------|------------------------|-------------------------------|---|--|
| Birmingham | Birmingham, Edgbaston  | 25.9%                         | 607                                     | 2,343  |
|            | Birmingham, Erdington  | 26.6%                         | 742                                     | 2,789  |
|            | Birmingham, Hall Green | 17.7%                         | 470                                     | 2,651  |
|            | Birmingham, Hodge Hill | 14.8%                         | 742                                     | 5,023  |
|            | Birmingham, Ladywood   | 15.3%                         | 237                                     | 1,552  |
|            | Birmingham, Northfield | 34.0%                         | 1,248                                   | 3,671  |
|            | Birmingham, Perry Barr | 26.8%                         | 597                                     | 2,225  |
|            | Birmingham, Selly Oak  | 30.9%                         | 869                                     | 2,810  |
|            | Birmingham, Yardley    | 22.0%                         | 1,510                                   | 6,863  |
|            | Sutton Coldfield       | 31.0%                         | 636                                     | 2,054  |
| Solihull   | Meriden                | 38.8%                         | 1,188                                   | 3,062  |
|            | Solihull               | 35.0%                         | 818                                     | 2,338  |
| Other      | GP Not Recorded        |                               | 2,054                                   |  |
|            | other                  |                               | 666                                     | 314  |

**Methodology:**  
Patients were counted as accessing if they had a first contact on a referral or at a GP in the 12 months of most recently available data for the data source. Patients were attributed to an electoral constituency by mapping LSOA of patient's address to electoral ward. Where an LSOA mapped to more than one electoral ward only a single ward was used (a best fit approach). If a patient presented in more than one MH setting (IAPT, MH Secondary Care or Primary Care) the setting with the first presentation date for the patient is included.

**Prevalence Used:**  
Solihull = 12.23%; Birmingham = 12.2%; other areas 12.8%

## MH Services Being Accessed

Patients resident in B'ham or Solihull



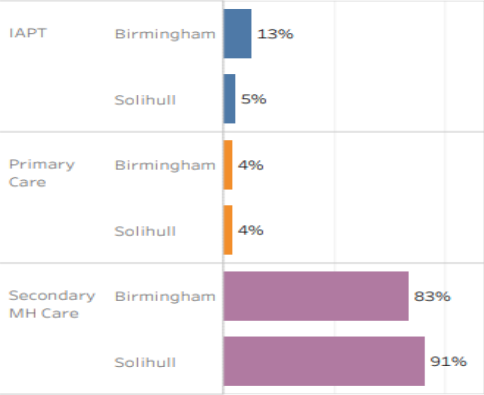
**Data Sources:**  
Secondary MH Care from MHSDS Commissioner's Extracts; IAPT from IAPT MDS Commissioner Extract; BSOL GP Registered Patients sourced from GDPPR patient extract. GDPPR is data obtained from General Practice (Primary Care) Extraction Service or GPES Data for Pandemic Planning and Research

|                   | Numerator: 0-18's Accessing MH Services | Proportion of patients accessing each service type |
|-------------------|---|--|
| IAPT              | 1,086                                   | 11%  |
| Primary Care      | 394                                     | 4%   |
| Secondary MH Care | 8,184                                   | 85%  |
| Grand Total       | 9,664                                   | 100%   |

