



Children and Young People's Mental Health and Emotional Wellbeing

Birmingham 2022/23 Local Transformation Plan

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1. Introduction

Foreword

In recent years we have seen a growing awareness of mental health both nationally and locally we are working with stakeholders to reduce stigma and improve ways to access support at the earliest point of need and when people become mentally unwell. We are continuing to build upon good work that was seen during the Coronavirus pandemic where the whole system worked as a collective across education, children's services and health to deliver a rapid system response to ensure that children and young people were safe and were still able to access support. During the pandemic we also saw more people than ever needing to access mental health services and this demand for support has continued.

System partners continue to work together to address barriers and challenges for those children known to the social care and youth justice system, and especially those with known vulnerabilities, such as SEND, 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.

The Birmingham Children and Young People [Local Mental Health Transformation Plan](#) was first published in October 2015 and has been refreshed on an annual basis. Since the publication of the last plan, mental health commissioners and providers have met with a range of stakeholders and groups to share progress and to consult on gaps and priorities. These included children and young people, parent carer forums, education partners, Birmingham Children's Services, Birmingham Children's Trust, Birmingham Health and Wellbeing Board and the Birmingham and Solihull Learning Disabilities and Autism Board. In recent years we have seen a growing awareness of mental health both nationally and locally as we work with stakeholders to reduce stigma and improve ways to access support.

This plan provides an update on the [NHS Long Term Plan](#) ambitions and the progress, challenges and priorities to improve 0 – 25 mental health services during 2023/24 and 24/25 including our commitment to ensure services meet the needs of local communities. By working in partnership, we will deliver a whole system approach to supporting the mental health and emotional wellbeing of children, young people and families to ensure a joined-up approach between the Voluntary and Community Sector (VCS) Birmingham City Council, Birmingham Children's Trust and health services. This system approach will ensure that we are increasing the skills and knowledge of the whole workforce and as a result providing more help to children and young people at the earliest possible time.

The 0 – 25 model is unpinned by a commitment by the Birmingham and Solihull Integrated Care System (ICS) to enable service provision to be more efficient and effective, addressing health inequalities, streamlining to eliminate gaps or overlap in care, improving communication of service offer and reduce waiting times.

2. Strategic Plans and Priorities

There are several complementary and interdependent strategic plans and priorities which link with the improvement and transformation agenda for children and young people's mental health services. These include strategic plans and priorities in relation to:

- Birmingham and Solihull Integrated Care System (ICS)
- Birmingham Childrens Trust Plan 2022/23
- Children and Young People with Special Educational Needs and Disabilities (SEND)
- BSol Learning Disability and Autism Three year plan
- Youth Justice Services

Each of these plans are discussed below with reference to how strategic plans and priorities align with priorities to meet children and young people's mental health needs.

Birmingham and Solihull Integrated Care System (ICS) Priorities

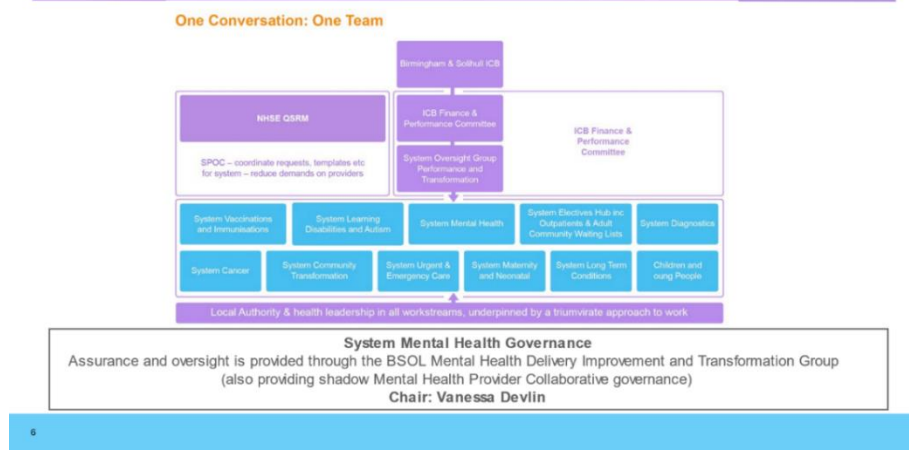
The [Birmingham and Solihull Integrated Care System \(ICS\)](#) is a collaboration of all health and social care organisations, including the NHS, local authority and the voluntary and community sector. The Birmingham and Solihull Integrated Care Board (ICB) was established on 1st July 2022, and forms part of the Birmingham and Solihull Integrated Care System (ICS). The ICB has been established as the organisation responsible for NHS function and budgets within the ICS.

The Birmingham and Solihull Integrated Care System (ICS) continues the commitment established by the BSOL CCG 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.

In June 2022, Birmingham and Solihull Integrated Care Board published its [Inception Framework](#), setting out the high-level case for change in how health and care services are delivered in the future. The ICS has created a System Oversight Group (SOG) which brings together Senior Responsible Officers (SRO's) from across the range of organisations for weekly oversight meetings. The SOG focuses on nine key Integrated Pathway Groups one of which is mental health.

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Governance of Programme



Source: [ICS Operating Framework](#)

The Birmingham and Solihull ICB will also establish Service Integrators who will have oversight for setting the strategic direction and delivery for the key services they are accountable for.

Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) from 1st April 2023 will be the Service Integrator for mental health across Birmingham and Solihull. BSMHFT will be responsible for developing a three-year Integrated Delivery Plan which will detail:

- Models of care;
- Service and Quality Improvement Plans;
- Key delivery outcomes;
- Assumed impact on health and wellbeing;
- Investment expectations for Workforce Planning, Estates and Technology.

BSMHFT as the Service Integrator will be accountable to the ICB for the delivery of the Mental Health Integrated Delivery Plan. It will also be expected to work closely with both the Birmingham and Solihull Place Committees, particularly in the development of Integrated Neighbourhood Teams.

ICS Immediate priorities in relation to mental health include:

- **Workforce investment:** with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- **Improving mental health services and services for people with a learning disability and/or autism** – maintaining continued growth in mental health investment to transform and expand community health services and improve access
- **System oversight** to ensure focus on delivery, performance, transformation and Long Term Plan deliverables
- **Developing Service Integrators** who will have oversight for setting the strategic direction and delivery for the key services they are accountable for with an initial focus on mental health.

- **Establishing a Challenge Fund** to attract innovative thinking to help to develop solutions to priority issues. This includes the priority of reducing mental ill health prevalence and ensuring those who need mental health care can access it locally

The Birmingham and Solihull ICS [Fairer Futures Fund](#) will also be used to support community, clinical and professionally-led innovation over the course of the next year. The intention is to begin to tackle inherent inequalities that have existed in Birmingham and Solihull for too long. Priority areas for the Fairer Futures Fund include:

- Reducing mental ill health prevalence and ensuring those who need mental health care can access it locally
- Early intervention for children and older people
- Improving access, care and support for people with learning disability and / or autism

0 -25 Mental Health Birmingham

The NHS Long Term Plan sets out what the NHS will do over the next 10 years to expand mental health services for children and young people, to reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them with the following ambitions;

- To ensure more CYP can access care and treatment
- To deliver Mental Health Support Teams
- Investment will continue into eating disorder services to deliver the waiting time standard.
- Proved support for young people during a mental health crisis, 24 hours a day, 7 days a week.
- To develop new approaches to supporting young adults aged 18-25

Extract NHS LTP 2.30 A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood. Between the ages of 16-18, young people are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services. We will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced- based 'IThrive' operating model which currently covers around 47% of the 0-18 population and can be expanded to 25 year olds.

The BSol MH delivery plan 23/24, it sets out how the system will work together to continue the transformation mental health services for 0-25 year olds. It is a whole system approach to enable services to be more efficient and effective, streamlining to eliminate gaps or overlap in care, improving communication of service offer and waiting times.

The Plan also works towards preventing poor mental health from conception, in the first 5 years from birth , in education settings, with our most vulnerable children and young people.

- Priority 1 – Strengthen positive mental health and wellbeing and act early to prevent mental health conditions
- Priority 2 - Improve access and outcomes for people with mental health needs in primary care settings
- Priority 3 - Develop the 0-25 mental health offer
- Priority 4 - Increase and improve access to maternity and parenting support
- Priority 5 - Increase and improve crisis support
- Priority 6 - Increase and improve support for rehabilitation

The BSol MH plan sets key actions to address;

- Health inequalities, improving access, including a primary care offer, working closely with PCN leads, GPs and others to ensure ease of access to mental health support and advice within the primary care setting,
- Increase the range of treatment options,
- Review of crisis services,
- CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice 23/24
- Embed the ‘Think Family’ approach in MH services can support the co-ordination of childrens’ and adults’ services and support improved outcomes

Children and Young People with Special Educational Needs and Disabilities

In Birmingham, [SEND](#) improvements are underpinned by a [Local Area Accelerated Progress Plan](#) which includes actions intended to improve inter-agency working, improve accessibility of details on the local offer, reducing waiting times for accessing services, improve the quality of EHC plans and improve co-production and engagement with children, young people and families / carers. The Local Area has identified 3 Objectives for children and young people (CYP) with SEND in Birmingham which are:

- System Leadership
- Getting the Basics Right
- Pathways

The Local Offer website includes information and signposting in relation to [local services which support the wellbeing and mental health of children and young people](#).

Representatives from local authority and other agencies involved in driving improvement in SEND in Birmingham attend the Children and Young People’s Mental Health Transformation Board in Birmingham and this supports alignment of activities with the Children and Young People’s Mental Health agenda.

Children and Young People with Learning Disabilities and Autism - Three Year Road Map

In March 2021 BSoI Learning Disability and Autism Partnership submitted a bid to fund a 3 year Learning Disabilities and Autism investment plan, to build on foundations already set within the Transforming Care Programme (TCP) 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 Learning Disability and Autism 3 year 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 wellbeing 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

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

- Membership from all system partners (including the provider collaboratives) involved in weekly calls to develop and review the plan
- Consulted with the Birmingham Autism and ADHD Partnership Board.
- Held a confirm and challenge session which had 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 independent experts who chair the Care and Education Treatment Reviews (C(E)TRs).
- Work will continue collaboratively with people who have lived experience and system partners

The Children and Young People's Key Worker Service

[NHS England](#) are funding a key worker service for Birmingham and Solihull children and young people. This is a specialist support service for young people with a learning disability and/or autism and their families, delivered by Barnardo's. The model of care was designed, developed

and co-produced with parent carers and other stakeholders, with planning events including Barnardo's, Birmingham and Solihull ICB, 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 is to:

- 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, or who are a current inpatient
- 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 there are plans to expand the team and widen the eligibility criteria in 2023/24. More information on the service can be found on [Barnardo's website](#).

Family Peer Support

A new family peer support service will work in close contact with Barnardo's key worker team. The peer support service will be parents and family member so children and young people who have "stepped back" from more intensive input from their key worker. The service will launch in March 2023.

The All-Age Autism Service

An integral part of the three year plan is the All-Age Autism Service, delivered by Landau. A new single point of access for Autism support with the overarching aim of providing timely and meaningful pre- and post-diagnostic support for autistic people and their families by bringing together and enhancing our community service offer.

The service specification was co-designed with local families, who identified several key priority areas where more support was needed:

- Sleep
- Sensory Issues
- Preparation for Adulthood
- Parent and care support
- Emotional Life Skills
- Access to Crisis Management Support
- Advocacy and Advice
- Courses for parents and unpaid carers
- Co-existing conditions and special needs

The grant-award scheme is giving funding to small enterprises who are creating services the above priorities and fill gaps in the system offer. Grant funded providers are now creating support opportunities for Children, young people and families including:

- Parent Training and awareness session
- Sensory Play Groups
- Advocacy workshops
- Summer Youth clubs
- Music Production and performance courses
- Employment Skills Supports

More information on the service can be found on [Landau's website](#):

Crisis and Admission Avoidance Enhanced Support for Children and Young People

To fulfil a key deliverable in the three year plan there will be an enhanced offer for crisis and admission avoidance, this will include exploration of how the Birmingham Disability Intensive Support Enhanced (DICE) team can be further developed.

Promoting Annual Health Checks (AHCs) for Children and Young People

People with a learning disability are eligible for an in-depth annual health check with their GP from age 14. We are raising awareness to encourage more young people to begin accessing their AHC from their 14th birthday. The priorities of this work are:

- Promoting awareness of the AHC to CYP and their families to help them understand the benefits to their physical health and wellbeing.
- Advocating for more children and young people with a learning disability to contact their GP to be added to the LD register - by promoting the benefits to their physical health by being on the LD register.
- Making AHCs accessible for CYP and tailoring them to meet their needs by ensuring reasonable adjustments are used to break down those access barriers. The FTB Learning Disability team have expanded the number of special schools where clinics are run in Birmingham
- Embedding AHCs into integrated personalised care planning and support (EHCP etc) for CYP with a learning disability. Encouraging schools to share health plans with colleges before transition to ensure that CYP physical health needs are continuously met.
- Improving communications between Primary care, education and community teams

The ICB has produced a resource page about the health check and how families can access it. The page can be found [here](#)

The Autism in Schools Project

The Birmingham, Solihull and Arden Autism in Schools Project is now in its second year and working with 8 secondary schools. The co-produced project has the following key deliverables:

- Undertaking an analysis of pupil need and school staff knowledge and experience of supporting Autistic pupils, gathering feedback from parents and carers and professionals working within the schools to identify strengths, challenges and gaps.
- Reviewing resources specific to Autistic Identity at a local level. and collaborating to identify strengths, gaps and how these can be developed to improve the support provided to children and families.
- Working together with schools, parents and carers to develop and embed identity resources to enable pupils to better understand their Autism and how it shapes their learning styles.
- Delivering training in schools, providing Autism Empowered Environment frameworks and establishing parental engagement networks in schools to improve ongoing relationships and co-production.
- Creating a toolkit encompassing all resources at project end for roll-out across all schools in each area.

