

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

Solihull

NHS England and NHS Improvement



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Introduction

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

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

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

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

Dr Angela Brady

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

The plan will be published on:
birminghamandsolihulccg.nhs.uk and partners websites

Introduction

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

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

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

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

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

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

Strategic Aims

There are a number of strategies across Birmingham and Solihull that have clearly recognised that we must work together to prevent poor outcomes for our children and young people.

Throughout this document we will provide examples of how, working together with system partners and our citizens, we have been able to develop responsive, accessible care and improved outcomes for children and young people and their families.

Solihull local 0-19 mental health plans will include and ensure alignment with:-

- The Sustainability and Transformation Plan for Birmingham and Solihull
- The Birmingham and Solihull CCG Operational Plan [BSOL CCG Operational Plan 2019 - 2020](#)
- Birmingham and Solihull Mental Health Commissioning outcomes framework
- Birmingham and Solihull Learning Disability and Autism 3 year plan 2021/24
- Joint Additional Needs and Disability Strategy - in development
- 1001 Days 1001-days_oct16_1st.pdf (parentinfantfoundation.org.uk)
- Solihull Health and Wellbeing Strategy 2019 – 2023: 2021 update: [Solihull Health and Wellbeing Strategy 2019-2023: 2021 Update](#)
- Solihull Parenting Strategy [Link to Solihull's Parenting Strategy](#)
- Birmingham and Solihull Health Inequalities Strategy 2020 - 2022
- Solihull Metropolitan Borough Council Mental Health Strategy



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Inequalities
strategy

Birmingham and Solihull Clinical Commissioning Group is driven by a fundamental belief that mental ill health should not define the individual, or limit their potential to thrive physically, socially, educationally or economically

Objectives

To prevent poor mental health and provide support for people, of all-ages, that actively promotes their recovery.

To increase independence, self agency, and hope, enabling people to live the life they want to live.

Strategic Aim

Commitment to national strategy/ Long Term Plan delivery

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

Diagram 1

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

Diagram 1, Sustainability and Transformation Partnership Strategic Aims (Strategic Priorities from CCG Operational Plan 19/20)

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

Strategic Aim

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

The diagram below reflects the current Sustainability and Transformation Partnership governance arrangements:



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

Strategic Aim

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

The Birmingham and Solihull Sustainability Transformation Partnership and developing Integrated Care Organisation has demonstrated a system commitment to children and young people wellbeing and mental health which can be evidenced through joint planning and shared funding arrangements. These funding arrangements are building capacity of established models of care that work around the system and into social care, education, voluntary sector and health.

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

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

Birmingham and Solihull Mental Health Provider Collaborative Guiding Principles:

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

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

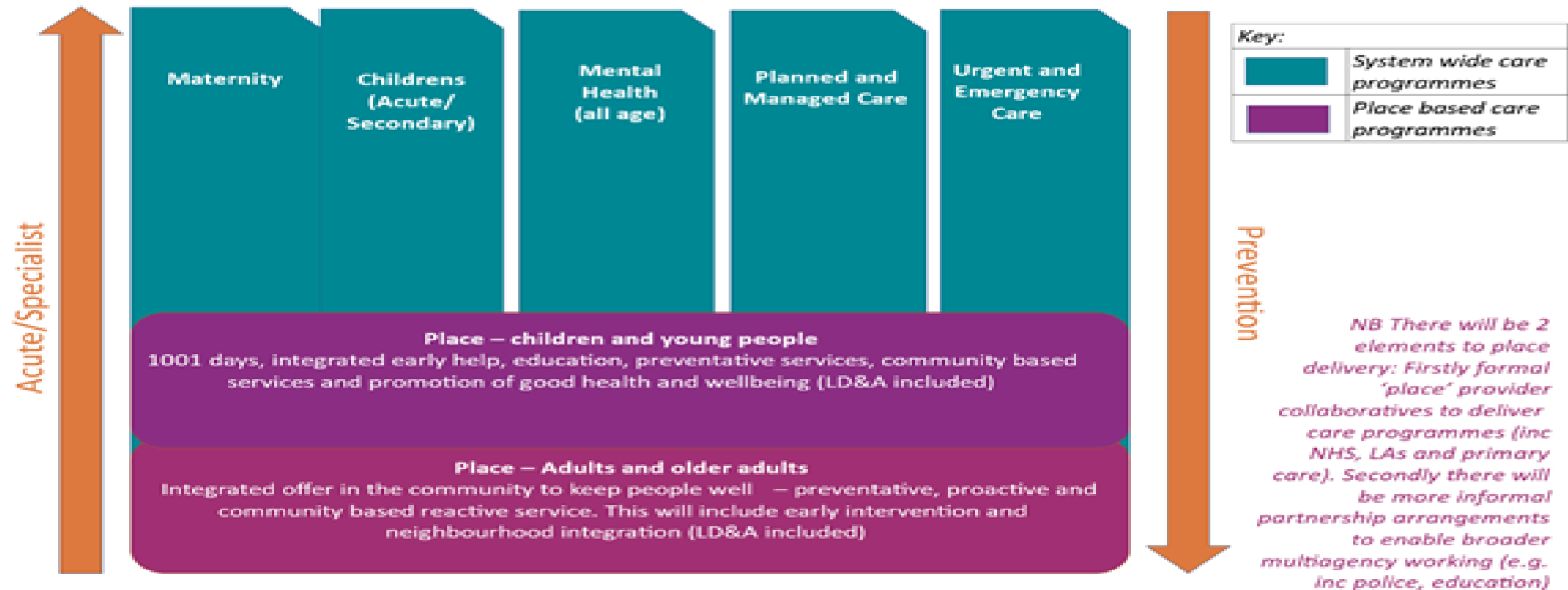
Copy of the Birmingham and Solihull Mental Health System Governance structure can be found here:



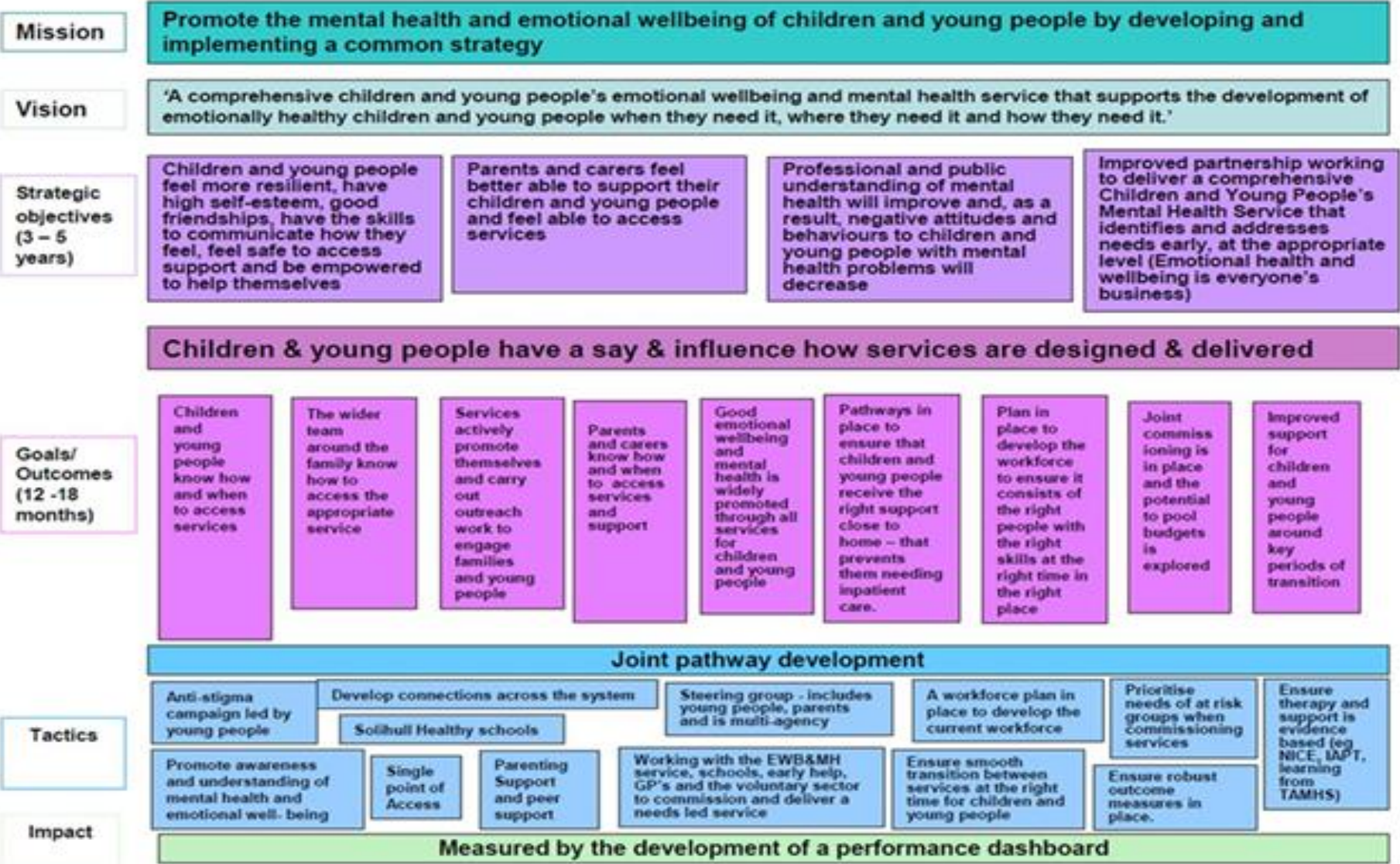
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Proposed Care Programmes under integrated Care Organisation that will in effect deliver the strategic plans. The care programmes are likely to be led by aligned provider collaboratives.