■ IAPT  
■ Primary Care  
■ Secondary MH Care

## MH Services Being Accessed

proportion attributable by Local Authority and service type



**Analyst:** John O'Neill (john.o'neill3@nhs.net)

Proportion attributable by Parliamentary Constituency and service type

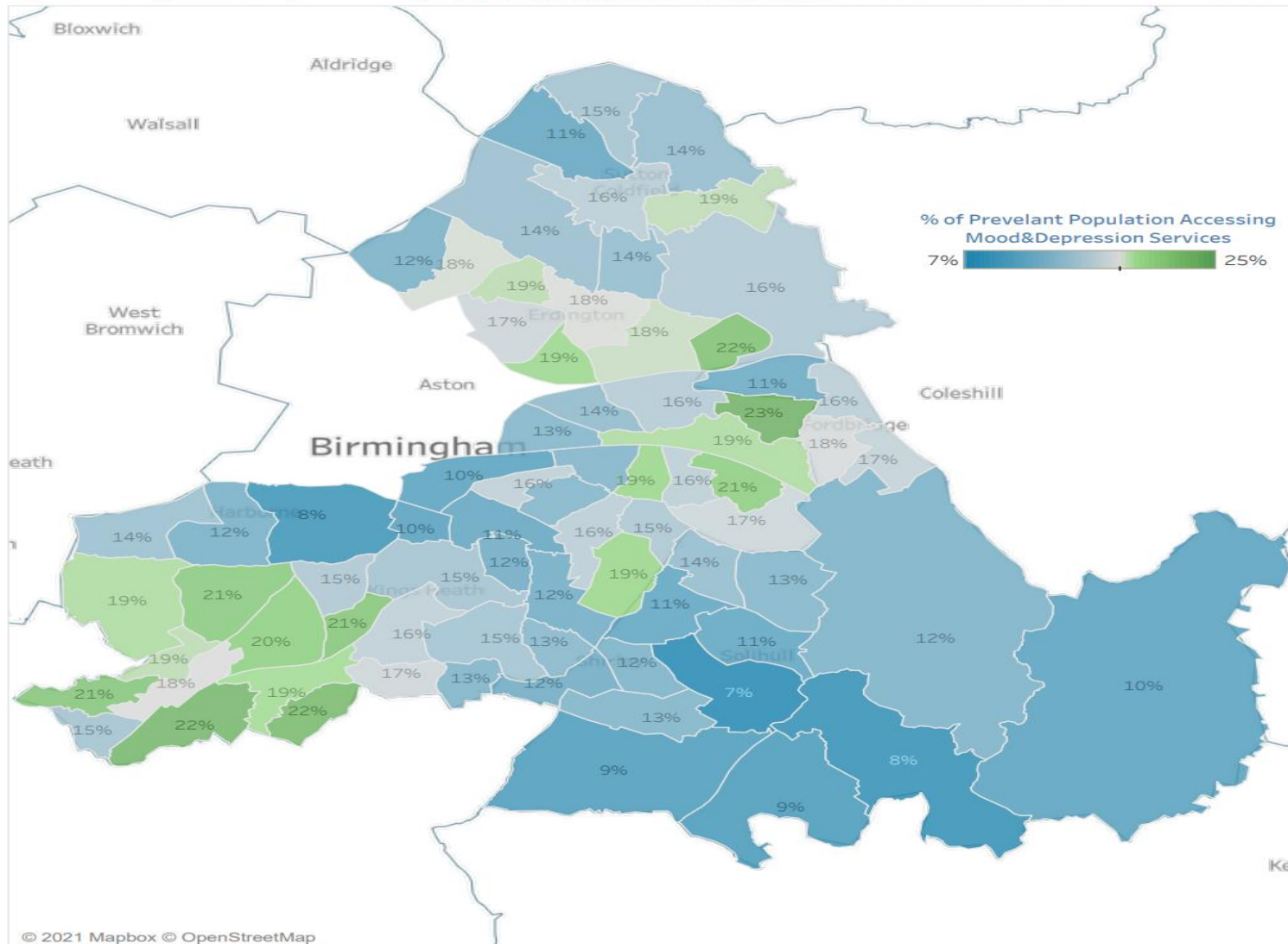
|            |                  | IAPT | Primary Care | Secondary MH Care |
|------------|------------------|------|--------------|-------------------|
| Birmingham | Edgbaston        | 16%  | 4%           | 80%               |
|            | Erdington        | 11%  | 2%           | 86%               |
|            | Hall Green       | 13%  | 5%           | 82%               |
|            | Hodge Hill       | 12%  | 5%           | 83%               |
|            | Ladywood         | 13%  | 5%           | 81%               |
|            | Northfield       | 13%  | 3%           | 84%               |
|            | Perry Barr       | 9%   | 2%           | 89%               |
|            | Selly Oak        | 14%  | 5%           | 81%               |
|            | Sutton Coldfield | 14%  | 5%           | 81%               |
| Solihull   | Meriden          | 4%   | 4%           | 92%               |
|            | Solihull         | 7%   | 5%           | 88%               |

# Appendices

BSOL\_0770

## Common Mental Disorders: % of Prevalent Resident Population Accessing.

(Patient Aged 16-64, Accessing **Mood and Depression Services** where BSOL is the Healthcare Commissioner)



### Notes:

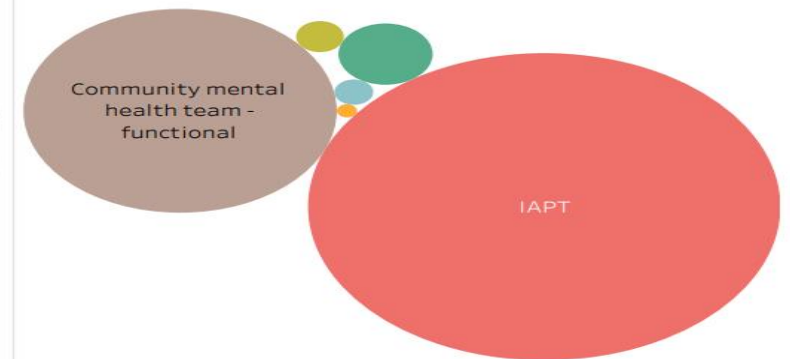
- NHS England has a set a target for CCGs of treating 25% of all persons with CMD (Common Mental Disorders) in IAPT services by 2020.21.
- CMD Prevalence set at 19.6% for patients aged 16-64 ref: PHE Fingertips 'Estimated prevalence of common mental disorders'
- Real life prevalence will likely vary between social groupings