The programme is to deliver the following outcomes:

- Improved knowledge and skills regarding identity amongst school staff teams.
- Improved learning experiences for autistic children and children with neurodevelopmental needs.
- Improved understanding of autistic identity amongst children and young people, and improved self-esteem.
- Improved relationships between schools and parents/carers.
- Improved identification and detection of neurodevelopmental needs and mental health needs.
- Changes in policies and practices to respond to needs of neurodiverse children and young people.
- An understanding around the process of collaboration - the factors that help parent carer forums to become embedded within a school, the factors that make it more difficult and what do parents/carers and teachers see as the key advantages of setting up a forum.

The Impact of the programme will be measured by the following indicators:

- National project indicators
- Local insight data
- Young people's voices – stories of young people's experiences and feelings through a variety of creative engagement mechanisms
- Parent carer voices - evidence parent carer experiences and feelings
- Teacher and school community voice – evidence of teacher and school community experiences and feelings

Looking Ahead – Visioning Strategies

The ICS is developing two Strategic Visions for Birmingham and Solihull: one for Learning Disabilities and one for Autism. A public engagement process on the draft Vision will complete in February 2023.

Creating a consistent vision for learning disability and autism support will help the system prioritise our collective resources and to co-ordinate our approach to improve the support, as well as health and care outcomes, for people with learning disabilities and autism.

Our goal is to improve opportunities for people with learning disabilities, autism and their families and carers in Birmingham and Solihull. The visions have been co-produced via focused workshops with local people, families and system stakeholders and have identified the following priority areas:

The Birmingham and Solihull visions have 4 priority areas:

Priority Area 1: Access And Inclusion

Priority Area 2: Quality And Choice

Priority Area 3: Holistic Support

Priority Area 4: Reducing Inequalities

Birmingham Youth Justice Strategic Plan 2019-22

Birmingham's Youth Offending Service aims to be responsive to local needs, while meeting national targets. Birmingham has the largest metropolitan youth offending service in the country and has been identified as the most complex by the Youth Justice Board given its urban context.

BYJB is serving a population of approximately 1 million people, containing more than 112,000, 10 to 17 year olds.

The Service has several approaches to help it tackle youth offending. These include:

- Getting involved with young offenders earlier, helping to tackle problem behaviour before it becomes habit.
- Looking at the reasons that lead young people to offend, to help to develop ways to prevent offending behaviour.
- Working with young people and their families, to help parents to make sure their child doesn't re-offend.
- Working with communities to help give young people a sense of ownership and pride in where they live, and a duty of care and concern for those who live around them.
- Working with victims of crime, and organisations representing them, to make sure that their needs are considered as carefully as those of offenders.

The Service is staffed by staff drawn from Birmingham Children's Trust, probation, the police, education, health and other statutory and voluntary agencies. They're trained to deliver programmes and projects that reduce youth offending by working with offenders to address the underlying causes of crime.

The model brings together a range of agencies with expertise in welfare and enforcement practices to improve outcomes. The majority of the services are prescribed by statute or policy.

The [Birmingham Youth Justice Strategic Plan 2019-22](#) sets out how the service works to achieve the following national youth justice strategic objectives:

- Prevent offending
- Reduce re-offending
- Reduce anti-social behaviour
- Increase victim and public confidence
- Ensure the safe and effective use of custody

These objectives contribute to the shared ambition across the partnership for Birmingham to be a great place for all children to grow up in, leading to the following outcomes:

- Healthy, happy and resilient children living in families;
- Families (especially parents, but also young people) take responsibility for their wellbeing;
- Children and young people attend, learn and maximise their potential at school;
- Young people are ready for and able to contribute to adult life; Children and young people are protected from significant harm.

The youth justice system works by addressing risk and vulnerability factors such as: family breakdown, educational underachievement, substance misuse, mental illness, recent bereavement or loss within the family and building resilience as the best way to reduce a young person's risk of offending and re-offending.

The Youth Offending Service is a member of, or represented in, a number of key partnerships and forums, providing the opportunity to highlight the needs and risks of those young people involved in the youth justice system, or at risk of entering it. This includes the 0-18 Mental Health Transformation Board

3. Engagement and Co-Production

We have some of the most pressing challenges in transforming mental health services for children and young people that 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. Meaning engagement, codesign 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. We want to ensure that local resources are targeted effectively to best meet the needs of those within our borough.

The Birmingham CYP 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.

The membership of the Birmingham LT Board has representatives from across BCT, BCC, ICB, NHS Health providers, VCS and parents/carers groups. Unfortunately, since the pandemic we have not had young people attending our Local Transformation Board however the board members through the direct work they do with young people are able to hear and share EBE experiences, views and concerns.

During 2023 we will be undertaking a reset of the transformation board due to the departure of the Chair during mid 2022 and also the establishment of the new Mental health Provider Collaborative in April 2023.

The Provider Collaborative will be supporting the Transformation Board to come together to consider the opportunities, challenges and Board's role in the emerging governance structures. This will ensure the board is clear of its roles and responsibilities and how it leads the transformation agenda.

This section summarises examples of services working with children and young people to help shape how services are developed and improved and delivered in Birmingham.

Engagement and Co-Production: Forward Thinking Birmingham

Family Patient Advisory Group at Birmingham Women's and Children's Trust

Forward Thinking Birmingham (FTB) is part of Birmingham Women's and Children's NHS Foundation Trust (BWC). FTB is a partnership with The Childrens Society and Living Well Consortium that offers care pathways of mental health assessment and treatment for young people from 0–25-year-old.

Within Birmingham Women's and Children's NHS Foundation Trust the Family Patient Advisory Group (FPAG) coordinates activity to ensure the voice of children, young people, families and carers influences how services are delivered and developed. Past activities in relation to mental health services have included Parent/Carer Involvement in FTB Site inspection. Future planned activities include ongoing development of carer support.

Think 4 Brum

[Think4Brum](#) (T4B) is the youth advisory group for Forward Thinking Birmingham (FTB). T4B gives young people, especially those who have accessed mental health services, an opportunity to get directly involved in FTB, helping to shape the design and delivery of mental health services.

Think4Brum members have been involved in:

- Co-design of a Mental Health Journal/Passport
- Involvement in mental health research within the Trust and with partners including the University of Birmingham
- Supporting staff training
- Staff recruitment, including on interview panels
- Taking part in service improvement events
- Attending and delivering content at national conferences
- Directorate-level decision-making bodies

Members of Think4Brum are involved in some key groups, these include:

- Connection & Communications Group – Staff and service user working together to tackle issues of communication across FTB.
- Clinical Senate Co-Production Workstream – Staff and young people working together develop new and improved approaches to Co-production across mental Health services.

Connections and Communications Group

A connections and communication mental health group has been established with a focus on co-production and using the views of children, young people and parents and carers to support improvements in communication. The group has previously focused on improving the format of clinical letters and is currently looking at how to improve processes in relation to appointments, referrals and voicemail messages. The group plans to undertake work to improve the FTB website with a specific focus on the parent and carer section. It will also be looking at how views of parents and carers can support improvements being made in response to a Healthwatch report on urgent care and crisis services.

Clinical Senate

The Clinical Senate is focused on mental health services at BWC with remit on improvement, transformation and new ways of working and approaches, including digital, recovery and co-production. The ambition is to embed co-production across the service. Currently a project is in progress to ensure the service user voice informs recruitment, interviews and staff training. Young people will be co-producing the new FTB staff induction by end of 22-23.

Early Intervention in Psychosis Carers Forum

The Early Intervention in Psychosis Carers Forum has co-produced a booklet which will also be published on the FTB website as an information resource and guidance for parents and carers and those new to the service.

Development of the Co-Production Strategy

A co-production strategy is currently being developed by BWC which will align with the co-production strategy which has been developed by Birmingham and Solihull Mental Health Foundation Trust. Focus groups and consultation are currently taking place to help shape the development of the strategy with the intention to publish the strategy during 2023/24.

Mental Health Services Community Transformation Programme

In order to support the voice of young people aged 18-25 years feeding into the community transformation programme. The FTB Participation and Engagement Lead regularly meets with the Mental Health Co-Production Lead for the Transformation Programme to share views and feedback from young people.

Birmingham and Solihull Parent and Carer Forum

The Birmingham and Solihull SEND Parent Carer Forum was 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 ICB. 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.

Meetings of the forum enable a regular interface between users of SEND health services and the patient experience leads in the respective Trusts which deliver them.

Hosted by the ICB, it is the strategic vehicle for parents and carers of children and young people (CYP) with additional needs to understand and influence the delivery of the services they receive. It also meets the needs of Trusts to access many parent-carer views, get feedback and to involve parent-carers in coproduction and improvement.

The PCFs act as the 'representative' of all parent-carer voices, and therefore are required to coordinate feedback and input from with other local relevant parent and carer groups extending engagement opportunities to ensure as many representative parent-carer voices as possible are heard.

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

1. To focus on improving outcomes for CYP 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

The BSol Strategic Health Parent and Carer Forum enables the ICB and local area health provider organisations to comply with the core principles underpinning the 0 – 25 SEND Code of Practice (part of the Children and Families Act 2014), which gives guidance to professionals in their work with children and young people who have SEN or disabilities and supports them in:

- taking into account the views of children, young people and families
- enabling children, young people and parents to participate in decision making
- collaborating with partners in education, health and social care to provide support
- identifying children and young people's needs
- making high quality provision to meet the needs of children and young people
- focusing on inclusive practice and removing barriers to learning
- helping children and young people to prepare for adulthood

During 2022 the BSOL PCF undertook key tasks to improve children's experiences across Birmingham and Solihull, including developing; health cross border principles, Situational Mutism information pack, Sensory assessment position statement all of which have then been published on the area [Local Offer](#).

Birmingham and Solihull Strategic Health SEND PCF identified the following ongoing priority areas for the health system.

1. Better communication, awareness and training for professionals working with CYP with additional needs
2. Development of cross border principles to reduce issues experienced by families related to different service offers and criteria between Birmingham and Solihull, especially as applies to school-based provision
3. Improved understanding and accommodation of diverse communication needs regardless of need, LD, ability and language
4. Improved co-ordination and information sharing between health services to reduce re-telling of story and support joined-up working with a child-centred approach. This could be done through development of a co-designed communication / medical / hospital passport that follows CYP through any health provision
5. Improved access to Mental health services including transition to adult services and access to crisis support.
6. Measurable progress on meeting speech, language and communication needs sooner and faster access to therapies & neurodevelopment (ASD and ADHD) services.
7. Ensuring patient-facing staff know about and understand service policies/processes in order to ensure a robust system between CCG, Providers and the experience of patients/parent-carers
8. Action to Reduce health inequalities and access to health services
9. Action to address service / commissioning gaps and reducing variation

4. Understanding Local Needs and Advancing Health Equalities

System Priorities for Tackling Health Inequalities

In the ICS and BCC and BCT strategic plans and priorities there is an absolute commitment to addressing health inequalities by improving and sharing the intelligence and data that each stakeholder holds, joint planning and coproduction with our communities.

At a system level, the Birmingham and Solihull Integrated Care System Health Inequalities Strategy identifies 6 priorities for tackling health inequalities:

1. **Maternity Care & Infant Mortality.** Improve the experience and outcomes for mothers, parents, and babies and reduce the number of infants who die before their first birthday
2. **Better Start for our Children.** Improve the health of children from our most deprived communities by supporting them to get the best start in life, focusing first on increasing uptake of vaccination and improving school readiness.
3. **Better Prevention, Detection & Treatment of Major Diseases.** Improve the prevention, early detection and treatment of the diseases that drive early mortality for people, focusing

first on reducing waiting lists for diagnosis and surgery, cardiovascular disease, respiratory disease, cancer screening, diabetes and addressing the backlog of elective treatment.

4. **Better Outcomes for People with Mental Illness.** Improve the experience and outcomes for people living with serious mental illness and improve their health and wellbeing to achieve their potential in life.
5. **Better Outcomes for People with Disabilities including Learning Disability.** Improve the experience and outcomes for people living with a disability across the life course, starting with a focus on learning disability and autism.
6. **Improved Outcomes for Inclusion Health Groups.** Improve health and care outcomes for our most vulnerable citizens in inclusion health groups including new migrants, refugees and asylum seekers, homeless people, people with substance misuse difficulties, women, people experiencing racial disparity and LGBT+

Each priority has been allocated an executive lead (SRO) within the system who will lead on the development of implementation plan for each priority. They will focus on bringing evidence together to identify health needs and improve health outcomes.

Working with other system leads, each SRO will report the ICS Health Inequalities Programme Board and People Power & Health Inequalities Committee. Metrics have been identified and will be measured through the ICB System Oversight Framework, as well as reporting through the Committees.

This section presents data and information regarding children and young people in Birmingham with particular focus on the impact of the pandemic, population characteristics, deprivation and health inequalities, groups at greater risk of developing mental health conditions and strategies and actions for improving our understanding of health needs and tackling health inequalities.