Potential Care programmes



The Solihull Emotional Wellbeing and Mental Health Strategy is summarised in the diagram below. Our vision remains the same. We will review and refresh our strategy in line with the developing Integrated Care Organisation, Solihull's Mental Health Strategy, community transformation plan and the development of a 0 – 25 model of care for children and young people.



Working in Partnership

The Birmingham and Solihull Sustainability and Transformation Partnership and developing Integrated Care System has demonstrated a system wide commitment to children and young people's wellbeing and mental health which can be evidenced through joint planning and working and shared commissioning and funding arrangements. We are building capacity in established models of care that work around the system and into social care, education, voluntary sector and health in order to meet needs in timely and accessible ways.

Working in partnership we deliver a 'whole system' approach to supporting the mental health and emotional wellbeing of children and young people, which is far greater than just those services which proactively contribute to achieving the NHS Long Term Plan target for 35% of children and young people with a diagnosable mental health condition to receive treatment each year. For example, Solihull Metropolitan Borough Council continues to invest in early emotional wellbeing support, school-based support, digital services, and workforce development. This system approach ensures that we are increasing skills and knowledge of the whole workforce and as a result providing help to children and young people with help at the earliest possible time.

Solihull has an established Children and Young People's Mental Health 0-19 Local Transformation Programme Board, which provides assurance for the delivery of the Local Transformation Plan. There are clear and effective multi-agency board and governance arrangements in place, with senior level oversight for the planning and delivery of transformation activity, and a clear statement of roles, responsibilities and expected outputs.

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

Throughout the year the system commissioners and providers meet with a range of stakeholders and groups to share progress and consult on gaps and priorities. These include: children and young people, parent carer forum representatives, education partners, the Solihull Childrens Services, Education and Skills Scrutiny Board, Solihull Health and Wellbeing Board, the Local Safeguarding Childrens partnership/Safeguarding Adult Board Learning Faculty and the Birmingham and Solihull Learning Disabilities and Autism Board.

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

Birmingham and Solihull Learning
Disability and Autism Programme
Board
31st August 2021

Solihull Local Transformation Board
8th September 2021

Birmingham and Solihull
CCG Mental Health
Programme Board
15th September 2021

Birmingham and Solihull
Parent/carers forum
22nd September 2021

Solihull Health and Wellbeing Board
16th November 2021

Reducing the stigma around mental health and improving access through early intervention services



Solihull has seen an unprecedented rise in the demand for emotional wellbeing and mental health services and support which has been exacerbated by the pandemic. We recognised that some communities may be more hesitant to seek help than others and in some instances these would be the same communities that were most affected by the pandemic, experiencing the highest numbers of deaths and financial and social impacts of Covid. A 24/7 helpline was launched in Birmingham and Solihull in response to the pandemic and still continues to operate. This was underpinned by an extensive communications campaign which sought to reach into those communities which may have been suffering the greatest health inequalities, by utilising locations and support networks including faith-based groups, shops, community radio stations and schools, and using a range of social media tools. An example of the campaign branding is shown above.

Partners and providers increased access to digital/online support in response to social distancing requirements which limited face to face services. Throughout the pandemic providers also worked together to improve accessibility to meet workforce challenges. Our ambition for transformation in Solihull includes equipping the workforce across the whole system of care with the competencies and skills to better identify emotional distress, and emerging mental health concerns, and also to provide early interventions.

Further information on some of the examples of good practice below can be found further on in the plan .

Examples of good practice

Sexualised Harmful behaviours – Joint work with Birmingham and Solihull Youth Offending Service

Parent/carer support

Good practice & schools online support

Kooth online emotional wellbeing service access in Solihull

Transparency and accountability

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

NHS Birmingham and Solihull Clinical Commissioning Group aim is to develop, shape and improve the health and lives of people living in Birmingham and Solihull. This means:

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

Solihull has a jointly commissioned model of mental health care for 0 – 19 years olds. This is delivered by Solar, which is part of Birmingham and Solihull Mental Health Foundation NHS Trust, in a collaborative partnership with voluntary and community sector partners, Barnardo's and Autism West Midlands.

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

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

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

- Birmingham and Solihull Clinical Commissioning Group
<https://www.birminghamandsolihullccg.nhs.uk/our-work/local-transformation-plans>
- Solar
[Solar - Birmingham and Solihull Mental Health NHS Foundation Trust - bsmhft](#)
- Solihull Local Offer Website
[Home - Solihull local offer \(socialsolihull.org.uk\)](#)

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

Engagement and Co-production

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

Every aspect of our commissioning system must be informed by listening to those who use and care about our services. We want to ensure that local resources are targeted effectively to best meet the needs of those within our borough. Our Local Transformation Board recognises and respects the vital contribution that children and young people, and their families and carers, have to offer in the planning, delivery and evaluation of local transformation.

Young people sit on our Local Transformation Board and influence the strategic direction.

Work has started to develop a model for mental health services for 0-25 year olds. It will be a whole system approach to enable service provision to be more efficient and effective, streamlining to eliminate gaps or overlap in care, improving communication of service offer and waiting times. The development of the 0 – 25 model is led by Birmingham and Solihull Mental Health Foundation Trust and Forward Thinking Birmingham. Providers are also leading on the co-production work with children and young people and their families.

Solar recently held an online event to include the voice and allow the influence of young people. Although attendance was not as successful as they had hoped, important views and feedback were gathered. Focus groups to inform the transformation of services have also had input from children and young people.

Examples of good practice in engagement and co-production – Solar and Solihull Metropolitan Borough Council

Solar - Young people regularly sit on interview panels and are involved in the recruitment to operational and leadership roles in Solar. Solar sits on the children and young people improved access to psychological therapy collaborative board and benefit greatly from the regular challenge, input and engagement of the Midlands Children and Young People improved access to psychological therapy Young Advisers. Clinicians and practitioners in Solar work with young people to take their views into account as they work collaboratively on design of care and crisis plans. Young people and families feedback regularly on all aspects of their care through routine outcome measures, Friends And Family Test returns and Experience of Service Questionnaires.

Mental Health Support Team (MHST) is a NHS service designed to help meet the mental health needs of children and young people in education settings. The MHST provides early intervention for some mental health and emotional wellbeing issues, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The team acts as a link with local children and young people's mental health services and team members are supervised by NHS staff. Children and young people have been involved in the co-production of the MHST via focus groups in identified schools. Schools are worked with on an individual basis to ascertain what support is needed specifically for them; the MHST has worked with the senior leaders in the school to identify where the MHST fit in their existing support networks. Children, young people and their parents/ carers are actively engaged in care-planning for the work delivered by the MHST.

Parenting strategy

Solihull Metropolitan Borough Council has produced a Parenting Strategy with the following aims:

- to provide continuous, wrap-around professional and peer support for parents from pre-birth to school-age and beyond
- to improve parenting skills among new parents in order to promote secure attachment in children in the early years and develop effective behaviour management
- to enable parents to design and develop their own support networks
- to make parenting advice and support the norm accepting that it is a skill that can be learnt

Support for parents of children with additional needs

Across the borough specific support services are available to parents of children with additional needs. Many of these groups are run by parents and carers of children with special educational needs or a disability (SEND).

Examples of good practice in engagement and co-production for children and young people with SEND

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

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

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

1. To focus on improving outcomes for 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

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

Other examples of co-production for children and young people with SEND and their parent carers are shown in the box opposite.

Details of other SEND developments, including some examples of co-production, can be found here:
[SEND Developments - Solihull local offer \(socialsolihull.org.uk\)](https://socialsolihull.org.uk/SEND-Developments-Solihull-local-offer)

**Solihull SEND Co-Production
newsletter - Co-Pro-
Newsletter-Final-Aug.pdf
(socialsolihull.org.uk)**

**2020 SEND in Solihull Survey -
Solihull Parent Carer
Voice (spcv.org.uk)**

**Approval of Co-production
framework**



Co-production
Framework

Example of good practice – cross border principles for providers working together

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

To help improve this situation, the CCG has worked with providers and with parent carers on the Health SEND PCF Forum to codesign cross border principles, which were agreed in November 2020.

Birmingham and Solihull Cross Border Principles



Cross Border
Principles

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

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

The role of the keyworker will:

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

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

What did children and young people feedback?

Top 5 Do's:

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

Top 5 Don'ts:

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

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

Solihull NEEDS ASSESSMENT SUMMARY

NHS England and NHS Improvement



Needs Assessment

Partners in the Birmingham and Solihull STP/emerging Integrated Care System are committed to designing and Integrated Care System Health Inequalities Programme later in this Plan. Our commitments are across all ages and care pathways. We know that we cannot look at the mental health needs of our population in isolation because physical and mental health needs often go hand in hand and there are many factors which lead to health inequalities.