### Data Sources:

**Resident Population by Electoral Ward:** Table SAPE22DT8a: Mid-2019 Population Estimates for 2019 Wards in England and Wales by Single Year of Age and Sex - Experimental Statistics

**Common Mental Disorder Services:** IAPT MDS, MHSDS, referrals received in most recent rolling year available

### Mood and Depression Services Type

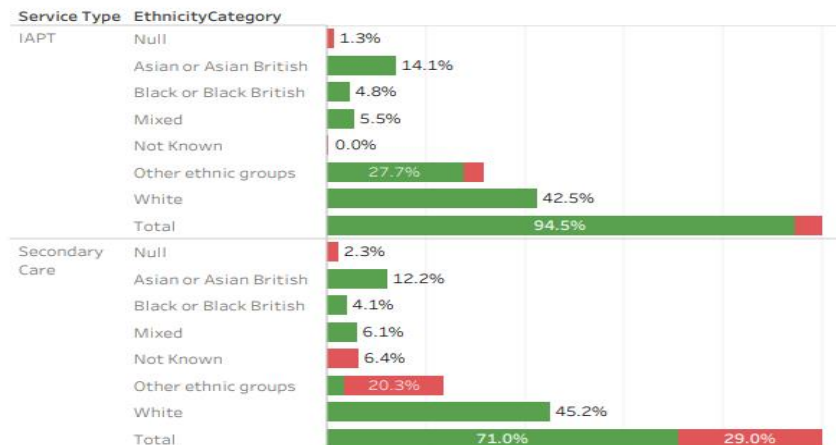


|   |       |             |
|---|-------|-------------|
| IAPT                                      | 66.7% | (n. 14,629) |
| Community mental health team - functional | 29.4% | (n. 6,436)  |
| Psychological therapy service (non IAPT)  | 2.7%  | (n. 582)    |
| Psychotherapy service                     | 0.7%  | (n. 149)    |
| Primary care mental health service        | 0.5%  | (n. 99)     |
| Day care service                          | 0.1%  | (n. 27)     |

# Appendices

## Ethnicity Category Breakdowns

### BSOL CCG



Data Coverage, Referrals received between:

|                |            |            |
|----------------|------------|------------|
| IAPT           | July, 2020 | July, 2021 |
| Secondary Care | July, 2020 | June, 2021 |

Data Coverage, age at referral receipt between:

|                |    |    |
|----------------|----|----|
| IAPT           | 10 | 25 |
| Secondary Care | 0  | 25 |

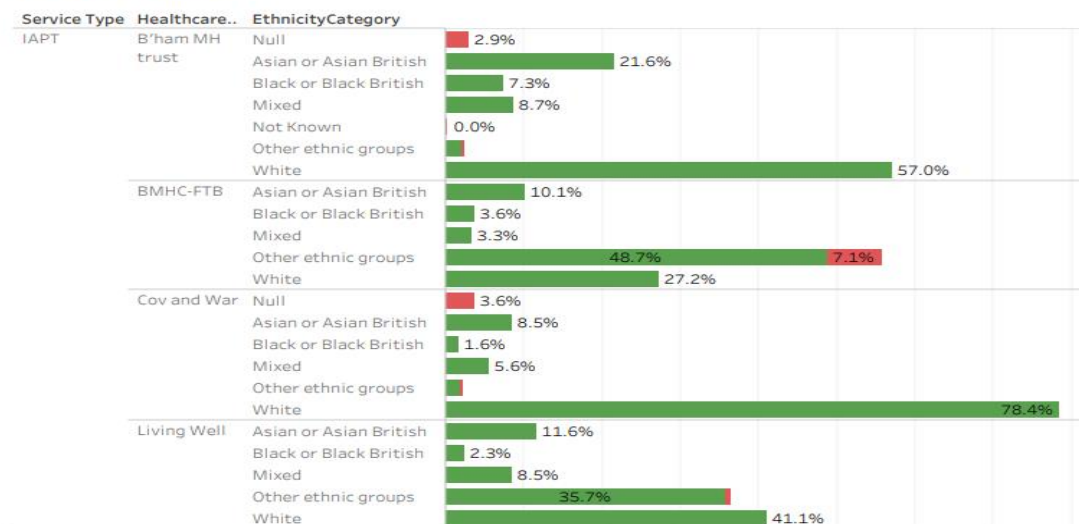
Ethnicity not recorded includes null fields, "not stated" and "not known".