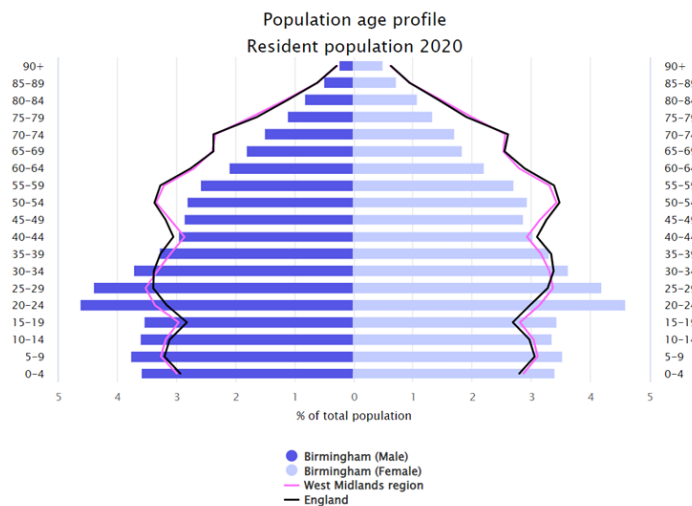
Impact of the Coronavirus Pandemic on Mental Health

Since the 2020 pandemic we have seen the mental health struggles across our communities continue. [‘Coronavirus: the consequences for mental health’](#) published by the mental health charity in Mind in 2021 found;

- People who struggled before now struggle more
- Young people are finding it hard to cope
- Coronavirus has heightened inequality
- People urgently need more support

The findings in the Mind report reflects what we have seen in across Birmingham and Solihull. Across Birmingham and Solihull we have the seen numbers of people presenting for the first time to mental health services increase significantly and people seeking help more unwell than typically seen.

The Population of Children and Young People in Birmingham



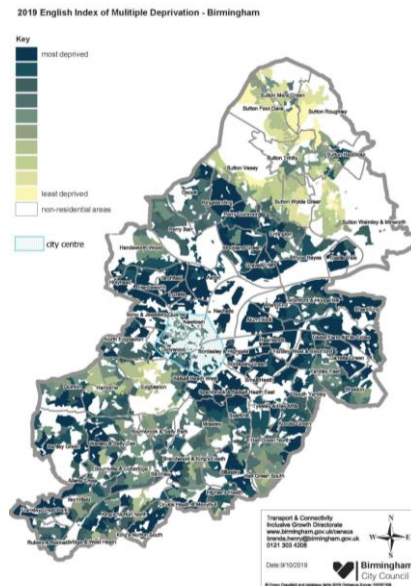
Source: Office for Health Improvement and Disparities, [Local Authority Health Profile](#)

In relation to the population of Birmingham:

- In Birmingham, the population size has increased by 6.7%, from around 1,073,000 in 2011 to 1,144,900 in 2021.
- Around 51% of the people of Birmingham are from Black, Asian and minority ethnic groups.
- Birmingham has a youthful age profile, having a greater proportion of children and younger adults than the national average and a higher proportion than any of the other 7 core English cities
- 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 and this diversity increases with every cohort of children born.

Deprivation and Health Inequalities in Birmingham

Birmingham has high levels of deprivation with 40% of the population living in the 10% most deprived areas of England. Based on the 2019 index of multiple deprivation, Birmingham is ranked the 7th most deprived local authority in England (1 being most deprived). Deprivation is concentrated in a ring around the city centre. There is also significant deprivation across the city, particularly to the east of the city centre, and in the outer city to the south, west and northeast.



Source: [Index of Deprivation 2019](#), Birmingham Local Authority

There are some stark health inequalities within Birmingham. For example, there is a ten-year gap in the estimated life expectancy of a boy born in Castle Vale compared to one born in Sutton Coldfield/Mere Green. In Birmingham, the inequality in life expectancy at birth between those in the richest and poorest areas is 9.5 years for males and 6.2 years for females as set out in the table below.

Headline Metrics	Birmingham	Solihull	West Midlands	England
Life Expectancy at birth (2018-20)				
Male	75.8	79.1	77.6	78.7
Female	80.5	83.1	81.8	82.6
Healthy Life Expectancy at birth (2018-20)				
Male	59.2	67.4	61.9	63.1
Female	60.2	65.7	62.6	63.9
Inequality in Life Expectancy at birth (2018-20) i.e. gap between those in the richest and the poorest areas				
Male	9.5	11.6	10.1	9.7
Female	6.2	10.1	7.9	7.9

Source: ICS Health Inequalities Strategy

Children and Young People who may be at greater risk of developing mental health conditions

The evidence shows that children and young people facing additional challenges consistently have worse health outcomes, whether these are children with disabilities, SEND, care experienced children, lesbian, gay, bisexual or trans youth or those who have faced adverse childhood experiences.

Children and Young People with Special Educational Needs

We have limited data on the proportion of school aged children who have long term health conditions and/or disabilities. However, the proportion of pupils at Birmingham's schools with

Education Health Care Plans (EHCP) and Special Education Need (SEN) support gives an indication of the level of need. EHCPs address the health and social care needs of the child or young person as well as their educational needs and can be in force from the ages of 0-25. SEN support is extra or different help from that provided as part of the school's usual curriculum without a formal assessment process.

The 2019 CYP JSNA identified that the numbers of children and young people with an EHCP have been increasing over the last 10 years and that the prevalence of pupils with an EHCP in Birmingham is higher when compared to national figure and other English core cities. Data for 2021-22 shows a total of 36,050 children either had an Education, Health and Care Plan or required Special Educational Needs Support in 2021-22. A further breakdown of this data is provided in the table below.

Pupils with SEN (SEN Support and EHC) by SEN Types in Birmingham in 2021-22

Primary Need Type for Pupils with SEN Support or EHC	Number
Autistic Spectrum Disorder	5774
Hearing Impairment	767
Moderate Learning Difficulty	10163
Multi- Sensory Impairment	38
Other Difficulty/Disability	825
Physical Disability	1107
Profound & Multiple Learning Difficulty	297
Severe Learning Difficulty	652
Social, Emotional and Mental Health	5132
Specific Learning Difficulty	1773
Speech, Language and Communications needs	8117
Visual Impairment	461
SEN support but no specialist assessment of type of need	944

Source : DoE Education Statistics <https://explore-education-statistics.service.gov.uk/>

Forward Thinking Birmingham are members of the SEND improvement group and have worked with the designate team for SEND at BSOL ICB to improve the contribution to the EHCP assessment and review process. This has included reviewing and improving the format of information presented within the mental health report template.

Training has been delivered by BWC to clinicians within FTB on the EHCP legal framework. FTB work closely with the Special Educational Needs and Resources (SENAR) team at the local authority to support individuals.

Children and Young People with Physical Disabilities, Learning Disabilities or Autism

According to the [2019 Children and Young People's Joint Strategic Needs Assessment](#) it is estimated that in 2019, there were 1,396 adults aged 18-24 with autism in Birmingham, representing 1% of the age group population. The number of adults with autism in Birmingham is projected to increase by 8% between 2019 and 2030, which is consistent with ONS population projections of 6%.

The national learning from Learning Disabilities Mortality Reviews (LeDeR) has identified services can lose sight of underlying physical health needs of children and young people with learning disabilities. Within FTB the monitoring of physical health needs has been strengthened via specific physical health monitoring appointments for young people at the core hub and within school clinics. By expanding school clinics the service has been able to see more young people in a less stressful setting more which enables more accurate physical observations.

Within FTB school clinics are being increased with 2 additional schools being added to the offer. This enables more assessments to take place within the school environment to provide a more holistic approach. FTB are also working with Birmingham Community Healthcare (BCHC) to review and strengthen the transition pathway for young people transitioning to adult services including reviewing and updating the transition policy to support effective transitions from children’s to adult services.

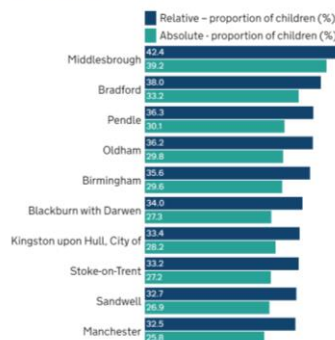
Children in Low Income Families

Birmingham is one of 10 local authorities in England with the highest proportion of the population aged under 16 years living in relative and absolute low-income families.

The local authorities with the highest proportions of children aged under 16 in Relative and Absolute low income families, England, FYE 2021

Local authorities with the highest proportions are spread across Northern England and the Midlands.

[Change to table and accessible view](#)



Source: [Children in low income families: local area statistics, financial year ending 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-financial-year-ending-2021)

Children in Need, Child Subject to Child Protection and Looked After Children

Data in relation to children in need, child protection and looked after children as at end of March 2022 shows:

- Birmingham has rate of children subject to child protection plans which is lower than the regional and national average
- Birmingham has a rate of children in need which is lower than the regional and similar to the national average
- Birmingham has a rate of children who are looked after by the local authority which is lower than the regional average and higher than the national average

	Number of Children: Bham	Rate per 10,000: Bham	Rate per 10,000: West Midlands	Rate per 10,000: Statistical Neighbours	Rate per 10,000: England
Children in Need	9,576	334.20	361.10	382.57	334.30
Children subject to Child Protection Plans	1,148	40.10	43.10	48.19	42.10
Looked After Children	2,094	73.00	88.00	87.20	70.00

Source: [Explore Education Statistics](#)

- A total of 22 children were previously looked after by the local authority were adopted during the year ending 31st March 2022. This is a lower number compared to Birmingham's statistical neighbours
- A total of 106 children were recorded as unaccompanied asylum seekers who were being looked after by the local authority as at 31st March 2022. This is a higher number compared to Birmingham's statistical neighbours
- Birmingham has the highest number of UACS children placed in Birmingham by neighbouring LA's

Care Leavers

National evidence shows that care leavers consistently experience some of the worst health, social, educational and employment outcomes in our society. Furthermore, care leavers are more likely to have poor mental health, poor dental health, experience homelessness, not achieve academically, live in poverty, and be more commonly represented in the criminal justice system.

During 2021/22, there were 1,114 care leavers aged 17-21 in Birmingham. Of these 1,114 young adults, 907 were in accommodation considered suitable. The remainder were in accommodation considered unsuitable or there was no information: either because the local authority is not in touch, or the young persons have refused contact or no longer require services. 611 of the care leavers in 2021/22 are now in education, employment or training, the remainder are not in education, employment or training (NEET) or there is no information available.

The ICB and FTB are members of a steering group with Birmingham Children's Trust which focuses on how best to meet emotional wellbeing and mental health needs of children in care. The steering group has 4 workstreams:

- Referrals and access
- Neurodevelopment
- Crisis care
- Children placed out of area

The consultation team for care leavers works with social workers to support access to services, facilitate joint discussions with Therapeutic And Emotional Support Service (TESS) at Birmingham Children's Trust and provide support to professionals. Personal advisers work with care leavers until the age of 25 and support with access to services and transition.

During 2023 there are plans to recruit additional staff to the team to expand the offer and upskill mental health professionals working with children and young people. Workforce options are being considered to support an equitable in area and out of area service offer. The service will also be looking at education of FTB clinicians to help identify additional needs that care leavers may have.

A psychologist post has also been recruited to which will support trauma informed practice, which will include addressing the mental health needs of care leavers.

Young People in Contact with the Youth Justice System

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children; particularly mental health needs, undiagnosed neuro diversity and Speech and language challenges.

In 2021, the rate of Birmingham 10-17 year olds entering the youth justice system either by conviction or caution was 267 per 100,000 (significantly above the England average of 169).

The rate of Birmingham 10–17-year-olds entering the youth justice system has fallen since 2017, but remains higher than national, regional and statistical neighbours' figures.

Rate of child first time entrant per 100,000 of the 10 - 17 year old population (year ending December)											
Local Authority, Region and England		2013	2014	2015	2016	2017	2018	2019	2020	2021	Change from previous year
330	Birmingham	582.00	586.00	488.00	500.00	567.00	471.00	386.00	334.00	267.00	-67.00
984	West Midlands	485.00	424.00	396.00	418.00	403.00	350.00	287.00	243.00	173.00	-70.00
	Statistical Neighbours	658.60	662.40	514.50	501.90	434.20	435.00	366.00	320.90	239.00	-81.90
970	England	557.00	449.00	414.00	376.00	332.00	298.00	242.00	213.00	169.00	-44.00

Source: [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/interactive/local-authority-interactive-tool-lait)

FTB have a dedicated team of clinical staff working within the Youth Offending Service who work alongside staff to offer screening, identification and treatment of mental health difficulties of young offenders aimed at reducing the range of risk factors that can cause young offenders to be more at risk of emotional and developmental problems. By building an individual's resilience, improvements are seen in their ability to cope with situations that may lead to offending.

FTB aims to improve the mental health and emotional well-being of children, young people and their families and to improve the level of knowledge and awareness of mental health issues among the wider staff group.

The Clinical Nurse Specialist posts reflect the specialised clinical qualification in the domain of Child and Adolescent Mental Health. These nurses have specialist training in dedicated therapeutic approaches to intervention, assessment of complex mental health need and advanced skills in multi-disciplinary working, this includes the assessment, clinical formulation and delivery of interventions to meet complex mental health needs.

YOS Staff within the Service have been trained alongside the specialist clinical staff in the use of SAVRY (Structured Assessment of Violence Risk in Youth) and in DBT (Dialectic Behavioural Therapy) which can assist in the treatment of those with suicidal tendencies and those who have

experienced deep trauma in their past. They also offer cognitive behaviour therapy, brief solution focused therapy, family work and neuro developmental interventions.

The clinical staff provide a core set of skills which means that they can accommodate all emergencies regardless of who is available for the assessment and are able to work flexibly to meet the needs of the young person.

FTB continues to work closely with the Youth Offending Service to ensure that all young people have access to mental health support and interventions in line with the NICE guidelines (National Institute of Clinical Excellence) and aligned to the needs to the client group they support.

A Consultant Forensic Psychologist has been recruited to join the FTB Youth Offending Service to support trauma informed practice.