BSol partners have committed to:

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

Needs Assessment

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

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

Needs Assessment

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

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

The Strategy includes the following high level equality objectives, which the Clinical Commissioning Group is committed to:

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

Integrated Care System Inequalities Programme

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

ICS Inequalities Guiding Principles:

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

Programme Approach:

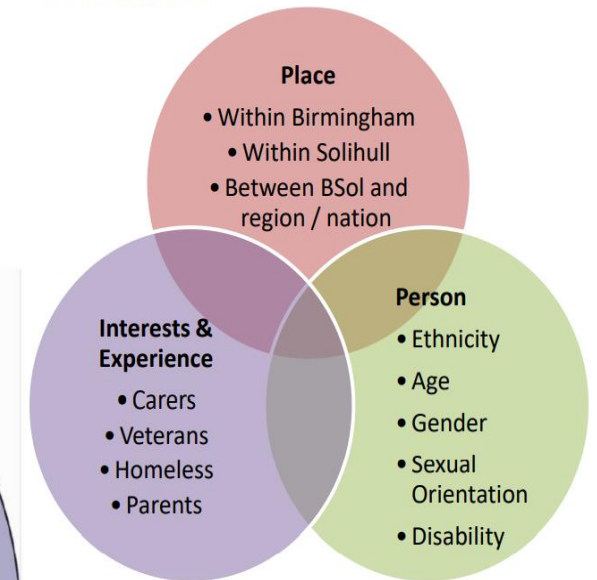
- Tackling inequalities is a task for all of the partners in our Integrated Care System.
- Part of our approach to “place” – system / place / locality / neighbourhood.
- Part of our “life course” approach – born well, grow well, live well and age well.
- Two stages: acting now on some early priorities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

Our Understanding of Inequalities . . .

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



Source: Dahlgren and Whitehead, 1991



Needs Assessment

The most recent Solihull Children and Young Persons Emotional Wellbeing and Mental Health Needs Assessment can be accessed [Here](#)

Solihull's children and young people needs assessment and more recent intelligence and data from across the system including social care, education, local and national data provides a robust framework to understand the impact of the Covid pandemic on the changes in demands we have seen over the last 18 months. There has been joint work on managing demand across the system and synergy across models of care with particular regard to the following pathways; urgent care, primary care, eating disorders, personality disorders, transforming care and early psychosis.

Birmingham and Solihull Clinical Commissioning Group has also worked with system providers to undertake Mental Health Surge modelling to inform the impact Covid has had and is expected to have in the coming years. The system modelling will continue to inform planning and service delivery as the provider collaborative grows and comes together to recruit, retain, train and develop staff and target investment in a needs led way.

Birmingham and Solihull is developing a range of system wide plans including primary and secondary care, education and children's services to address inequalities of both access and outcomes, improving access at the earliest point in safe and secure ways and using the innovation that was harnessed during the pandemic to address the many challenges we faced.

The Birmingham and Solihull system is also committed to a comprehensive 0-25 support offer by 2023/24, as evidenced in the system plans and the Community Mental Health transformation plan which set the three year delivery plan to address the requirement to develop a new approach to 18 – 25 mental health support.

BAME population

The BAME population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. On this basis Solihull is less diverse than England as a whole (and significantly less so than Birmingham), but with BAME groups representing a relatively higher proportion of young people in Solihull (over 17% of those aged 15 and under) this representation is set to increase. The largest BAME group in Solihull is Asian or Asian British with over 13,500 residents (6.6% of the total population or 60% of all BAME residents), followed by mixed race (4,400), and Black or Black British (3,200). 15,386 (7.4%)

Needs Assessment – overview

This section includes information from the most recent needs assessment, the document in full can be found here:

[Children and Young Persons Emotional Wellbeing and Mental Health Needs Assessment - 2019 \(solihull.gov.uk\)](https://www.solihull.gov.uk/children-and-young-persons-emotional-wellbeing-and-mental-health-needs-assessment-2019)

- Solihull has an estimated current population of 215,000.
- Solihull is characterised by its older population
- Over a quarter of the population (62,350 (29%)) are children and young people aged under 25 years
- There were an estimated 39,327 children aged 5 to 19 years in Solihull in 2020, this equates to approximately 18% of the total population of the borough. The table below show the projected increase of the children and young people population.

	2018	2019	2020	2025	2030	2035
% Change from 2017	0.0	0.59	1.15	3.91	6.48	8.82
All Ages	214,909	215,200	216,400	222,300	227,800	232,800
0-24 year olds	62,342	62,472	62,821	64,533	66,130	67,582
5-19 year olds	39,046	39,109	39,327	40,399	41,399	42,307

- Solihull MBC is ranked 216th out of the 326 local authorities in England in terms of deprivation and is among the least deprived 35% of local authorities.
- Solihull is however challenged by a prosperity gap with high levels of deprivation in the regeneration areas of North Solihull. There is a difference in the number of years people live in poor health in the north of Solihull compared to the borough as whole.
- There are areas in the north of the borough where over 50% of the residents are aged under 25.
- There are proportionally more children classified as obese in North Solihull than either the England or Solihull averages.
- There is a Locality Plan for Solihull North, which can be found here: [North Locality Plan - FINAL DRAFT V21.05.19 \(solihulltogether.co.uk\)](https://www.solihulltogether.co.uk/north-locality-plan-final-draft-v21.05.19)
- As at 31st March 2021 there were 531 children in care, (this includes 52 unaccompanied asylum seeking young people)

Needs Assessment – overview

- Black, Asian and ethnic minority population in Solihull is 108, 228
- The Clinical Commissioning Group carried out work to understand the Mental Health inequalities that exist within Birmingham and Solihull. It looked at inequalities based on geographical locations, deprivation and ethnicity. This work highlighted the multi-factorial nature of health inequalities and how variation of access to care occurs in different population groups. [Mapping of Birmingham and Solihull Health Inequalities](#)
- The intelligence gathered from this data is being used in service design, planning and workforce developments. Engagement and targeted work has been undertaken in areas of low service uptake to address the inequalities. Although this initial piece of work was not focused specifically on children and young people, we will seek to use similar data analysis methodology in better understanding access to other services.
- During the pandemic, access to mental health support for children and young people and parents/carers was facilitated, for example through the rapid development of a number of digital initiatives. Links to information about support offered by Solar are in the box opposite. The CCG also established a webpage to support children, young people and families: [CCG CYP webpage](#)

COVID 19 how Solar will continue to support children and young people and Families

<https://www.bsmhft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=103732>

How to tackle anxiety and working during coronavirus Outbreak

<https://www.bsmhft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=103731>

Tips for parents and carers

<https://www.bsmhft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=103733>

Your journey through Solar – Service Leaflet

<https://www.bsmhft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=82371>

Needs Assessment - BAME communities

The specific needs of children and families from BAME backgrounds include: poor mental health in adults and young people; inequity in access to psychological therapies; and issues of parity of esteem with physical health.

Delays and challenges for people experiencing poor mental health to receive the mental health care they need particularly impact young people and people from BAME communities.

Work is ongoing on identifying Solihull priorities to address inequalities and inclusion. There is an established Solar sub-group focussed on inclusion and addressing any inequalities.

It was found that around 264 young people open to Solar did not have their ethnicity recorded and an action plan was developed to rectify this. Monthly reports are produced and progress is monitored. The subgroup is developing a plan including increased social media presence, and development of communication strategies that are inclusive and more likely to reach young people who have not previously been reached. The tables below shows the ethnic breakdown of children accessing help and treatment (Solar data from August 2021).

BAME Information			Gender	
Sum of BAME	Sum of Not BAME	Sum of unknown Ethnicity	Sum of Female	Sum of Male
244	1116	264	937	687
15%	68.7%	16.3%	57.7%	42.3%

Ethnicity Breakdown		
Ethnicity	Number	% of Caseload
Asian/Asian British	23	1.4%
Asian or Asian British - any other background	4	0.2%
Asian or Asian British - Bangladeshi	3	0.2%
Asian or Asian British - Pakistani	18	1.1%
Black / Black British - African	1	0.1%
Black / Black British - Caribbean	3	0.2%
Mixed	151	9.3%
Other Ethnic Group	9	0.6%
Unknown	264	16.3%
White - British	1116	68.7%
White - other	32	2.0%
Total	1624	100%

Needs Assessment - LGBTQ+ and children in care

LGBTQ+

Kooth the online counselling and support service include LGBTQ+ in their forum discussions and monitoring information shows that LGBTQ+ (Sex & Relationships) is regularly reported as the area of most viewed articles.

Children In Care

BSol CCG commission Birmingham Community Healthcare (BCHC) children in care service and University Hospital Birmingham (UHB) Looked After Children Team. The services aim to address the unmet health needs of Children in Care across Birmingham and Solihull. Both the Solihull and Birmingham teams have continued to provide a service for children in care throughout the pandemic either by face to face appointments or virtual. 80-90% of Birmingham and Solihull children have received a health assessment for 20/21.

Solar has a pathway to increase referrals and identification of mental health needs in this group of children. Children in Care have an annual health check, which includes completion of a Strengths and Difficulties Questionnaire. All those with a score over 17 are referred directly to mental health services, as well as any child or young person who wants to self-refer or whose foster carer or social worker make a referral on their behalf.

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

The Solar looked after children team provide training for Local Authority foster carers, including connected carers.

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

Needs Assessment - Homelessness

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

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

Since April 2017, Solihull MBC and St Basils have worked in partnership to provide the Solihull Youth Hub. The Youth Hub provides a multi-agency service response to young people aged 16-24 years who may be homeless or at risk of homelessness. The main reasons for homelessness amongst priority homeless households are parents, relatives or friends no longer willing to accommodate (31 per cent of acceptances). Domestic violence is the single highest reason for households making homeless applications. Since the first Covid lockdown, St Basils has continued to provide support to young people who found themselves homeless and needed to access the Youth Homelessness and Wellbeing Hubs in Birmingham and Solihull. Staff have provided both face to face and remote/virtual support depending on the needs/situation of the young person. St Basils' Rough Sleeper Team were involved in the "Everyone In" scheme to ensure that young people rough sleeping were able to secure emergency accommodation and had food and other necessities.