Referrals included where BSOL CCG is the patients responsible commissioner

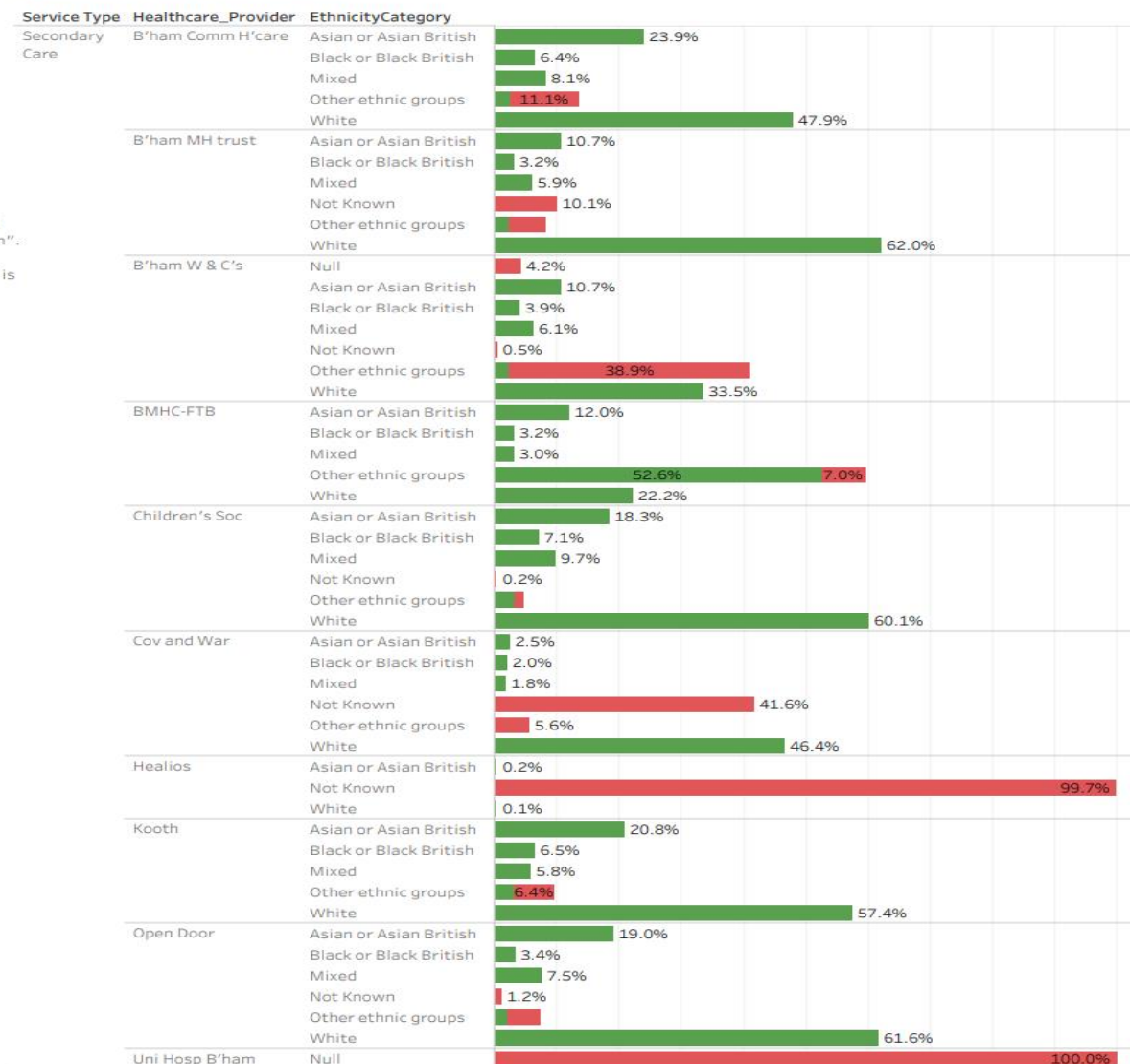
Data Sources: MHSDS and IAPT commissioner Extracts

Analyst: John O'Neill

### IAPT, Providers



### Secondary Care, Providers



Null, Not known, Not stated  
Recorded