Children and Young People who identify as LGBT+

The national organisation **ReThink Mental Illness** undertook a national review of mental health issues in the LGBT+ community – they found the following:

- LGBT+ people are at more risk of suicidal behaviour and self-harm than non-LGBT+ people.
- Gay and bisexual men are 4 times more likely to attempt suicide across their lifetime than the rest of the population.
- LGBT+ people are 1½ times more likely to develop depression and anxiety disorder compared to the rest of the population.
- 67% of trans people had experienced depression in the previous year and 46% had thought of ending their life.
- Stonewall's 'Prescription for Change' report found lesbian and bisexual women had higher rates of suicidal thoughts and self-harm compared to women in general.
- Of all the common sexual identity groups, bisexual people most frequently have mental health problems, including depression, anxiety disorder, self-harm and suicidality.

[A review of studies on mental health issues in the LGBT+ community](#)

Data on sexual orientation of children and young people is limited at a local level. [Office for National Statistics data](#) identifies that 2.7% of the 16-24 United Kingdom population identify as gay or lesbian and 5.3% as bisexual.

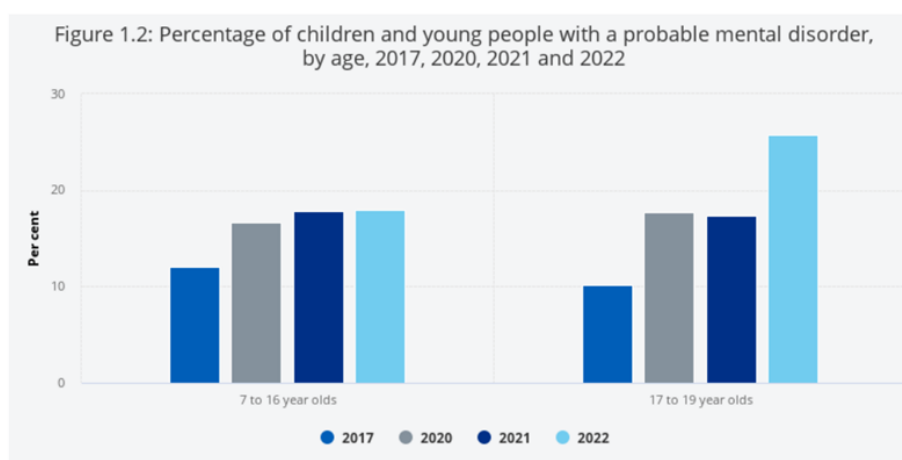
The Birmingham Local Authority [Lesbian, Gay, Bisexual and Trans \(LGBT+\) communities profile](#) states there are no national estimates on the trans population in England because the subject is not included in the national census. Additionally, there hasn't been any research completed elsewhere in England which was large enough to be statistically significant. The best estimate is that around 1% of the population might identify as trans, including people who identify as non-binary. If we applied this estimate in Birmingham (and assume that the 1% figure is equally represented across all age groups), then there are an estimated 1,400 trans people aged 16 to 24 years in Birmingham.

Prevalence of Mental Health Conditions in Children and Young People

The [Mental Health of Children and Young People Survey 2022](#) finds that in 2022:

- 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder.
- In children aged 7 to 16 years, rates rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020. Rates of probable mental disorder then remained stable between 2020, 2021 and 2022.
- In young people aged 17 to 19 years, rates of a probable mental disorder rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022.
- 1 in 5 (19.9%) 7 to 16 year olds lived in households that experienced a reduction in household income in the past year. This was more than 1 in 4 (28.6%) among children with a probable mental disorder.
- Among 17 to 22 year olds with a probable mental disorder, 14.8% reported living in a household that had experienced not being able to buy enough food or using a foodbank in the past year, compared with 2.1% of young people unlikely to have a mental disorder.

Additionally, the [Mental Health of Children and Young People Survey 2022](#) shows an overall rise in prevalence of a probable mental disorder between 2017 and 2022 and this was evident in boys and girls across both age groups (7 to 16 years, and 17 to 19 years):



Source: [Mental Health of Children and Young People Survey 2022](#)

The 2019 Joint Strategic Needs Assessment for Children and Young People included modelled numbers of young people affected by mental health conditions in Birmingham in 2018. This is displayed in the table below, however as noted above the rates of probable mental disorder in children and young people has increased nationally between 2017 and 2021 and the impact of the pandemic is yet to be factored into national prevalence rates.

Table 15: Estimated prevalence of mental health conditions in children and young people

Mental Health Conditions	Birmingham Estimated %	Modelled number of young people affected in 2018 (5-16 years population = 190,397)	West Midlands %	England %
Mental health disorders in children & young people 5-16 years	10.3%	19,611	9.7%	9.2%
Prevalence of emotional disorders aged 5-16 years	4.0%	7,616	3.8%	3.6%
Prevalence of conduct disorders in 5-16 years olds	6.4%	12,185	5.9%	5.6%
Prevalence of hyperkinetic disorders in 5-16 years olds	1.7%	3,237	1.6%	1.5%
Potential number of cases of eating disorders in 16-24 years	N/A	21,518	N/A	N/A
Potential number of cases of ADHD in 16- 24 years	N/A	22,414	N/A	N/A

Source: [PHE Fingertips Children and Young People's Mental Health⁷⁷](#)

Source: 2019 CYP JSNA

As well as age and gender, a child's ethnicity, economic situation have a significant bearing on rates of mental health disorders, with prevalence higher among:

- White British children compared to those from the Asian/Asian British or Black/Black British ethnic groups
- Those living in low-income families (7% among children in most affluent families compared to 15% in the least affluent)
- Those living with a parent with a mental health disorder
- Those who have experienced an adverse life event
- Those who have low levels of social support, smaller social networks, and those not participating in clubs or organisations

Birmingham has a lower proportion of white British children than the England average, and a higher proportion of low-income families (35.6% of children under 16 years live in low-income families), a higher rate of children living in households with a parent in drug treatment and a higher rate of children in care than the England averages. Overall, we would expect to see a higher rate of mental health conditions in children in the city than England because of the increased risk factors.

5. System Model and Pathways

This section describes the system offer and pathways in relation to children and young people's mental health services with a particular focus on:

- The THRIVE framework
- FTB Clinical Model
- Mental Health Support Teams in Schools
- Eating Disorder Services

- Early Intervention in Psychosis
- Young Adults and 18-25 offer
- Health and Justice

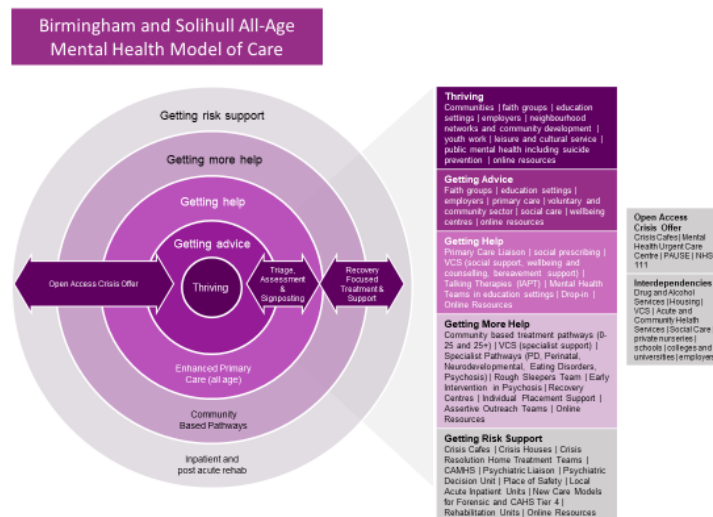
The THRIVE framework

The National i-THRIVE Programme aims to improve outcomes for children and young people’s mental health and wellbeing. The [THRIVE framework](#) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

This means that children, young people and families alongside professionals through shared decision-making define mental health needs. The THRIVE framework is for:

- All children and young people aged 0-25 within a specified locality
- All families and carers of children and young people aged 0-25 within a specified locality
- Any professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others)

The below diagram shows the Birmingham and Solihull All-Age Mental Health Model of Care using the THRIVE framework.



Throughout 2023 the Birmingham and Solihull Mental Health Provider Collaborative will work with mental health providers and stakeholders to ensure that our model of mental health care is co-produced, accessible, addresses health inequalities and evidences the impact it has on patients. The CYP transformation board will also oversee a mapping exercise to identify mental health providers, organisations and community groups that provide support across the THRIVE model of care.

Birmingham 0 – 25 Clinical Practice Model

Forward Thinking Birmingham are developing their clinical practice model via the implementation of the [CHIME model for mental health recovery](#) which focuses on:

- Connectedness
- Hope and Optimism
- Identity
- Meaning and Purpose
- Empowerment

FTB are also working with [Studio 3](#) on low arousal approach to support those with autism and who have experienced trauma and working with the Clinical Senate to implement trauma informed and recovery focused approaches

This will support the service to holistically meet the needs of individuals, including those who have experienced adverse childhood experiences and traumatic life events.

Urgent and Emergency (Crisis) Care

Across the Birmingham and Solihull system there are ongoing developments to improve crisis support, crisis prevention and crisis after care offer for young people and families to ensure 24/7 crisis care.

Birmingham and Solihull Mental Health Foundation Trust and Forward Thinking Birmingham are key stakeholders leading these discussions and have pledged an ongoing commitment to ensure co-production and co-development of the two team's roles, function and approach

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.

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 VCS partners.

Whole System Working

The Liaison increased offer supports closer system working and increased connectivity with the UHB vulnerabilities team. The Crisis Service work with acute hospital teams on a multi-disciplinary and multi-agency basis to provide support those who are in crisis in acute hospital settings.

The service is represented within the following forums which focus on system working in relation to mental health:

- The System Oversight Group (SOG)
- City wide suicide prevention group – due to relaunch in February 2023

- Joint Strategic Operational Group (JSOG) and Urgent Care Operational Group (UCOG)

Learning Disabilities, Autism and ADHD

As part of the Birmingham and Solihull 3-year plan for Learning Disability and Autism (LD&A) and in response to the need for a personalised crisis response for CYP with LD/Autism to prevent admission to a hospital, FTB received additional funding to develop a team to meet the needs of young people with LD or autism.

FTB worked with young people and parents/carers to design a team that would deliver a responsive and tailored service for young people and their families. The Disability Intensive Support Enhanced (DICE) team work alongside the core crisis team including providing support and training. The DICE team work with the vulnerabilities teams across acute hospital sites and track additional support linked to the dynamic support register. Where needed the DICE team will work jointly with other teams in FTB to support young people experiencing a mental health crisis. DICE are currently undertaking recruitment to expand capacity.

Shared care protocols with primary, acute and provider collaboratives

During 2023 there will be a focus on the 0-17 offer as part of the community transformation programme. Memorandums of understanding are in place on a citywide regarding mental health crisis for young people and:

- Application of section 136 and section 135 of the mental health act
- Acute escalation processes
- Psychiatric units

Support Available Beyond Crisis Presentation

Home treatment team provides a package of support up to 8 weeks and will facilitate a transition to core or speciality services within the wider FTB offer. Where appropriate crisis beds can also be used to support transition. The service also signposts to a network with community and voluntary sector to meet identified social needs.

Multi-agency care planning also takes place in relation to individuals who require social care support or input from other agencies to support wider system working beyond a crisis presentation.

24-hour care, 7 days a week

The Birmingham Crisis Service offer is available on a 24/7 basis with the following enhancements made during 2022:

- Increased psychiatric liaison service offer for under 16s across all Birmingham acute hospital sites
- Psychiatric decisions unit open on a 24/7 basis co-located with adults to support transition
- Relocation of section 136 suite to a more appropriate facility

The Crisis Teams also offer 24/7 telephone access.

Eating Disorders

Transformation funding for CYP and more recently for 18+ adults has enabled the development of the community Specialist Eating Disorders Service (SEDS), a city-wide, multidisciplinary team, embedded within the Forward Thinking Birmingham (FTB) 0-25 model of mental health delivery.

SEDS has been able to build on the frameworks 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 SEDS model that incorporates early intervention & prevention as well as offer a range of NICE concordant treatment options. SEDS is also currently developing an Avoidant/restrictive food intake disorder (ARFID) pathway in line with the national frameworks for good practice for delivering support to CYP and adults. The current intervention levels are described below.

Brief intervention:

- Psycho-education including diet, health, weight restoration/stabilisation,
- Physical health management, diet/meal planning and activity planning
- Family Therapy/Skills for carers groups
- Guided self-help for Binge Eating
- University preparation/readiness programme
- Dietetic Psycho-education and Intuitive eating programme

Complex/Intensive intervention:

- Specialist Supportive Clinical Management
- NICE Concordant, evidence based Psychological interventions for Children, YP and families (e.g., MANTRA, CBT-E, FT-AN and FT-BN)
- Intensive Outreach support such as meal support at home, community physical health monitoring and meal support (under 18) for admission avoidance
- Joint working with local Day Treatment units for (over 18) patients for admission avoidance.
- In-reach and joint care planning to medical wards where patients require medical admission for physical health stabilisation. That 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.

Community Transformation Plans: ARFID Pathway Development

The focus of this pathway will be the provision of the psycho-behavioural input which is the main current treatment gap in the city and the most pressing need expressed by families at this time. Additional MDT input will be provided by utilising existing resources, skills and provision within the existing SEDS and wider FTB services/pathways, BCHC Trust and Community Paediatrics services. This includes working alongside:

- Community Paediatricians to monitor growth, bone health, constipation, micro-nutrient deficiencies

- Existing Autism Assessment and Learning Disabilities team within FTB (specialist assessments and support)
- Existing Speech & Language Therapists and Occupational Therapy within BCHC Trust (specialist assessments and support)
- First Steps ED (VCS provider – Currently delivering Parent/Carer Skills programme).