St Basils Statistics for April 2020 - March 2021

3860 young people were assisted with advice and support; 1,028 young people were housed by St Basils; 90% moved on in a planned positive way.

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

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

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

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

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

Needs Assessment – Early Childhood

About 10% of mothers suffer from mental health problems in the first years after giving birth and about one in ten children have a mental health problem. The impact of a difficult start in life can be very harmful to children's chances in life. [Solihull Health and Wellbeing Strategy 2019-2023: 2021 Update](#)

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 in Solihull. It involves a holistic approach to ante, peri and postnatal services and includes involvement of midwives, health visitors, GPs and children centres as soon as possible – ideally during pregnancy.

[1001-days_oct16_1st.pdf \(parentinfantfoundation.org.uk\)](#)

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

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

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

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

Details of the Solihull parenting support offer are in the box opposite and on the following slide.

Solihull Parenting Team



Solihull Parenting
Team

Parental Support



Solihull Parental
Support

Needs Assessment – Parenting support

Pre school

The parenting offer in Solihull is universal and 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. The Solar Primary Care Team co-ordinate delivery of parenting programmes across Solihull. Our Parenting Strategy 2016-19 shows that evidence-based parenting programmes have a positive impact on children's outcomes. The programmes are bespoke to children and young people at different ages, including antenatal, postnatal, early years and teens. Some groups are targeted at parents of children with child protection or children in need plans.

Primary Mental Health's Parenting Co-ordinator:

- Provides management, coordination and logistical support for all Solihull universal, targeted and specialist parenting programmes
- Recruiting and training facilitators, including parent volunteers, partners, and more specialist trainers where required
- Providing administrative support to facilitators delivering targeted and specialist programmes, including organising crèches, venues, matching facilitators and providing training resources
- Ensuring quality of delivery and model fidelity, and leading evaluation and reporting on impact using established outcome measures including follow-up after 6 months
- Raising the profile of Solihull's parenting education programme with parents

The groups currently on offer are set out below; some of the courses are also available free to parents via an online code as indicated:

- Solihull Approach: Antenatal: Understanding Your Pregnancy (Online)
- Solihull Approach: Parents: Understanding Your Child (Online)
- Solihull Approach: Postnatal: Understanding Your Baby (Online)
- Journey to Parenthood antenatal parenting group
- Understanding Your Child's Behaviour
- National Autistic Society - Understanding Autism Workshop
- Autism West Midlands – Rising to the Challenge
- Autism West Midlands – Tackling the Teenage Years
- EPEC: Being a Parent.

Needs Assessment – Health Visiting and school age children

Health visiting

Health Visitors offer help, information, support and advice to families from 28 weeks of pregnancy up until a child turns 5/starts school.

Families are offered 5 key visits: from around 28 weeks of pregnancy; 10-14 days following the birth of your baby; when your baby is 6-8 weeks old; a review of your child's development at 9-12 months; a review of your child's development at 2 to 2 and a half years.

A health visitor is focused on improving the health outcomes for children, the local community, wider populations and to support reducing inequalities. Solihull health visiting service is provided by South Warwickshire NHS Foundation Trust.

School Age

The Mental health for Children and Young People survey shows trends in child mental health disorders experienced by 5 to 19 year olds in England and the estimated prevalence in Solihull. One in twenty (5%) met the criteria for 2 or more individual mental disorders at the time of the interview, this would equate to approximately 1,962 children and young people in Solihull.

Mental disorders (5 to 19 year olds)	England			Solihull		
	Prevalence (%)			Estimated Prevalence (Number)		
	Boys	Girls	All	Boys	Girls	All
Any disorder	12.6	12.9	12.8	2566	2428	4995
Emotional disorders	6.2	10.0	8.1	1252	1885	3147
<i>Anxiety disorders</i>	5.4	9.1	7.2	1104	1707	2820
<i>Depressive disorders</i>	1.4	2.8	2.1	284	533	821
<i>Bipolar affective disorder</i>	0.0	0.1	0.0	5	10	14
Behavioural disorders	5.8	3.4	4.6	1186	633	1811
Hyperactivity disorders	2.6	0.6	1.6	533	114	641
Other less common disorders	2.6	1.6	2.1	529	299	825

Needs Assessment – Learning Disabilities and Autism

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

The objectives of the 3 year BSol plan are:

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

Crisis Management and Admission Avoidance - 0-25 offer:

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

Needs Assessment – Learning Disabilities and Autism

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

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

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

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

Needs Assessment – impact of Covid

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

Locally we have seen:

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

The Solihull council plan 2020-2025 references:

- Delays in treatment for other conditions have had direct impact on health
- Negative affect on mental health
- Lower physical activity
- Stay at home guidance has had an adverse effect on the mental wellbeing of children and young people

Source: Solihull Council Plan 2020 – 2025 [Solihull Plan Update](#)

Whilst children of key workers and vulnerable children were encouraged to attend school during lockdowns, many other children were not in contact with school or other agencies and did not have the usual supports around them who may notice emerging difficulties, provide first line support and/or refer on if necessary. Consequently, we have seen surges in referral numbers when all children returned to schools and difficulties have been identified. Due to the time lapsed, for some young people these difficulties were more pronounced than expected and were also first presentations into mental health services. As the world around us and our children changed, discharge of young people from services also became more difficult as universal services around them were not as accessible as usual and recovery rates took longer to achieve as young people did not have the same wider support networks .

Needs Assessment – responses to impact of Covid

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

- The launch of a 24/7 mental health crisis and support line.
- The opening of a Bereavement Support Service across Birmingham and Solihull. The Service is run by Cruse Birmingham in partnership with Solihull Bereavement Service, Marie Curie, Beyond the Horizon and Edward's Trust who responds to the burden of bereavement as a result of Covid-19 but offers support to people of any age experiencing the loss of a loved one – including those bereaved by suicide.
- Greater use of technology to deliver care and support across all providers.
- A Solar tech library was established very early on to ensure that all children/young people who would have been unable to access their treatment digitally, through lack of access to internet/phone/tablet, would still access care from Solar. Digitally enabled devices with data were made available to families who did not otherwise have access, ensuring that no children were denied ongoing treatment and care of their mental health.
- The launch of further work to understand the future demand for mental health support given the likely impact of the pandemic on the economy and on particular communities.

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

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

Solar SYSTEM MODEL AND PATHWAYS

NHS England and NHS Improvement



System Model for 0-25 mental health care

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

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

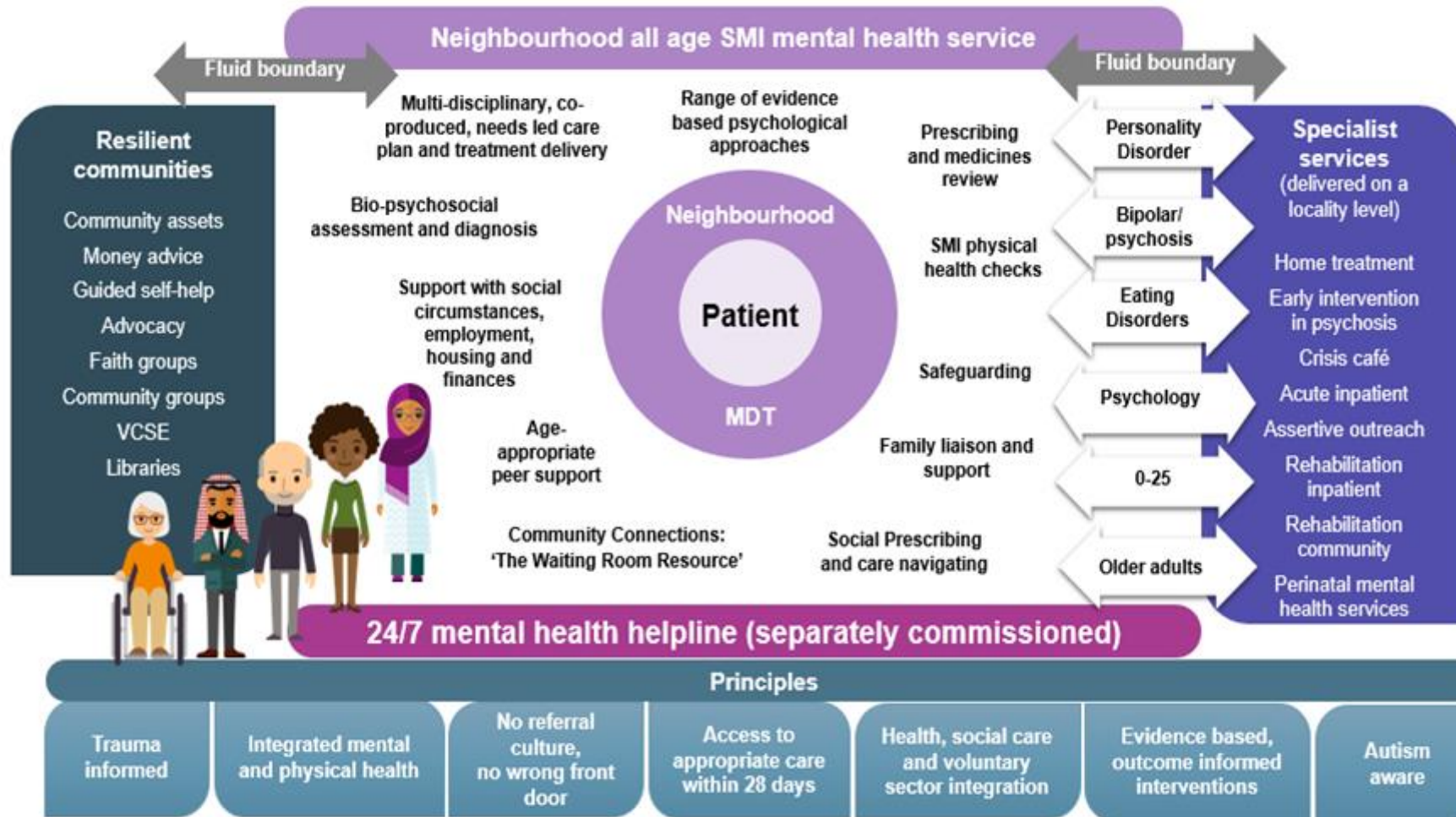
Initial modelling below gives an indication of the number of young people who would be accessing mental health services if a 35% target is applied to the 18-25 year old cohort.