Clinical Liaison and Intensive outreach:

In 2023 there will be developments within SEDS focused on Clinical liaison with Primary care and expanding the Intensive outreach offer for 18-25yr olds with ED at risk of hospital admission as well as strengthening the recovery model. This is described in further detail below.

Clinical Liaison:

- SEDS will enhance the current ED duty triage system, to provide point of contact for Primary care professionals regarding ED referrals and queries.
- Enhanced SEDS duty will provide advice and guidance on safe management of potential ED patients, disengaging patients and those in recovery managed in Primary care.
- SEDS will contribute to ED training for Primary care teams as part of the BSOL offer.
- These changes will ensure better communication across services, and as such improve referral process, access to treatment and better patient experience.

Intensive outreach:

- The expansion of intensive outreach for 18+ patients will better enable SEDS to provide equity of care across the age range.
- When high risk patients are unable to engage in the adult day treatment programme, SEDS will be able to close the gap and offer the same level of intensive community treatment as for children and young people providing daily treatment, monitoring and risk assessment in the home (across 6 days).
- We have found that in cases where we are able to provide this intensive level of care, we have been able to prevent admission, reduce length of stay and reduce the psycho-social impact on the families and young people/adults caused by the disruption of the admission itself.
- Young adults will also be supported in stepping down from inpatient or day treatment care to reduce risk of readmission, continue the progress made and ease the transition to home/community care.
- Changes also reduce pressure on acute inpatient medical care

Recovery:

- Recovery focused intervention will be embedded by Peer Support Workers with the goal of shifting the focus from weight shifting the focus from symptom focus and psychopathology to Quality of Life and wellbeing.
- Theoretical framework - CHIME (Connectedness, Hope, Identity, Meaning & Purpose and Empowerment) supporting patients to develop a comprehensive, individualised ED recovery and relapse prevention plan as well as increase confidence in stepping down from Secondary care.
- Best utilising the skills and knowledge of this new workforce to support individuals to reclaim their lives from ED and reconnect with strengths, values and those important to them

- Improved liaison with VCS, universities and charitable sector overall to improve wellbeing.

Access and Waiting Time Standards

SEDS have continued to offer timely triage and intervention. SEDS duty system is working well with the FTB Referral management Centre to ensure potential ED referrals are actioned efficiently. This ensures that ED 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 – First episode Rapid Early intervention for Eating Disorders)

The increase in the number of ED referrals and in the acuity of cases has naturally added pressure to this system. For urgent cases, where necessary, SEDS has worked with acute medical care/ Paediatrics and primary care in order to expedite physical health assessments as part of the over assessment within SEDS of the Eating Disorder.

A key priority for 2023 will be to ensure SEDS pathway development and workforce plans support the service to align with the new adult ED access and waiting times standards (AWTS) are due to be introduced in 2023.

Early Intervention in Psychosis

Joint working with FTB core offer

For children and young people aged 14 and above the caseload is jointly managed with the core FTB, this equates to approximately 15-20 cases per year. Consultancy and support is provided by the Early Intervention in Psychosis (EIP) team into FTB with oversight senior level and consultant oversight. Where FTB identify an individual with suspected first episode psychosis a referral will be made into EIP. In accordance with NICE guidance cognitive behaviour therapy will be explored as part of transition plan at age of 16

Joint working arrangements are encompassed within the operational policy which describes how the service works with under 16s.

Staff, training, expertise and competencies

FTB CYP practitioner within the EIP team can provide guidance to other members of the team. Multi-disciplinary team meetings include social workers and occupational therapists who have had training specific to the needs of young people.

A training package for Behavioural Family Therapy (BFT) is in place within the EIP service. There are 2 nurses who are family leads who are trainers in BFT and provide supervision and joint working on complex cases. The lead psychologist core responsibilities include family and carer support.

It is recognised that further improvement can be made as the BFT offer is not always culturally appropriate. Meriden are family intervention programme lead, FTB have agreement for Meriden undertake bespoke work with teams to enhance the offer.

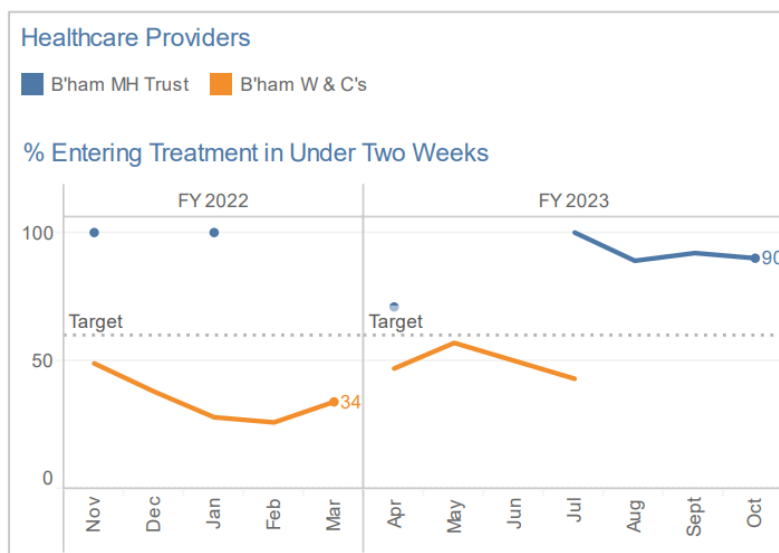
CYP access to education and training including support for re-integration and access

There is an integrated programme with Shaw Trust who have embedded workers within community teams, attend MDT's and have access to clinical records. A total of 100 young people achieved sustained employment within 1st year of the programme. A further 100 successful outcomes were achieved in year 2.

Similar work is being undertaken to support people in education to support individuals who have come to Birmingham to study. Peer support roles in universities are being explored.

FTB are also looking at those who are not in employment, education or training as part of joint working with recovery hubs and will be reviewing the model to develop a similar model to IPS. The intention is to develop an approach where there is brokering of support in community as well as developing in-reach into schools.

Early Intervention in Psychosis – Waiting Times



Source: Mental Health System Performance Report, BSOL ICB, December 2022

The percentage of patients with a first episode of psychosis entering treatment with a NICE approved package of care within 2 weeks of referral was below the 60% target throughout 2021-22, during 2022-23 the percentage was marginally below target in May 2022 and then below target for the remaining months where data is available.

Improvements are being monitored through ICS contracting processes.

Transition of Young Adults and 0-25 Pathway

Transition Protocol

A transition protocol has been developed with BSMHFT and experts by experience including representatives from [Think4Brum](#) to support a safe and effective transition process. The protocol

describes the information that needs to be shared, the timeframes for planning and implementing transition and the escalation process to follow if there are any delays.

Staff skills, competencies and knowledge

FTB are developing an ages and stages approach to therapeutic work as part of plans to develop a 0-25 competency framework and supervision model. Once this model has been developed the focus will be on spread and sustainability to ensure it is embedded within clinical practice.

An annual education and training plan is in place for staff at FTB. The training focuses on specific themes within each year, e.g., how to support people with complex needs and multi-agency involvement in relation to management of risk. Training is also being provided in relation to moving from Care Programme Approach to Dialog+, this is focused on conversation with patients and families to put goals together.

The behavioural family therapy approach is also being rolled out beyond the EIP service with the first cohort of nurses outside of EIP receiving training. FTB are exploring building training with Meriden on caring for carers, with a view to following a train the trainer approach to support wider rollout.

Support to students and those undertaking apprenticeships

[Pause@Uni](#) is a drop-in service for students up to the age of 25, this is currently a 2 day a week service. The service provides a no-wait, no-appointment drop in model whereby students can approach the service engage in a 1:1 session with a trained mental health practitioner or take part in a variety of group work and workshop activities.

There is a commitment by the 5 universities in Birmingham to develop a city-wide strategy to supporting student mental health. Pause@Uni are now proceeding with plans to offer a 1 day a week drop-in service at Aston University and Birmingham City University until September 2023 then onto Newman University and University College Birmingham in subsequent months, alongside the original 2 days a week at The University of Birmingham. The programme is currently funded to offer a total of 3 days service across the institutions until January 2024 (this from sustainable funding from the original Office for Students project).

FTB are meeting with the 5 universities in Birmingham to develop creative approaches to student mental health through the means of peer to peer support, early intervention drop-in service, sharing best practice, student co-production. The remit of the newly appointed Project and Development Manager for Student Mental Health role is currently fixed-term and is required to build partnerships between universities, the NHS and community/third sector organisations. The post duration is for 18 months therefore is responsible for an accelerated programme of activities across the universities that requires co-production of resources and partnership developments, collaborative working, creating better communication pathways and sharing of information agreements (including the development and delivery of training for university staff).

Mental Health Support Teams in Schools

The core function of Mental Health Support Teams in Schools (MHST) is to provide early identification and intervention support for those in education settings up to 18 years of age, to reduce the stigma surrounding mental health concerns; improving communication and engagement with school staff, pupils and family/carers.

MHSTs offer early intervention and help to children and young people with mild to moderate mental health issues such as low mood, worry and anxiety, low self-esteem and confidence. They also provide support and guidance to the delegated school Senior Mental Health lead (SMHL) in developing and embedding the whole school approach to promoting good mental health and wellbeing.

There are four established MHST's within Birmingham covering a mix of 30 educational settings. The MHST programme is led by Forward Thinking Birmingham (FTB) in Birmingham. Additional educational settings for wave 9/10 for 2023/24 will be scoped using an evidence based needs model incorporating health inequalities data, the joint strategic needs analysis and identification of unmet need.

MHST Interventions are part of FTB's established CYP early help pathway working alongside education partners, VCS and FTB's other early help teams.

Individual face-to-face work is undertaken either in clinics, schools, the community, and on-line. Group work for pupils or parents on topics such as resilience or anxiety are delivered at local venues. Group parenting classes cover issues such as conduct disorder and communication difficulties. These activities all contribute to reducing stigma surrounding mental health.

MHSTs in Birmingham are primarily working in areas with identified health inequalities, higher deprivation levels, lower life expectancy and high referral rates into FTB services.

To ensure that there is a clear assessment of need audits are completed with the school's Senior Mental Health Lead (SMHL) once they join the MHST programme. This enables the team to gain an understanding of existing provision, identify any gaps and determine the scope and appropriate level of support required by each school.

The Birmingham MHSTs work closely with partnerships such as BEP (Birmingham Education Partnership) on delivering the whole school approach to emotional health and well-being. Through such programmes as 'New Start' BEP is able to help schools develop their mental health leadership and provide resources such as a series of Mental Health short videos covering psychoeducation, policy and best practice.

This collaborative approach to needs assessment enables the MHST to create a tailored and flexible offer with schools that utilises appropriate interventions that will be delivered by the right team member. As more educational settings across Birmingham have access to a MHST the identification of any new team roles required as part of the operational model will be explored.

The STICK' (Screening, Training, Intervention, Consultation, Knowledge) is part FTB's early help pathway that is schools-facing and has an emphasis on earlier recognition and identification of mental health need in CYP and ensuring referrals flow into the most appropriate teams as clinically appropriate

Group work for pupils or parents on topics such as resilience or anxiety are delivered at local venues. Group parenting classes via the 'Cathy Cresswell' model cover issues such as conduct disorder and communication difficulties. These activities all contribute to reducing stigma surrounding mental health.

The MHSTs have become an integral part of the CYP pathway offer and referral routes to suitable mental health services have become established. Within Birmingham this has been successful in escalating CYP cases to IAPT and other core services such as the eating disorder service. Consultations can be requested with the eating disorder service for advice and support on any cases presented to the MHST where there are eating concerns associated with the CYP. An appropriate referral can then be made if required to ensure timely access to the right service at the earliest point of need for the children, young people and families.

Health and Justice

Pathway Approach

Secure Estate

The Youth Offending service work with the children's social work service in relation to avoiding the over criminalisation of looked after young people in the Criminal Justice System using restorative practice approaches. The service ensures that plans are in place to reduce vulnerabilities of young people transitioning in and out of secure estate, recognising the risks that these vulnerable young people face if they do not have a clear plan to support them in the community. This includes a comprehensive assessment of their health needs.

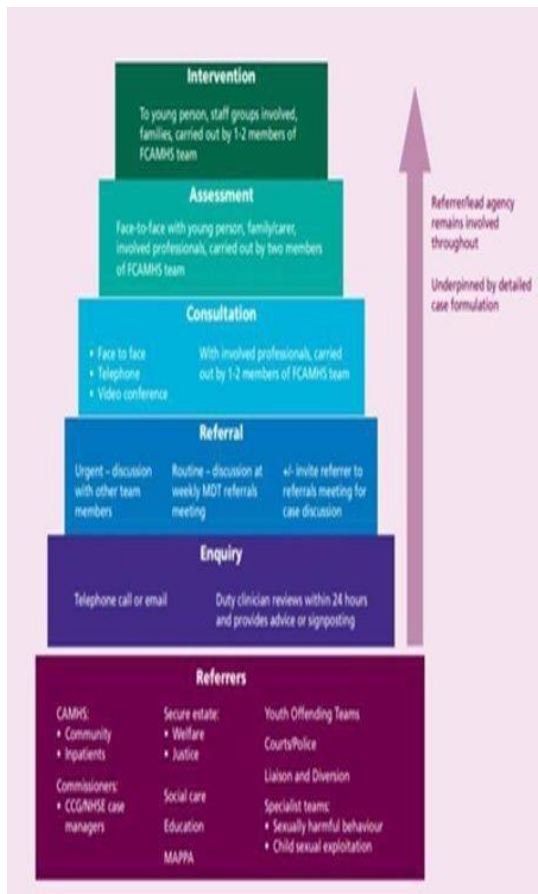
Specialist and Forensic CAMHS

NHS England has commissioned Birmingham and Solihull Mental Health Foundation Trust to provide Forensic child and adolescent mental health services.

A key strength of the service's is its multidisciplinary approach and provision of interventions delivered by several 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.



Youth First, is provided by Birmingham and Solihull Mental Health Foundation Trust it 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 prioritises 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.

Liaison and Diversion Services and Police Custody

There is a Liaison and Diversion Scheme that covers both Birmingham and Solihull, which has a youth pathway. Commissioned from Birmingham and

Solihull Mental Health Foundation Trust, the all-age service undertakes assessments in police custody with individuals who have been arrested with the aim of diverting those most at risk away from the criminal justice system and into relevant services as determined via a thorough assessment of needs and vulnerabilities.

The Youth Offending service work with the children’s social work service in relation to avoiding the over criminalisation of looked after young people in the Criminal Justice System using restorative practice approaches. The service ensures that plans are in place to reduce vulnerabilities of young people transitioning in and out of secure estate, recognising the risks that these vulnerable young people face if they do not have a clear plan to support them in the community. This includes a comprehensive assessment of their health needs.

Inpatient Care (Tier 4) West Midlands CYPMHS Provider Collaborative (WMCP)

Birmingham Women’s and Children’s NHS Foundation Trust is the Lead Provider of the West Midlands CYPMHS Provider Collaborative (WMCP) - an integrated provision of specialist mental health, learning disability and autism services, for young people aged 12-18.

Provider collaboratives have been established across England to encourage closer regional partnership working. For the first time, pathway and budget management is WMCP’s

responsibility, enabling autonomy and opportunity to reinvest savings into community and step-down services that our region's young people need the most.

We know those who need an inpatient admission experience either a long wait for a bed or are admitted to hospitals far from home. It is hoped that by working collaboratively, using local data and listening and engaging with service users, we will be able to reduce the number of young people admitted to inpatient services, drive down length of stay, bring care closer to home and ultimately improve the outcome and experience of every young person.

Organisations that form part of the WMCP:

- Birmingham Women's and Children's NHS Foundation Trust (Lead Provider)
- Birmingham and Solihull Mental Health NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- Black Country Healthcare NHS Foundation Trust
- Schoen Clinic Newbridge
- Midlands Partnership NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- Priory Healthcare Limited of Priory Group
- Herefordshire & Worcestershire Health and Care NHS Trust
- The Huntercombe Group
- Cygnet Joyce Parker
- Regis Healthcare
- Elysium Healthcare

Our vision:

As a community of services, we will work and learn together as a team of young people and experts by experience, professionals, families and carers to improve quality of care and aid recovery. We will do this through collective system leadership, responsibility and co-production. The aim is to join services to provide the best care with minimal disruption to young people's lives through their journey.

Digitally Enabled Care and Innovations

System Approach to Digitally Enabled Care

Birmingham Solihull and Integrated Care System has developed strategic objectives to support digital enablement of ICS goals, these include:

- A harmonised system-first approach - The ICS adopts a system-first approach to provide a care system that allows seamless collaboration across organisations
- Shared Care Record – A Shared Care Record is fundamental to delivering cohesive ICS wide care

As part of delivery of these objectives the ICS will work towards one Mental Health/Community electronic patient record and interoperability between primary care, secondary care, community services and social care. The ICS will also spread the Shared

Care Record across all organisations within the ICS ensuring it meets the minimum national Shared Care Record standards.

These digital enablers will be used to support the Children and Young People's Mental Health agenda by helping systems and users to work together in a more cohesive way, allowing staff to build collaborative partnerships. Insights from data can also be used to improve citizen outcomes and address health inequalities.

During the pandemic the increased use of technology enabled children and young people with mental health needs to access mental health support. We have continued to build upon lessons learnt with regards to joint working, providing a flexible approach to access support both face to face and online. Providers have also developed a wide range of resources including webinars both live and pre-recorded to provide support and information for self-management of care and recovery focused. Information advice support and guidance is also available for those caring for young people.

Public Mental Health Approach with Schools

Forward Thinking Birmingham are taking a preventative twin-track 'public mental health' approach with schools to establish infrastructure with potential to identify early 'low level' wellbeing difficulties that can be targeted with bespoke digital and community focused interventions.

The Wellbeing Census in Schools

A wellbeing census is being developed in collaboration with Birmingham Education Partnership (BEP), Birmingham City Council Public Health & Education and the University of Warwick. During 2022 the census collected over 10,000 individual students' wellbeing data from 46 schools and have strong interest from other schools to participate in the programme.

This wellbeing census data is being linked with other data that schools collect, e.g., demographics, attainment, socio-economics status, SEN status and exclusion data and will contribute to informing the Joint Strategic Needs Assessment for Children and Young People. Further linkage to other data sources, such as NHS referral data is currently being considered.

Breathe Education

Birmingham stakeholders lead by BEP have established a wellbeing resource website: 'Breathe Education' that has been created for school staff and staff working with young people.

This involves developing bespoke videos / lesson plans and linked resources that staff and young people in schools have been asking for on themes including neurodiversity, emotional regulation and suicide prevention - see: <https://breathe-edu.co.uk/census/>

Currently underway work is been done to test shorter more responsive resources that can be accessed by staff, students and parents in focused bite-sized formats ('7 taps') - and have applied for funding to continue to build on this approach.

Other Initiatives

FTB have been developing further education films with their Young Person participation group Think4Brum and are collaborators in National Institute Health Research funded research into reducing bullying (a risk factor for mental ill-health – see: <https://standtogethertrial.weebly.com/the-team.html>); the impact of smartphone use in schools (see: <https://breathe-edu.co.uk/getting-involved-in-research-smart-schools/>) and testing an online intervention for parents of young people with early signs of anxiety / depression (PiPA trial - see: <https://breathe-edu.co.uk/get-involved-in-research-01/>).

FTB are also exploring opportunities for involvement in mental health interventions with several digital industry developers.

Digital Working – Eating Disorders

The Eating Disorders service has working with stakeholders to access a range of activities to support digitally enabled care:

- Development, delivery and evaluation of virtual evidence-based therapeutic programmes, e-learning packages, apps, and guided self-help packages, including digital collection of outcome data
- There will be a sharing of relevant resources across the BSOL Eating Disorder Transformation group and the exploration of joint virtual groups between the 3 services where appropriate. Sharing of relevant resources across the BSol model increases the potential for joint virtual groups between the services where appropriate. These changes should increase the options available to service users to access relevant packages suitable to their needs across each of our services; reducing boundaries and inequalities that may have previously arisen due to postcode and internal waiting lists.
- Digital working forms part of a targeted equity focused interventions in order to reduce health inequalities by utilising the free to register anonymous eating disorder app as a resource for individuals to gain access to early intervention and prevention service options. Especially useful for those from marginalised communities
- Eating disorders apps have been designed to encourage service users who are less likely to access services and provide individuals and families who have received real world eating disorders support services a resource to support the continuity of their care within the community
- E learning packages also support the reduction of wait lists by enhancing self-efficacy and enhancing the delivery of NICE recommended guided self-help treatment for e.g., BN and BED.

Digital Working – Kooth

[Kooth](#) provide digital personalised mental health care for those 11 – 25 years. Kooth is designed to meet the needs and wants of young people with their concerns around the mental health using a range digital tool.

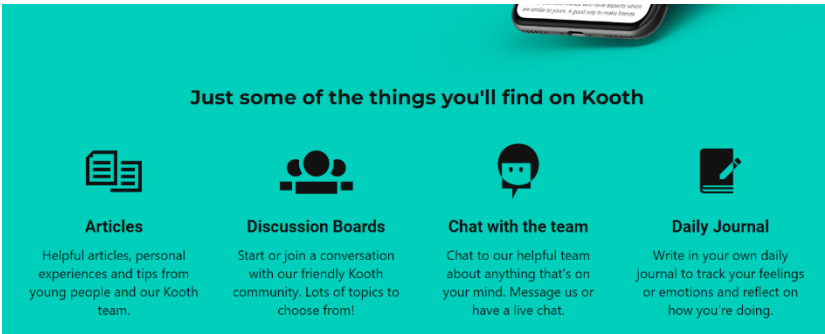
Kooth provides many touch points of support where and when young people want to access it. Kooth works with academic partners to ensure an independent evaluation of their work.

Kooth delivery model

Clinical model	Accessible and age appropriate	Anonymous and available	Human practitioners
<p>Kooth is designed to meet the Thrive Framework for System Change (Wolpert et al 2019). Our platform is unique in that it works with children and young people who may need advice and signposting, help, more ongoing help or immediate risk support. Our clinical model is NICE informed and we have ongoing pathways mapped across the UK.</p>	<p>Our platform has been designed over the past 15 years with children and young people. We know how they want to access services, what they want to know and how they want to engage. We are focussed on ensuring all aspects of the platform meet the Web Accessibility Guidelines (WCAG) 2.1 level AA.</p>	<p>Kooth is an anonymous site which helps children and young people to feel safe and confident in exploring their concerns and seeking professional support. Kooth.com is an online application removing the need for Apple/Android accounts, data requirements and the stigma of mental health apps on your devices.</p>	<p>Our live counselling functionality allows children and young people to receive professional support through either booked or drop in sessions as and when a session is required. Our qualified practitioners are real people, not bots, with significant experience in working with children and young people.</p>

Multiple ways to get help	No waiting lists or referrals	Risk and safety
<p>Our suite of applications allows children and young people to choose how they want to access help: Magazines, Forums, Activity Centres, Messaging, Live Counselling. Each component can be accessed as a stand alone or as part of a wider care package.</p>	<p>Access to Kooth is immediate. There is no need for a referral, no waiting lists and the service is available 24/7.</p>	<p>Managing risk is what we do. We have a robust risk profiling system across all parts of the platform that allows us to prioritise and to reach out. Safeguarding encompasses all we do at every level of care. We know when to signpost and refer on and how to psychologically hold people and keep them safe during crisis.</p>

<https://www.koothplc.com/>



Just some of the things you'll find on Kooth

- Articles**
 Helpful articles, personal experiences and tips from young people and our Kooth team.
- Discussion Boards**
 Start or join a conversation with our friendly Kooth community. Lots of topics to choose from!
- Chat with the team**
 Chat to our helpful team about anything that's on your mind. Message us or have a live chat.
- Daily Journal**
 Write in your own daily journal to track your feelings or emotions and reflect on how you're doing.

July – Sept 2022 performance report

Period: 01-Jul-22 to 30-Sep-22 Population: 312000 Population Reach (12 months): 2.0%

Note: Totals for N° SUs are an aggregate of unique SUs over the period selected.

N° New Registrations	Logins		Chats	
	N° of Logins	N° SUs	Total Chats	N° SUs
949	9,210	1,362	586	276

New Registrations by Gender

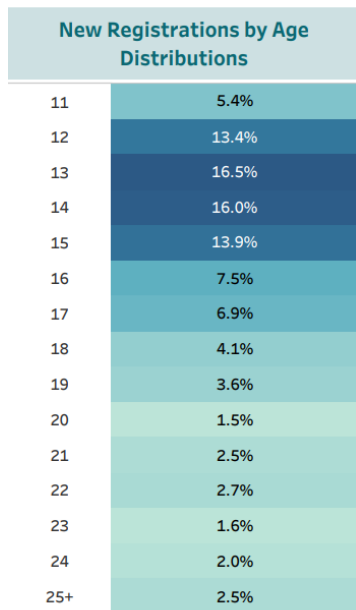
Agender	Female	GenderFluid	Male
25	695	49	180

Out of Office Logins

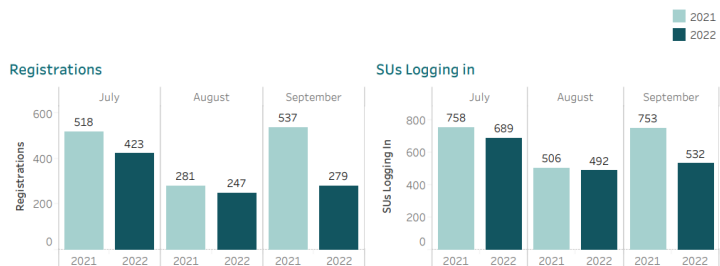
Note: Office Hours are weekdays 9am - 5pm

Messages

N° Messages Swapped	N° SUs
5,852	1,052

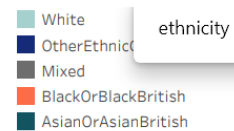


Period: 01-Jul-22 to 30-Sep-22 Population: 312000 Population Reach (12 months): 2.0%



Users Logging in By Ethnic Group

Your selection: Birmingham Kooth CYP



Supporting under 5's and parents, carers and families

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 the Local Maternity and Neonatal System (LMNS). 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 (2022/23 and 2023/24 Targets of 10% of the population birth rate), including through extending community services from preconception to 24 months after birth and expanding access to evidence-based psychological therapies
- Ensuring partners of women accessing specialist PNMH services and Maternal Mental Health (MMH) Services receive evidence-based assessment for their mental health and are signposted as required
- Implementing MMH Services, that will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience
- Ensure that mechanisms are in place to enable women with lived experience to be actively involved in the development of local PNMH services (including a focus on Infant Mental Health)
- Ensure that community PNMH services understand their access challenges for different groups (such as for people from Black, Asian and Minority Ethnic groups and younger parents) and are working to ensure that all groups have equal and timely access.

The PNMH Service has a health inequalities action plan in place to explore the socio-demographic characteristics of potential service recipients to determine where differences lie in the utilisation of services amongst these subgroups, and to work towards the enabling provision of proactive outreach within communities to improve access; for example, through the recruitment of Peer Support Workers from third sector agencies with established links with communities. Extensive work is underway.