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

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

Adult Community Mental Health Transformation

Below is a diagram of Birmingham and Solihull Adult Community Mental Health Services Model of Care which is being implemented with 3 year transformation funding from NHS England and Improvement.



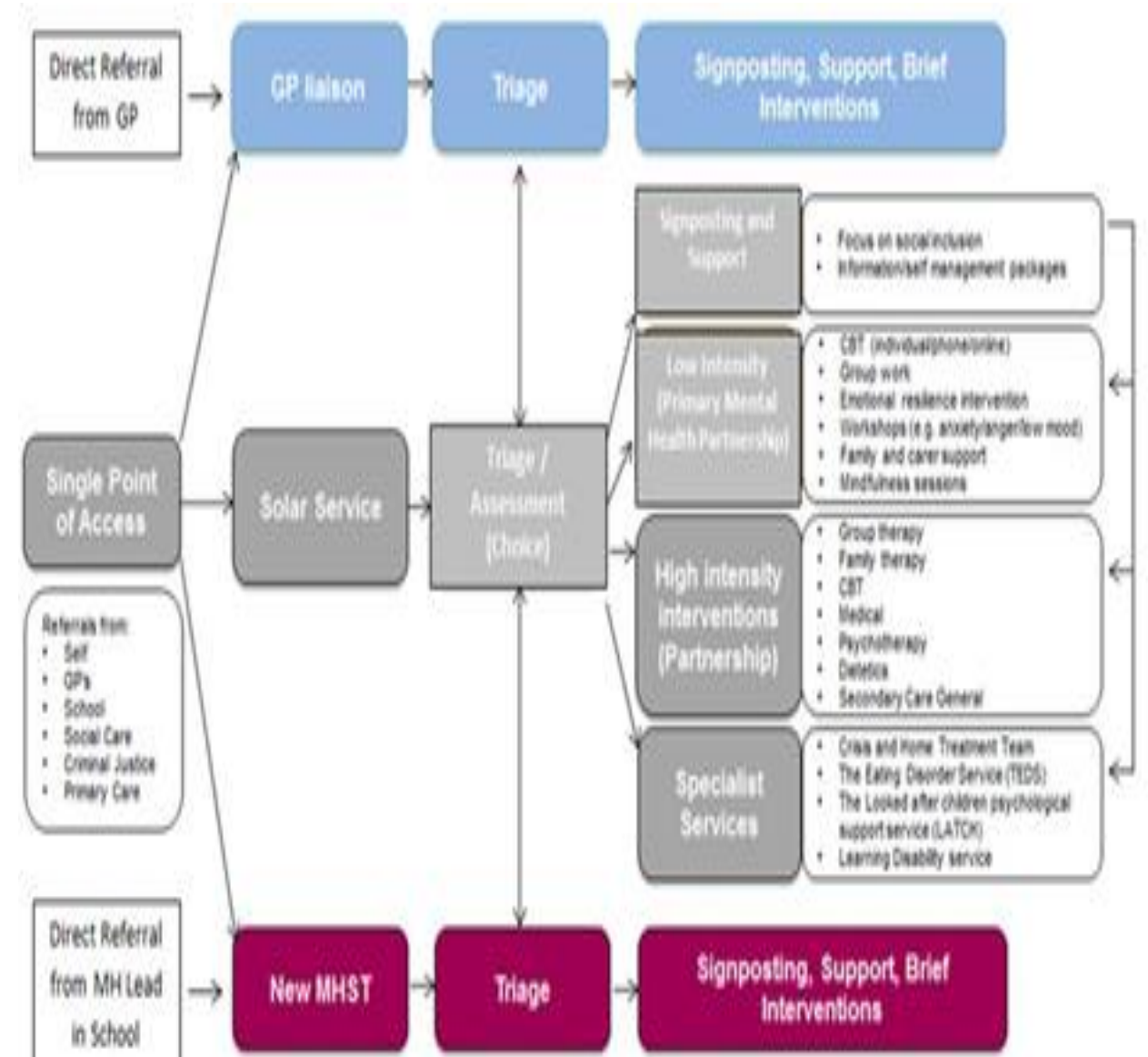
System Model in Solihull

Solihull's integrated emotional wellbeing and mental health service - named as **Solar** by children and young people began in April 2015, is jointly commissioned with Solihull MBC, with an outcomes focused service specification.

Solar was set up as a service to ensure timely access to appropriate support in line with children and young people's needs. We now have an integrated service with staff from Birmingham and Solihull Mental Health Foundation Trust, Barnardo's and Autism West Midlands working alongside each other. The integrated model is at the heart of the working culture within Solar, with professional respect and integrity between all professionals, recognising the value and skills that each bring to the service.

The Solar integrated model works to the Care and partnership Approach Solar aims to create a comprehensive system, designed around the needs of children and young people, which keeps children and young people healthy as well as treating those that are ill. Future in Mind was clear that children and young people '... should only have to tell your story once' Solar recognises this by using one clinical record.

There is effective use of existing capacity through assessment of capacity utilisation through choice and partnership approach or appropriate demand and capacity model. The monitoring of capacity and demand is ongoing.



Care Pathways

Impact of Covid good practice - Support pathway implemented during pandemic and whilst most children were out of school settings due to lockdown

Solihull has promoted mental health support services available for children and young people, parents and carers via the #WeAreThinkingOfYou campaign [#WeAreThinkingOfYou](#)



Solihull #WeAreThinkingOfYou	
Establish the facts The more you understand about your school's plans and what differences there will be, the easier it will be to talk about this with your child, and it will answer some of your and your child's worries or questions. Your school's website will have lots of useful information and resources.	
Wellbeing and homelife managing (and preparing for exiting) 'lock-down'	
SLEEP suffers during periods of stress and disruption. This resource from the NHS will support you in talking to older children about good sleep hygiene and its importance. CBBC has a useful webpage on sleep for younger children.	Anna Freud Centre - useful COVID-19 resources aimed at supporting professionals, children and families Advice for keyworker parents – helping your child adapt (PDF)
Parenting support Families in Solihull can access a range of online courses . For more info: Contact bsmhft.parenting@nhs.net Solihull families can access FREE online Parenting courses (use the code: APPLEJACKS)	Solihull School Nurses 'Chat Health' parent text line 07480 635496 Range of resources and newsletters for parents at SISS Team Pages Workbook and social stories to support transition following COVID-19 for children with autism
Transition Guidance The Mental Health Foundation and Mentally Health Schools webpages - useful advice and tips for parents/carers to support the return to school. Solihull Community Educational Psychology Service - Transition Handbooks for parents and schools.	
Further support is available If the advice and guidance above has not been enough, please reach out and contact:	
For parents/carers: Solihull School Nursing teams 0121 726 6754 South/0121 770 1919 North Special school nursing team Merstone, Forest Oak and Hazel Oak – 0121 717 1046 Reynolds Cross School – 0121 706 9108 Solihull Community Educational Psychology Service helpline - 0121 7791734	For children/young people: Kooth – free online counselling and support Kooth Parents Information Session (Solihull) Solihull School Nursing - Chat Health confidential texting service: 11-19 year olds 07520 615 730 www.healthforteens.co.uk (secondary school aged) www.healthforkids.co.uk (primary school aged)
Solar - Solihull's Emotional Wellbeing and Mental Health Service for children and young people If urgent mental health support is needed ring 0121 262 3555, available 24/7 to everyone. In an emergency call 999 or visit A&E.	

@SolSchNurse
 @SolihullSolar
 @NHSBSolCCG
 @SolihullCouncil
 @SISS_Solihull
 @CommunityEdpsy
 @solihull_sc

Care Pathways – Health and Justice

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

The Clinical Commissioning Group is a core member of the Solihull Youth Justice Board.

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.

A report was commissioned by West Midlands Clinical Networks & Clinical Senate NHS England (West Midlands) that summarises a project to map 'Health and Justice' pathways for children and young people across the individual Local Transformation Plan footprints in the West Midlands Region. This included those pathways transitioning in and out of secure estates, Sexual Assault Referral Centres and Liaison & Diversion Services.

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.

Care Pathways – Youth Justice

Solihull Youth Offending Service is a multi-agency service which consists of the Local Authority, West Midlands Police, Probation and Health. The Solihull Youth Offending Service is a specialist service based within the Childrens Services and Skills directorate of the Local Authority. The team reflects the make-up of these statutory partners and members come from a diverse range of disciplines. The primary aim of the service is to prevent and reduce youth crime across Solihull.