Infant Mental Health/Parenting Support: - Health Visting, Pre School and School Age Children

The [1001 Critical Days manifesto](#) sets out the provision of services in the UK for the period between conception and age 2 of the early years period and is a key priority across Birmingham and Solihull. It involves a holistic approach to peri-natal care and includes involvement of midwives, health visitors, GPs and children centres as soon as possible – ideally during pregnancy.

The Department of Health and Social Care and the Department for Education are jointly overseeing [The Family Hubs and Start for Life Programme](#). The programme represents a significant step forward in delivering on the government's commitments as set out in '[The Best Start for Life: A Vision for the 1,001 Critical Days](#)' and builds on delivery of the [Healthy Child Programme 0-19 public health services](#). It will also deliver on the government's manifesto commitment to champion family hubs.

Birmingham City Council has secured additional funding to develop Family Hubs and Start for Life programme. The delivery plan, was written by a multi-agency group including FTB's infant mental health lead. The funded workstreams within the programme primarily focus on the period from conception to age two, with particular emphasis given to supporting the parent-infant relationship, and mild-moderate mental health.

Key services:

- Forward Thinking Birmingham (FTB) under 5s pathway, including parent-infant relationship support
- [Birmingham Forward Steps](#) (BFS), providing Health Visiting Services– 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 (BCP) Early Help Offer - extended mobilisation at pace during the pandemic, including support for families.
- BSMHFT PNMH service for families with moderate-severe perinatal mental health need.

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 is developing a specialised 0-2 parent-infant relationship service with under 5s care for older pre-school children to be offered by core teams and the child and adolescent psychotherapy team.
- The 0-2 parent-infant relationship work is undertaken in close collaboration with FTB's Perinatal mental health workers who offer additionality to the core FTB offer to young parents.
- An Under 5s Panel with representation from relevant internal services and pathways including CiC, Autism Assessment, STICK, and Child Psychotherapy, is due to commence in February 2023 to support managing referrals into FTB, and decision making and signposting.
- The Under 5s Panel will consider the needs of infants and children from conception to reception relating to difficulties in the parent-infant relationship, trauma-related and attachment-related difficulties, early neurodevelopmental concerns, and developmental/behavioural concerns (e.g., toileting, sleep, feeding and behavioural problems) that haven't responded to previous interventions, or where needs are more extreme and/or multiple agencies are already involved. In FTB's under 2s and PNMH work careful attention is given to partnership working with BFS and VCS providers, and joint

initiatives to support families most in need are being piloted. The BSOL Infant Mental Health Steering Group was established in 2021.

- 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 STICK service offer (Screening Training Intervention Consultation Knowledge)
- 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, 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.

Birmingham Education Partnership

Birmingham Education Partnership (BEP) offers support and access to resources for publicly funded school in Birmingham and seeks to be co-led by and built on the strengths of all Birmingham Schools. BEP is committed to no school being isolated and sees that local, city and national connectivity is a key to success for schools at every stage of their development.

BEP work not only with school leaders but also with strategic partners to build a network within which children can do well and thrive, and if children do well then our city will flourish.

Schools in Birmingham operate in areas of significant socio-economic deprivation. Adversity is part of the daily landscape. Increasingly, as with other areas and services, the challenges that schools work with have grown and there are greater numbers of children impacted by not just adverse living circumstances but also by neurodevelopmental conditions. BEP's mental health team have engaged almost every school in the city through various offers of support.

Experiences provided for children (and their families) in our schools are vital in helping children to move towards thriving. Schools provide opportunities to develop relationships with safe, secure, well-regulated adults on a regular basis.

BEP work on the basis that school staff are not there to treat mental ill-health but have a central role to play in stress reduction for pupils, not as mental health specialists but as calm role models who can offer appropriate support. For example, giving sensible advice to children, young people and families who are facing very serious problems, making visible those pupils who are vulnerable and being alert to the difference between a child struggling to cope and an unwell child needing specialist care. The role of [Senior Mental Health Lead](#) and the [Whole School Approach](#) is an essential part of this work.

Schools offer opportunities to help children move towards thriving, readiness for learning and greater resilience by:

- Maximising the ability to be engaged with tasks and pursue goals
- Create optimism around difficult times, helping young people know that negative events can be temporary, external and specific)
- Increased connectedness and a sense of belonging through trusting and satisfying relationships.
- Helping to generate feelings of positivity via activities and learning

There is an understanding of the barriers and challenges that schools face daily in supporting the mental health and wellbeing needs of young people. BEP link all mental health and wellbeing work to the current Keeping Children Safe In Education (KCSIE), SEND, Relationships and Sex and Health Education (RSHE), Mental Health and Behaviour in schools guidance and to the relevant parts of the Ofsted framework.

Good relationships with partners locally give contextual relevance to Birmingham via links to Local Transformation Plans, BCC-led developments. BEP also draw on current guidance from School Leadership organisations, Curriculum development and mental health research and development through close connections with Breathe, Warwick University, Birmingham University and others. This gives school a breadth and depth of knowledge that increases confidence and feelings of support to schools.

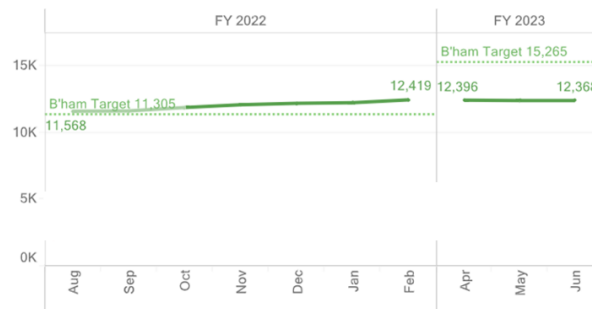
BEPs team provide and use reflective tools and action plans with school leaders not as a 'program' or 'intervention' but to enable each school to have their own bespoke, asset-focused plan based not just on context but on workable solutions and progress under the themes of *evaluate, feedback, plan and learn, share and embed*. This approach navigates the tension that can sometimes exist between wellbeing and academic performance and gives an over-arching framework under which other national and city initiatives can sit. BEP also offers a school improvement 'eduhub' which brings together Performance and Standards, Wellbeing and Wider Learning as fundamentals of school improvement.

6. Improving Access and Outcomes

The Birmingham system has seen the demand for support at all levels of need rise and we do not foresee any tailing off of demand. Therefore, we are working to ensure that investment and service developments are clearly aligned to ensure the most effective use of resources and impact for our communities.

Children and Young People Access – First Contact

Data relating to children and young people aged under 18 years receiving a first contact from mental health services shows the access target for Birmingham was met during 2021-22. However, the revised target for 2022/23 set by NHSE was not met during quarter 1 of 2022-23.



Source: Mental Health System Performance Report, BSOL ICB, December 2022

Children and Young People Access – Two Contacts



Source: Mental Health System Performance Report, BSOL ICB, December 2022

Data relating to children and young people aged under 18 years receiving two contacts from mental health services shows the access target for Birmingham was not met during 2021-22 nor the first quarter of 22-23.

Eating Disorders – Waiting Time Standard

	FY 2022				FY 2023	
	Q1	Q2	Q3	Q4	Q1	Q2
Treatment starts within one week	18	16	17	11	11	8
Total Patients	24	21	19	11	11	8
% Urgent starts within one week	75.0%	76.2%	89.5%	100.0%	100.0%	100.0%

Source: Mental Health System Performance Report, BSOL ICB, December 2022

For 2021-22 Urgent eating disorder cases where treatment was started within one week was 83% against the 95% target. For the first 2 quarters of 2022-23 the figure is 100% exceeding the 95% target.

	FY 2022				FY 2023	
	Q1	Q2	Q3	Q4	Q1	Q2
Treatment starts within four weeks	172	194	182	172	144	95
Total Patients	181	206	197	186	155	103
% Routine starts within four weeks	95.0%	94.2%	92.4%	92.5%	92.9%	92.2%

Source: Mental Health System Performance Report, BSOL ICB, December 2022

For 2021-22 Routine eating disorder cases where treatment started within four weeks was 94% against the 95% target. For the first 2 quarters of 2022-23 the figure is 93% against the 95% target.

Actions taken to improve access and outcomes

FTB are undertaking a capacity and demand review with the intention of developing recommended caseload sizes for different bands of different disciplines and reviewing average length of an intervention. It is intended that the implementation of the recovery focused approach (CHIME) will improve flow through the service.

Use of Data

FTB submit data to the [Mental Health Services Data Set](#). Data is discussed monthly in governance and partnership meetings. Outcomes and paired outcomes are reviewed and used to guide clinical decision making, with expectations being set for staff on amount of Routine Outcomes Measures (ROMs) completed and recorded. Data on children and Young People who did not attend or were not brought to appointments is looked at on a monthly basis and discussed on an individual client level in a weekly multi-disciplinary team meeting. Waiting

list data is reviewed weekly by senior management with mitigations and plans consistently being reviewed to ensure timely access is always being worked towards.

During the summer of 2022 an Electronic Patient Record (EPR) keeping system 'Care notes' supplied by Advanced experienced a cyber-attack. This affected a total of 12 NHS Mental health service providers including FTB. Recovery commenced during November 2022 and is likely to take several months with some information in the system taking longer to retrieve. However, the electronic patient record is now back up and running. There is no evidence that any patient information was leaked or that any patient confidentiality was breached during the incident. Carenotes was shut down to prevent this from happening.

7. System Resources

Workforce Plans

The mental health workforce plan aligns with the wider ICS, the plan this will be monitored through the recently refreshed Integrated Care System People, Culture & Leadership Group (PCLG) whose membership includes representatives from NHS Providers, Voluntary and Community Sector, Primary care, Integrated Care Board and Health Education England. The Workforce Group will report risks and progress to the Transformation Board and the Provider Collaborative. There is high level commitment and involvement in the PCLG.

As part of the NHS Long term Plan and Service Development Fund 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, Family Support Model '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 Mental Health School Team
- FTB and BSMHFT are continuing International Nurse recruitment on 22/23

- As part of the Training needs assessment, FTB are looking at utilising their existing staff who specialise in Learning Disability and autism to train and develop tools to increase capability of the wider workforce.
- The table below shows a slower growth of staff in post in 21/22. This is due to both staff turnover and national recruitment challenges. Therefore, 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.
- An Equality Diversity Inclusion and Wellbeing Lead has been appointed to mental health services to help with recruitment and retention. The workforce plan also includes an International Mental Health Recruitment campaign in 22/23.

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	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Funded Establishment	511.2	511.2	549.0	563.8	563.8	594.4	597.2	623.9	623.9	627.2	635.2	645.2	645.2
Staff in Post	401.6	424.1	444.4	461.6	468.0	493.1	487.6	482.3	494.8	501.3			

Interventions implemented in 2021/2022 include:

- Increased attendance at National Recruitment Events to raise profile outside of the Region
- Commissioned external organization to complete a cultural review and are implementing recommendations
- Training & Recruitment of Peer Support Workers in early intervention of psychosis and eating disorder services
- Continued training of CWP's, EMHP's and nursing associates
- Preceptorships for Psychologist and a band 7 to 8a development plan
- Opportunities for career grades to act up into Consultant roles and be supported through article 48
- International Medical recruitment (through agencies)
- Recruitment of a Physician Associate to support physical health

Interventions Planned 2023/2024

- International Recruitment campaign for mental health nurses. 30 have been recruited from South Africa and due to start Oct 22-Mar 23
- Aim to support 2 existing staff to undertake Approved Clinician qualification and training
- Introductions of Clinical Associate Psychology roles utilising the apprenticeship levy
- Introduction of Peer Support Workers in core and remaining specialist teams.
- Increasing local recruitment events
- Improving retention aided by investment in EDI and Wellbeing Lead and Clinical Education posts

- Continue to support HCSW to develop via TNA programme and progression into qualified nursing via apprenticeship route.

Allocation and Use of Transformation 5 year invest Fund 2017 – 22

Please note from 22/23 the total investment for 0 – 26 MH services, including inpatient admissions for 18-25 year olds 48,469,000

	2017-18		2018-19		2019-20		2020-21		2021-22		2022-23	
	BSOL	SWB	BSOL	SWB	BSOL	SWB	BSOL	SWB	BSOL	SWB	BSOL	SWB
Local transformation CYP Monies allocated to 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	1,783,312	399,453
Programme Office	90,460	20,262	90,460	20,262	90,460	20,262	90,460	20,262	90,460	20,262	90,460	20,262
MST	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150
Innovation Hub	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
LAC Pathway	61,275	13,725	61,275	13,725	61,275	13,725	61,275	13,725	61,275	13,725	61,275	13,725
ASD	106,210	23,790	106,210	23,790	106,210	23,790	106,210	23,790	106,210	23,790	106,210	23,790
Perinatal Mental Health	102,125	22,875	142,975	32,025	142,975	32,025	142,975	32,025	142,975	32,025	142,975	32,025
EIS	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150
Care Leavers Service	24,510	5,490	24,510	5,490	24,510	5,490	24,510	5,490	24,510	5,490	24,510	5,490
Pause Additional Capacity	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
Crisis Line	40,850	9,150	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
Personality Disorder Service	25,327	5,673	254,904	57,096	254,904	57,096	254,904	57,096	254,904	57,096	254,904	57,096
Early Help	166,084	37,201	332,166	74,403	332,166	74,403	332,166	74,403	332,166	74,403	332,166	74,403
School Based 6 weeks congruent psychosocial	67,539	15,128	135,077	30,256	135,077	30,256	135,077	30,256	135,077	30,256	135,077	30,256
CASE	17,030	3,814	34,059	7,629	34,059	7,629	34,059	7,629	34,059	7,629	34,059	7,629
Workforce Lead	24,406	5,467	48,812	10,934	48,812	10,934	48,812	10,934	48,812	10,934	48,812	10,934
Working with Schools	0	0	48,938	10,962	48,938	10,962	48,938	10,962	48,938	10,962	48,938	10,962
Mental Health Input into Social Care (BCC)	49,020	10,980	49,020	10,980	49,020	10,980	49,020	10,980	49,020	10,980	49,020	10,980
Headstart (BEP)	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
Newstart (BEP)	14,951	3,349	14,951	3,349	14,951	3,349	14,951	3,349	14,951	3,349	14,951	3,349
Acacia (FTB)	40,850	9,150	45,314	10,150	45,314	10,150	45,314	10,150	45,314	10,150	45,314	10,150
Neuro Developmental Pathway	53,922	12,078	107,844	24,156	107,844	24,156	107,844	24,156	107,844	24,156	107,844	24,156
Neuro Developmental Investment in BCHC	174,838	39,162	0	0	46,557	0	847,463	152,537	847,463	152,537	847,463	152,537
Neuro Developmental Investments in FTB			0	0	0	0	243,363	54,137	552,986	123,014	552,986	123,014
BCHC Additional Investment into ND			0	0	0	0	660,000	0	660,000	0	660,000	0
CYP community and crisis			0	0	0	0	0	0	1,243,810	359,128	1,998,000	0
Children & Young People's Eating Disorders			0	0	0	0	0	0	133,265	54,516	137,470	0
CYP ARRS/Primary Care			0	0	0	0	0	0	0	0	160,055	0
MHST in Schools			0	0	0	0	0	0	330,000	0	675,000	0
ADOS Assessment			102,942	23,058	0	0	0	0	0	0	0	0
	3,169,509	709,947	3,791,269	849,218	3,734,884	826,160	5,439,153	1,032,834	7,455,851	1,515,355	8,719,301	1,101,711

8. Achievements

Peer Support Workers

During 2021, FTB and Birmingham Children's Hospital Charity launched *Fight For All The Feels*, a £1.6million fundraising appeal to deliver the UK's first NHS Child and Adolescent Mental Health Service (CAMHS) peer support programme. In less than 12-months £1m of the £1.6m required was raised, which allowed FTB to establish the programme. Recruitment started summer 2021 and services began in October 2021.

The programme allows 'lived experience' peer support workers to sit alongside the clinical team, providing patients and families with a sense of understanding and hope that can only come from a peer who has walked in their shoes and learned to thrive.

The programme was developed in conjunction with and following feedback from young people, which identified a need for a network of peer support workers to work with the vulnerable 16-25 age bracket. Each of the peer support workers are aged between 16 and 24-years-old and come from the same communities and backgrounds of the young people they're supporting. They are available as a direct point of contact for young people at every stage of their mental health journey – from referral, throughout treatment and during the discharge period.

Impact and Evaluation of Peer Support Workers

The Peer Support Workers have helped FTB increase and improve clinical capacity. The roles have improved the economic, social and health prospects for young people – including the peer support workers themselves. Many of the peer support workers are existing/previous FTB mental health patients. This paid employment opportunity has helped them build a better quality of life for themselves. It's given them a sense of purpose and the opportunity to feel part of the community.

Interestingly, many of the roles have been filled by young men. This audience is typically one of the hardest to reach, it has therefore opened a fresh route in for them to access and engage with the service.

Anecdotal feedback from the clinical team and patients has shown:

- Improved support for social recovery. Patients reported 1:1 sessions with the peer support workers has helped their recovery.
- Improved support for carers. A peer support worker is now part of FTB's 'Hope and Recovery' session for carers. Carers can feel isolated. They hear professionals discuss recovery but often can't visualise it for their loved one. Having access to a peer support worker has made a significant difference. To date, five carers have received support.
- Improved staff morale. The peer support workers are a great addition to the team. Their lived experience is highly valued in meetings and their ability to support

patients with social recovery frees up valuable clinical time and improves patient engagement.

While the main objective is to improve the health and wellbeing of young people, the programme has also benefitted the peer support workers themselves, supporting their ongoing recovery journey and providing them with new – previously out of each – opportunities.

“For me, this role has provided hope for the future. I was worried about my prospects after leaving college. I thought no one would want to employ me or I’d have to hide my anxiety from my employers. But with this role, I don’t need to hide who I am.” –
Peer Support Worker

Initial feedback has shown improvements in efficiency, capacity and value for money. The peer support workers focus their efforts on the social recovery aspects of care, an area of importance, but one which clinicians don’t have time to adequately support.

The appointment of the peer support workers has freed up staff to focus on clinical needs and increasing our medical capacity. It has also significantly increased capacity of the team to provide patient contacts. Initial evidence shows patients who’ve had contact with the peer support workers are more engaged in their care and are experiencing improved outcomes, in clinical and social areas.

The voice of the peer support workers in staff meetings has helped to adapt clinical thinking in a constructive way. Two peer support workers now sit on the FTB Clinical Senate, helping to shape the clinical model for the entire service.

Engagement with Think4Brum, FTB’s service users engagement group, made up of existing and previous patients, to continually discuss the challenges children and young people are facing has helped to help shape and inform the design of the peer support worker roles and responsibilities.

This led to the first cohort of peer support workers being employed within FTB’s Early Psychosis Intervention Team. As this was where the need was greatest. Further cohorts identified include eating disorders and schools.

A robust evaluation of the peer support worker programme is being undertaken in collaboration with University of Birmingham to evaluating the effectiveness of the roles on patient outcomes.

The evaluation is tracking patient demographics and diagnosis, peer support worker contacts and WEMWBS (a wellbeing measure).

It is also assessing changes to clinical measures to assess efficacy and impact on value/cost on an annual basis. This includes:

- number of referrals and re-referrals for patients with peer support worker contact compared to those without;

- the number of young people presenting in crisis at A&E or requiring in-patient care;
- speed of discharges from care;
- number of 'Did Not Attend' appointments.

Training and Development of Peer Support Workers

FTB has developed a strong, collaborative partnership with ImRoc to provide core training to all peer support workers along with training and support for our current clinical staff. It has also developed a new partnership with First Steps ED to provide additional, specialised training for peer support workers entering our Eating Disorder Team.

To provide additional ongoing training to the peer support workers, FTB has developed a relationship with The Recovery Foundation, an organisation led by a former patient of FTB. The Recovery Foundation has now trained our first cohort of peer support workers to provide Hope in Recovery group sessions for patients, an activity which is proving to be extremely valuable to peer support workers and patients.

Links with System Partners and Further Development of the Model

Initial details and impact of the programme has been shared with a variety of providers contracted through Birmingham City Council, with partners of the University of Birmingham, and with those connected to the programme's training partners. The links to Birmingham City Council has created a recruitment route for posts within FTB, with a number of future trainees coming from their Care Leaver services. The University of Birmingham are also exploring with FTB the potential for Peer workers to be embedded into their mental health student support services and how this is then modelled within three other Birmingham based Universities.

As part of the development opportunity for the FTB Peer workers there has been a collaboration with a local organisation, The Recovery Foundation who provide training in delivering 'Hope in Recovery' groups to young people within our youth mental health services. There is a real symmetry to this work as the CEO of the Recovery Foundation is herself a previous recipient of our Early Intervention in Psychosis service. Instilling hope for carers and young people experiencing the impact of mental ill health is a key theme that has emerged from the Peer Support roles and this is now be explored as a potential development with Birmingham Childrens Hospital for those recovering or living with long term physical health conditions.

Another emerging opportunity is how the ethos of peer working within our services can be linked and build upon the partnership we have with the Birmingham commissioned service for employment opportunities for those who have experienced mental ill health. The Shaw Trust works with our clinical teams to deliver the Individual Placement and Support model to young people we support. In the first year of delivery they have just received the highest fidelity score in the UK for a newly commissioned service based on the integration with our clinical teams. This is in part due to the cultural shift with our services in valuing the impact of having workers who are experts by experience within our teams that the peer support programme has brought. We have already started to work more closely with them in

exploring the potential of them recruiting into some of our non-clinical roles with people they are supporting via their service.

Individual Placement Support – Shaw Trust

The [Shaw Trust](#) has been working with the Early Intervention in Psychosis Team to embed an employment focused model, this has included achieving outcomes of 115 cases of sustained employment since April 2022 to December 2022. The service works in an integrated way with clinical teams to support joint working. All IPS Employment Specialists have honorary NHS contracts and email addresses and attends MDTs meeting to feedback to clinicians the clients journey and promote availability for further referrals. All advisors have access to Care Notes and update clients records and IPS paperwork onto the system so all medical staff can see the progress of the clients. The specialists are seen as part of the clinical teams and IPS is seen to be a solution and all action plans go hand in hand with recovery plans.

The IPS advisors have a real passion and desire to make a difference in the lives of the clients they are supporting into employment and this has shown in the amazing results they have achieved throughout the year. On a recent national audit for the IPS delivery, Shaw Trust IPS secured a score of 106 which was one of the highest in the UK and especially impressive as it's a new service within its first year of delivery. They were also awarded the IPS Quality Kite mark for Outstanding Service, Employer Engagement, Performance, and Integration with the NHS.

Adrian Nesbitt the IPS team leader recently won the Frontline Manager of the Year Award for 2022 at the ERSA awards beating off the competition of major players within the industry who have demonstrated exceptional commitment to leading their frontline team to excellent performance and customer achievements.

The Shaw Trust are currently exploring options to work within urgent care services to see how the model could support by providing short-term focused interventions where someone is experiencing a mental health crisis.

RSPCA – Animal Handling Course

FTB have worked with the RSPCA to develop a 6 week course delivered by experienced Youth Workers at RSPCA's Newbrook Farmhouse Education Centre. Co-designed and delivered by young people with mental health problems, the programme uses young people's interest in animals as a route to improve mental health and wellbeing for individuals referred by FTB.

The education centre comprises a woodwork workshop, discovery room, role play vet clinic and interactive wildlife garden with an allotment. At the start of each session, young people will choose a card to show how they're feeling, enabling discussions and on-the-day adjustments.

An example programme covers the following, using a one step removed approach of the topic of animals:

1. Protective behaviours: exploring what animals (and so humans) need to feel safe, early warning signs when we don't feel safe, and what we need to be happy and healthy.
2. Connecting with nature sessions utilising the interactive wildlife garden and allotment
3. Creating a personal safety network of at least 5 people each participant trusts and exploring positive actions to take when we feel anxious.
4. Our responsibilities to each other.
5. Teamwork, young people work together on a joint practical project, e.g., building a nesting box, to build social skills and create mutually-supportive relationships
6. Next steps, how to maintain our safety and wellbeing, exploring further opportunities including volunteering (e.g., as a peer mentor).

The RSPCA have been working with Forward Thinking Birmingham for almost two years and have seen some incredible results from young people who have attended the programmes. They are developing a peer mentor programme, inspired by a young person who attended a six week programme in January 2022 who was referred from FTB. From our recent evaluations, participants from FTB reported: 100% felt more confident about themselves 100% have higher aspirations 90% reported improved mental health or wellbeing

9. Priorities for 2023/24

The Birmingham Children and Young People's Mental Health Transformation Board has identified the following priorities for 2023/24:

- Refresh and review of strategic focus of the Children and Young People Transformation Boards
- Ensure continued focus on priorities from the Long Term Plan including a focus on:
 - Improving accessibility of services
 - Improving pathways and developing the 0-25 offer
 - Ensuring crisis care for mental health is accessible on a 24/7 basis for all children and young people
 - Reducing the number of young people in out of area inpatient beds
- The Mental Health Provider Collaborative will lead work to build a more comprehensive local assessment of mental health needs across Birmingham and Solihull. This will support a focus on the work of the board being underpinned by an evidence based view of mental health inequalities
- The Mental Health Provider Collaborative will lead an experience of care campaign to harness the views of children and young people in shaping how services are developed and improved via coproduction.

- Map the system offer for children and young people in education requiring mental health support to identify strengths and opportunities for improvements
- Map the wider offer from voluntary, community, faith and social enterprise sector for children and young people requiring mental health support to identify strengths and opportunities for improvements
- To develop a stakeholder CYP MH workforce plan
- To continue to develop digital priorities with stakeholders
- To develop a framework for measuring success / progress
- Partnership strategy to meet the health needs for unaccompanied asylum seeking children

References

[A review of studies on mental health issues in the LGBT+ community](#)

[Birmingham Children's Trust Strategic Business Plan 2018-2023](#)

Birmingham and Solihull Integrated Care System (ICS) Health Inequalities Strategy (unpublished)

Birmingham and Solihull Learning Disability and Autism 3 Year Plan (unpublished)

[Birmingham and Solihull Integrated Care System \(ICS\) Inception Framework](#)

[Birmingham and Solihull Integrated Care System \(ICS\) Operating Framework](#)

[Birmingham SEND Local Area Accelerated Progress Plan](#)

Birmingham and Solihull Mental Health System Performance Report, December 2022 (unpublished)

[Birmingham Youth Justice Strategic Plan, 2019-2022](#)

[Children and Young People 2019 Joint Strategic Needs Assessment](#)

[Deprivation in Birmingham: An analysis of the 2019 Indices of Deprivation](#)

[Family hubs and start for life programme: local authority guide](#)

[Healthy child programme 0 to 19: health visitor and school nurse commissioning](#)

[Lesbian, Gay, Bisexual and Transgender Communities Profile](#)

[Mental Health of Children and Young People Survey 2022](#)

[The best start for life: a vision for the 1,001 critical days](#)

[1001 Critical Days Manifesto](#)