Solihull Youth Offending Service continues to see a declining trend in the number of young people entering the criminal justice system. Across the West Midlands Region, Police and Crime area, and amongst the family group, Solihull Youth Offending Service performs consistently well at reducing first time entrant rate of reoffending and low use of custody.

Table 1 - Youth Justice Board Data: Solihull Reduction in First Time Entrants					
First Time Entrants - Baseline			First Time Entrants Current		
Jan 18 – Dec 18			Jan 19 – Dec 19		
Number	2016 Population	Rate per 100,000	Number	2017 Population	Rate per 100,000
25	20,774	120	17	21,282	82

Baseline Jan 17 – Dec 17						Current Jan 18 – Dec 18					
Num ber in the cohor t 15- 16	Number of reoffen ders	Numbe r of reoffen ces	Reoffen ces per reoffen der	Reoffen ces per offende r	% Reoffen ding	Num ber in the cohor t 16- 17	Number of reoffen ders	Numbe r of reoffen ces	Reoffen ces per reoffen der	Reoffen ces per offende r	% Reoffen ding
67	7	30	4.29	0.45	10.4%	41	6	18	3.00	0.44	14.6%

Care Pathways – Youth Justice

Addressing the needs of young people to prevent offending and reoffending

- The performance data replicates national trends and concerns of an increase in complex young people entering the criminal justice system
- Whilst the Youth Offending Service maintains consistent reductions in offending and reoffending the changing demographic of the cohort is of concern with a greater concentration of 15 year old males within the system. The challenges for the youth offending service and its partners will be to offer early intervention services to young males at risk offending especially those who can be identified as demonstrating violent behaviour.
- During 2020-2021 the Community Educational Psychology Service were successful in being awarded funds from the Youth Endowment Fund for detached youth work programme. The youth offending service has prioritised a review of its interventions, working in partnership with Educational Psychologists to ensure interventions are supported by 'what work's theory and proven desistance evidence base called metallisation and Ambit. This work will be evaluated by Dartington as part of What Works evidence base.
- The youth offending service has also partnered with Birmingham Midlands Arts Centre and Solihull Music Service to provide interventions for young people on orders. Through this programme young people have produced lyrics music express themselves, develop confidence, self-esteem and reflect on the offences they committed. It is anticipated the programme can be expanded into 2021-2022 through Arts funding and support from the violence reduction unit.
- Solihull Youth Offending Service continues to work in collaboration with other youth offending services across the region and West Midlands Police to develop a strategy and interventions for young people committing driving offences as a viable alternative to criminalisation whilst still holding them accountable for their actions.
- In September 2020 the Exploitation, Missing and Youth Offending Service have come under the Head of Service for Safeguards with operational oversight by the existing youth offending service criminalization Manager. The rational for these changes were due to a rise in exploitation has been noted both nationally and locally, the correlation between violent crime, offending and the need for a holistic approach. In doing so the youth offending service have further enhanced the child first approach through challenging agencies to avoid criminalisation of young people and ensure they are recognised as victims of criminal exploitation. The Youth Offending Service are active partners in the MACE, strategy meetings and continue to develop relationships with the wider Childrens Social Work Services.

Care Pathways – Youth Justice

Use of Custody following Sentence

Solihull Youth Offending Service continue to see very few young people sentenced to custody.

Disproportionality

A key area of concern for Solihull youth offending service is the number of young mixed race, males that are over represented within the criminal justice system in Solihull.

The youth offending service cohort also sees an overrepresentation of young people within the youth justice system that have identified emotional and mental health needs. Out of the number of young people that engaged with a health assessment (72 in total), which includes 100% of young people on statutory programmes, 45% were known to SOLAR, 36% were in receipt of an Education, Health and Care Plan with further 9 young people being identified as requiring an Education, Health and Care Plan. The most common conditions include; anxiety, autism spectrum disorder and emotional and behavioural issues wellbeing.

The table below reflects young people open to the YOS during 2020-2021 compared to previously recorded data.

Specialist Childrens Services Teams	Number of young people open to YOS and specialist teams April 2017-March 2018	Percentage of overall YOS cohort April 2017 – March 2018	Number of young people open to YOS and specialist teams April 2018-March 2019	Percentage of overall YOS cohort April 2018 – March 2019	Number of young people open to YOS and specialist teams April 2020-March 2021	Percentage of overall YOS cohort April 2020 – March 2021
Child In Need	46	30%	53	43%	26	25%
Child Protection	30	20%	19	15%	29	28%
Looked After Child	23	15%	13	10%	14	13%
Exploitation	20	13%	15	12%	20	19%
*HSB Intervention delivered by YOS * Harmful Sexualised behaviours	5	6%	7	5%	6	6%
MAPPA			2		1	

Care Pathways – Youth Justice

Good Practice

NHSE Health and Justice have recently funded additional support for youth offending in Solihull for those young people where there are concerns around Sexualised Harmful Behaviours. As there are low numbers of need in Solihull a joint proposal was developed with Birmingham Youth Justice Service to support a Birmingham and Solihull approach to be developed.

There is a sexual harmful behaviours team in an established safeguarding team, hosted within the Birmingham Youth Offending Service, which undertakes specialised risk assessments and therapeutic interventions to prevent and reduce sexually harmful behaviour, in partnership with key agencies, including Youth Offending Services (YOS), Children's Services, health services, Police, crown prosecution service, and schools. Additional capacity has been funded to sit within this team but to work into Solihull. An implementation plan is now in development.

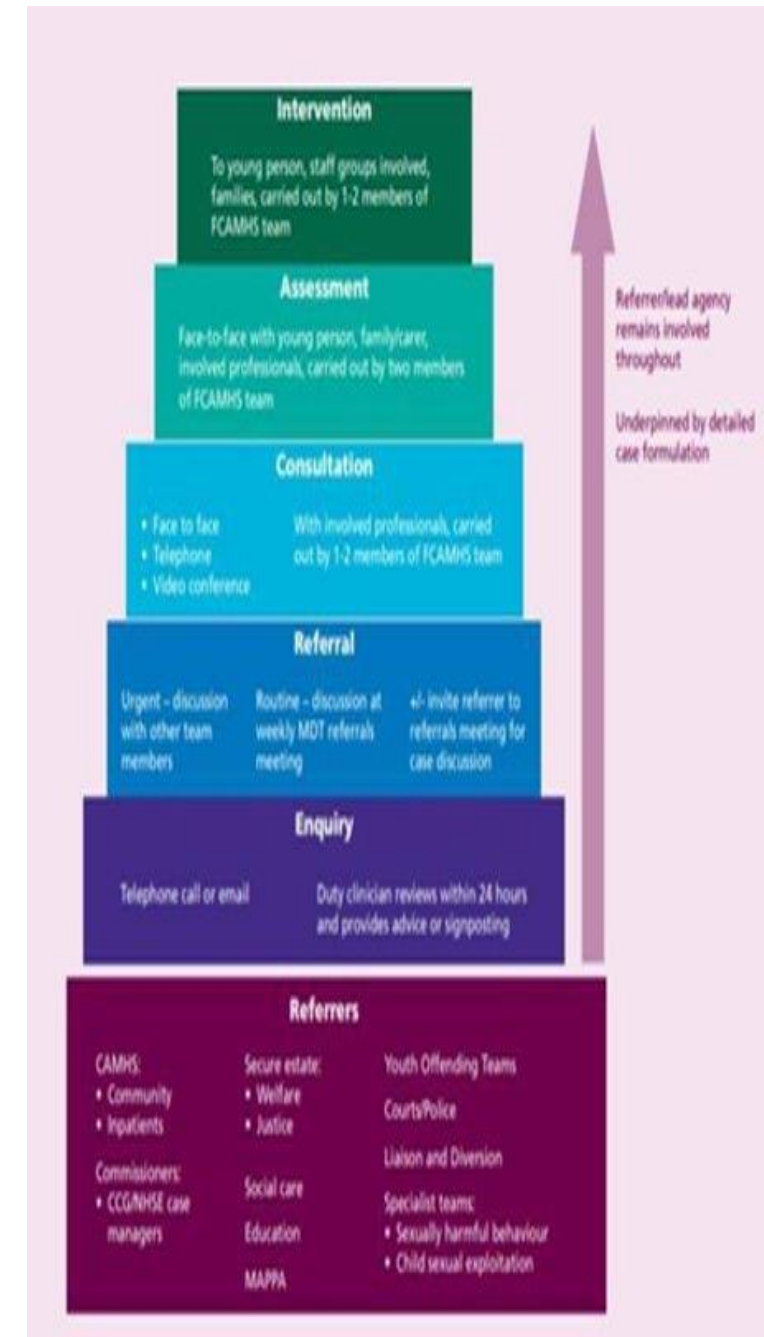
NHSE recognised this work as good practice, it is multi-disciplinary, provides training and support with wider youth offending service workforce as well as direct work with children and young people.

Care Pathways - Forensic CAMHS

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

Youth First

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



Care Pathways - New Care Models

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

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

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

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



WMCPC

Care Pathways – Early Intervention Psychosis Service

All children and young people 14-35 experiencing a first episode of psychosis, a subsequent episode, or suspected first episode of psychosis are offered NICE recommended interventions within two weeks of referral by Solihull Early Intervention Service which is a standalone all age service.

All referrals have a comprehensive holistic assessment from either the consultant psychiatrist or allocated medic, followed by additional screening/assessments from the psychology service, occupational therapist and the Health Instructor, along with ongoing review/assessments of changing needs by the allocated care coordinator.

All staff have training in supporting children and young people and adhere to NICE recommended treatments.

Solihull Early Psychosis Intervention Service is audited on an annual basis in line with National Clinical Audit of Psychosis. There is a standard outcome measure used (Dialog) but the children and young people suite of outcome measures are utilised as appropriate.

There are pathways in place between the service and Solar, as well as channels with local authorities and other partners.

The service has a psychologist with Children and Adolescent Mental Health background and has an overarching psychological input from the new consultant roll that has been created.

Solar and the service use the same reporting system and are under the same clinical governance. There is joined up continued professional development for all staff that span the services.

Solihull early intervention is consistently able to see and treat patients in a timely manner, in line with local and national targets.

In relation to work concerning At Risk Mental State (ARMS) :

- This is still in the process of recruiting to the outstanding posts.
- NHSE are looking at procurement of Comprehensive Assessment of At Risk Mental States training as there is none nationally.
- There are working parties from around the country that focus on the ARMs provision as there is no uniformity in approaches.

Care Pathways – Urgent & Emergency Care

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

- Crisis Services to Children and Young People are delivered by Birmingham and Solihull Mental Health Foundation Trust / Solar. Their established self-referral system provides children and young people access to telephone support. Crisis Services and support is available in Solihull and operates from 8am to 8pm, 7 days a week, with open access support lines. We are currently finalising an agreement to ensure that there is 24hr cover for all Solihull children and young people.
- In response to the Covid pandemic Birmingham and Solihull Sustainability Transformation Partnership developed all age 24/7 Crisis helpline offer which has direct access to a range of third sector interventions as well as access to NHS services. The helpline data shows that young people under 25 are accessing the service. This approach has ensured that our children and young people are able to get strength based help and support outside of secondary services quickly resulting in few individuals needing referrals into secondary or traditional Crisis services. Those accessing the helpline have access to practical support, intervention over the telephone, or directly via counselling offered from VCS partners.

Care Pathways – Urgent & Emergency

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

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

The 24/7 line has a live transfer to local Children and Adolescent Mental Health Service where specialist input can be achieved. This service is also 24/7 open access. Close working relationship exists between the 24/7 helpline and home treatment teams to provide intensive community support, step down care and avoid admissions.

In addition, Birmingham and Solihull Sustainability Transformation Partnership introduced a Crisis House model as part of their crisis pathway offer. The Crisis house was fully implemented in January 2021 and provides time limited support for those in crisis including with access to nursing and consultant input.

Care Pathways – Eating Disorders

The Eating Disorder Service (TEDS) in Solar CAMHS

The service is for children and young people who have severe and/or complex cases of eating disorders that require specialist treatment such as anorexia nervosa, bulimia nervosa and binge eating disorder. In addition, the service will consider assessing service users with partial syndromes of the above disorders if they are markedly distressed or functionally limited.

Psychological, education, occupational, social supports and treatments are available as required, using a model of brief, time limited intervention to address specific problems as they arise throughout the service users' involvement with the service.

Referrals to the service are accepted from any relevant professional including:

- GPs (in an emergency)
- Community services
- Child and adolescent mental health services

For more information about this service, please [click here](#).

The Eating Disorder team have exceeded the national access time targets, for the second year running, 100 per cent of urgent cases were seen within one week and 100 per cent of routine cases were seen within four weeks.

Care Pathways – Eating Disorders

Solar's Community Eating Disorder team have completed the national whole team training programme for Eating Disorder services.

Current arrangements in place to support medical monitoring in the Eating Disorder service throughout treatment as required. Monitoring and treatment of children and young people in Solihull with an Eating Disorder continues in line with NICE guidelines 2017, which covers the treatment of anorexia nervosa, bulimia nervosa, binge eating disorder and atypical eating disorders.

Key guidance followed includes Junior MARSIPAN (2015), Access and waiting Time Standard for children and young people with an Eating Disorder (July 2015), children and young people Community Eating Disorder National Training National Update, NHS England, 2016.

Solar TEDS have a multidisciplinary team approach to all children and young people's care and treatment, with input from Consultant Psychiatrist, Nursing, Psychological Therapies, dietetics, family therapy, Physical Health Monitoring which includes taking bloods at the clinic.

Impact of COVID

Solar have seen an increase in referrals for young people presenting with Eating Disorders during Covid-19, we know this is a national trend: [Effect of the COVID-19 Pandemic on Eating Disorders — Department of Psychiatry \(ox.ac.uk\)](#), changes to service delivery have made treatment, and management of Eating Disorders more logistically challenging. However our eating disorder service staff have continued to offer services with adaptations, some delivery has benefited from online platforms such as the parent support group where it wasn't possible to bring parents together physically. The vast majority of work undertaken by the eating disorder service team has continued face to face to ensure that the young people are safely monitored. Some of the established psychological interventions are now taking place online and this is proving successful.

SOLAR have experienced a 51% increase in referrals to the eating disorders team.

Care Pathways – Eating Disorders

- The TEDS team was last reviewed QNCC and peer reviewed in 2018 and is seeking full accreditation. The eating disorder service is also an early adopter of the national programme of FREED (First Episode Rapid Early Intervention for Eating Disorders for 16 – 25 years olds). FREED went live in February 2019 and has become a 'buddy' site for other services in the Midlands who have recently or are interested in integrating FREED into their pathways.
- The service has maintained the early intervention ethos , extending the FREED model to those under 16, as we continue to see the after effects of social isolation, the increased social media pressure to be active/productive, the impact of reduced motivational cues and lack of available avenues of emotion regulation and support. Early intervention in eating disorders is imperative to the long-term physical and emotional health of children and young people. Early intervention will also be integral to our long term goal to continue to accept all presentations – from people who present for the first time to those with long-term problems, regardless of weight or BMI (body mass index) , reduce the need for an admissions and keep re-referral rates low, with young people who present early being able to maintain long-term change.

Future enhancements

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

Care Pathways – Eating Disorders support available via Kooth

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

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

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

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

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

Care Pathways - Mental Health Support Team in Schools

We have been working with the Mental Health Leads in schools to establish the areas /gaps where additional mental health support is required. This partnership was key in establishing the Mental Health Support Team as an additional and not a replacement or diagnostic service. This has formed the basis of our work within school. It is very individualistic according to school need and targets areas highlighted by school that they require support in. This can be in the form of workshops, staff training or helping develop the wider whole school approach in promoting positive emotional health and wellbeing. It incorporates the whole school community recognising parents as key to establishing positive mental health and well-being and working alongside them. Mental Health Support Team are currently working in schools within the North Solihull locality that has an area of higher deprivation and lower life expectancy as well as a high referral rate into Solar services. This targeted population was chosen following evidence retrieved from data around referral submissions into services.

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

We offer a consultation model to school staff for referral upon request and this is widely used for advice and signposting too when the Mental Health Support Team service is not appropriate. Feedback from school staff is that they value the prompt response and easy access to a mental health practitioner. We continue to offer 1:1 interventions with children and young people offering low intensity cognitive behaviour therapy and this has been extremely popular and successful in meeting the needs of children and young people who would not meet the threshold for other services.

We have developed our whole school approach despite difficulties with class bubbles and COVID restrictions. We continue to be active in offering presentations, workshops and staff training to embed positive mental health and wellbeing in schools.

Recruitment of new senior posts will include enrolment (if necessary) on supervision training in order to provide this fully within the service. In addition, recruitment to more senior posts takes account of the service now having been running and with a clearer view of what is needed in terms of skill set for example in relation to risk management or special education needs. Early Mental Health Practitioner career progression is an area of development for 21/22 as a new Solihull wave will come on stream providing the opportunity for currently qualified Early Mental Health Practitioners to support with induction of new Early Mental Health Practitioners in the service.

Care Pathways - Mental Health Support Team in Schools

As a service, we are active in communicating with other areas to draw from their existing models. As Early Mental Health Practitioners have worked and relationships with schools have built, we are aware of the need for development around SEN provision and adaptation. This is already in progress with Derby University as a provider who will make changes to their course in order to accommodate this area of need.

The first Mental Health Support Team has been well-received by schools as meeting a real need. The expansion to an additional 2 teams in Birmingham and Solihull will see another Team working across Solihull schools from Jan 2022, which will benefit from the experience of initial implementation and continue to target key areas of need and deprivation in the borough.

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

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

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

Suicide Prevention

Progress on delivery

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

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

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

Solihull's suicide prevention strategy can be found here:



Solihull Suicide
Prevention Strategy

Suicide Prevention

Progress on delivery

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

Forward Thinking Birmingham run a 'PAUSE' drop-in service at the University of Birmingham for 18–25-year-olds that has adapted throughout the lockdown periods to support student's mental health while also responding to students with suicidal thoughts.

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

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

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

Suicide Prevention

- The Sustainability Transformation Partnership has an online resource that is widely shared - "The Waiting Room" provides a single directory of support services across Birmingham and Solihull.
- www.the-waitingroom.org

TWR
THE WAITING ROOM

Birmingham & Solihull
Health & Wellbeing Services
At Your Finger Tips

Translation tool that speaks your language

Provides easy to access contact options

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t: 07990 947093 - e: info@the-waitingroom.org

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Learning Disability and Autism Programme of work

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

PROGRESS SINCE 2018

COMPLETED:

- ☐ A named 'Transition Lead' is place across all Health Providers with established pathways, policies and young-person friendly transition tools
- ☐ Strong clinical links across Health system established to support transitions between specialities and acknowledges medical as well as LD /A needs
- ☐ Information on Transition in Health is accessible and more updated via LO and Trust websites
- ☐ Understanding of PFA domains and importance of health input into Yr9 Review has improved via SEND awareness training
- ☐ Easy read 'Wellbeing passports' and 'My transition' tools used across Health providers
- ☐ Strong health representation at fortnightly cross-agency Transitions Operational Oversight Group (TOOG) to ensure joined up EHCP transition packages post 18
- ☐ Strong links established strategically with Regional Transition Leads (under NHSEI 'Transforming Transition' programme)
- ☐ ASD LD key worker pilot to be rolled out will support transition

IN PROGRESS:

Solar in the process of developing a version of DICE

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

WEAKNESS / RISKS

- The breadth of health work around transition not fully mapped understood across system by partners in health or across system
- Uptake of Annual Health Checks is still low and value not fully recognised
- High levels of parent carer confusion and dissatisfaction reported related to diverse aspects of transition experience in health
- Flexibility of Health system to prioritise Yr9 AR and align to EHCP review is a challenge

PLANS / MITIGATIONS IN PLACE

- A stocktake of all transition pathways, tools and effectiveness across B-Sol health providers will involve CCG and key transition leads will be led by Nicky Pettit / Nathan Samuels under NHSEI 'Transforming Transition' starting in June 2021 with focus on quality improvements
- LD/A focused work on improved quality and uptake of AHC is in place

Improvements to Delivery

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

Birmingham and Solihull Clinical Commissioning Group is working closely with Local Authority partners to strengthen our existing integrated commissioning arrangements, and integrated commissioning budgets. The strategy aims to:

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

Improvements to Delivery in use of digital

The Birmingham and Solihull digital strategy is part of the digital transformation of care to deliver the commitments within the NHS Long Term Plan with digital enabled mental health care delivered by 2024. The pandemic led to the need for technology to be accessible more immediately. The use of technology has enabled Children and Young People with mental health needs to access mental health support during the pandemic and assurance in place that it is safely delivered within appropriate governance structures:

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

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

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

SYSTEM RESOURCES

NHS England and NHS Improvement



Funding & Resource Allocation 2021/22

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

The funding streams are as follows:

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

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

Investment 2021/22			
Programme	Additional Centrally Funded Investment	SDF £'000	SR Non recurrent £'000
Children and Young People Community & Crisis	-	259	174
Children and Young People Eating Disorders	-	-	46
Young Adults 18 - 25	-	59	38
Perinatal Mental Health*	-	430	-
Mental Health Support Team Wave 6	390	-	-

Funding & Resource Allocation

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

						Draft	
			2017-18	2018-19	2019-20	2020-21	2021-22
	Area	Org	BSOL	BSOL	BSOL	BSOL	BSOL
CAMHS Eating Disorder	Solihull		127,000	127,000	127,000	127,000	127,000
Learning disability service for those with significant LD - Solar	Solihull		168,000	168,000	168,000	168,000	168,000
Additional capacity EWB&MH LAC service - Solar	Solihull		42,000	42,000	42,000	42,000	42,000
Crisis Care - LTP funding	Solihull		175,000	225,000	225,000	225,000	225,000
Additional posts managed by Solar (Link to demand and capacity	Solihull		50,000	88,000	88,000	88,000	88,000
BSMHFT clinical manager support for transformation of the system -	Solihull		15,000	15,000	0	0	0
MH Occupational Therapist	Solihull		0	45,000	45,000	45,000	45,000
Children and Young peoples Improving Access to Psychological Therapies	Solihull		0	106,250	0	0	0
Solar Support Crisis	Solihull		0	23,000	45,000	45,000	45,000
On line CBT	Solihull		0	50,000	0	0	0
Winter Pressures	Solihull		0	75,000	50,000	0	0
Green Paper Waiting Times	Solihull		0	190,000	0	0	0
Solar Additional Funding	Solihull		0	0	109,893	109,893	109,893
TCP AWM Funding	Solihull		0	0	38,000	38,000	38,000
ADHD Nurse	Solihull		0	0	50,000	50,000	50,000
Co-production with CYP	Solihull		0	5,000	5,000	5,000	5,000
LAC Therapy	Solihull		0	8,000	8,000	8,000	8,000
Workforce Development	Solihull		0	20,000	0	0	0
SATA - Solihull Action Through Advocacy	Solihull		0	15,000	15,000	15,000	15,000
Building Capacity in FNP Service	Solihull		0	14,000	14,000	14,000	14,000
Total Investment Solihull			577,000	1,216,250	1,029,893	979,893	979,893

Workforce Planning

- The workforce plan aligns with the wider Sustainability Transformation Partnership plan. This will be monitored through the recently refreshed Integrated Care System Workforce Group whose membership includes representatives from NHS Providers, voluntary community sector, Primary care, Clinical Commissioning Group and Health Education England. The Workforce Group will report risks and progress to the Transformation Board. There is high level commitment and involvement in the Workforce Group
- As part of the NHS Long term Plan and Service Development Fund 100 WTE additional workforce has been identified across the system. In recognition of limitations of the supply of traditional roles this includes many new roles Administration staff have also been included in the growth to release capacity for clinicians.
- Solar are using their training needs analysis and identifying appropriate evidence based training to meet workforce needs. Workforce plan for 2019/20 training agreed. Implementation was delayed due to the pandemic.
- Individual organisations deliver a range of training offers – an example is the autism training delivered for Solihull schools and early years staff, which is described in a later slide.
- Existing workforce data has been used to establish the gap in capacity and capability. Ethnicity data is regularly analysed to identify trends, risks and opportunities. Age profile helps us to identify potential retirements to enable us to succession plan.
- The Service will build capacity in partner agencies to support children and young people with emotional wellbeing and mental health needs, providing consultation, advice and training for schools and other settings, including understanding and managing behaviour, Solihull Approach, and mental health first aid. Where appropriate the Service will lead a multi-agency approach to both delivery and receipt of training, using partner experts and young people to co-deliver training sessions.
- There is ongoing training for Children and Young People wellbeing practitioners and Education Mental Health School Team
- A system Mental Health workforce plan has been developed.

Workforce - examples of support/training for system staff

Solihull developed and implemented 'Wellbeing for Education Return' sessions and made these available to all Solihull schools.

Solihull have updated their **#WeAreThinkingOfYou** guidance which is held on the Solihull Council Website, as well as the Solar website, and has been shared out to all GP's and has also been shared in 'Headlines' (SMBC comms to schools) to all Solihull schools.

The Education Psychology service reaches over 70% of schools in Solihull and therefore are providing bespoke support dependent on the needs of the settings; and partner agency, Specialist inclusion Support Service (SISS), is also in a majority of schools in Solihull and again will be provide further bespoke support to educational settings.

Professionals' Kooth Information Session - various dates [Eventbrite Link Kooth Professionals Session \(Solihull\)](#)

ELKLAN (speech, language and communication) training delivered jointly by speech and language therapy and SISS staff for schools.

SISS run termly network meetings for school SENCOs to keep them up to date with local and national SEND developments

The ADHD nursing service offer individual support to any school supporting a child with ADHD who is on the nursing caseload including school based observations, staff drop-in sessions, general guidance and support and child specific strategies.

A comprehensive autism training offer by Solihull council for schools, early years staff and others including focus on embedding the multi-level Autism Education Trust training in all schools. The Good Autism Practice course is also run through the Learning and Development Team at Solihull for staff in other services to attend and delivered to social care staff.

Workforce – Wellbeing Support

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

Progress since March 2020

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

In progress:

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

Weakness/Risks

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

Plans/mitigation in place

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



Example of Best Practice

Often the Continued Professional Development (CPD) slots are utilised by external practitioners that work alongside Solar, with the aim of sharing information and explaining their engagement with young people to improve joint working. Internal Solar clinicians, practitioners and therapists also utilise the CPD slots to share their therapy modalities in order to improve understanding of different disciplines.

01.20 Psychotherapist; brief exploration of Psychodynamic Therapy, discussion of how a young person's "personal box" is utilised throughout sessions and an overview of case examples.

02.20 sleep training

02.20 overview of TEDs service;

03.20 RiO refresher training;

03.20 Dyspraxia and the impact on mental health;

04.20 Managing endings and therapeutic drift monthly safeguarding supervision group.

Please see a selection of inserted PowerPoint presentations relating to the Continued Professional Development sessions within Solar.

05.20 SIAS Presentation

07.20 Psychology in Solar

09.20 Autism West Midlands

09.20 Understanding Distress Models

09.20 Mental Health in Schools Team Presentation

11.20 Models of Distress

04.21 CPD Emotional Skills Launch

05.21 Arts & Wellbeing - Understanding Teresita's Role

05.21 Outline of Dyspraxia

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

ACHIEVEMENTS

NHS England and NHS Improvement



Our Achievements in the past year include:

- Birmingham and Solihull approach to Mental health Support during pandemic
- Maintained and developed and flexible approach during the pandemic
- 24/7 mental health helpline established
- Development of cross border principles in conjunction with Parents / Carers and Health providers within the Birmingham and Solihull Health Parent Carer Forum
- Children and Young People and parents/carers mental health support facilitated through the rapid development of a high number both Birmingham and Solihull and locality based digital initiatives, blended approach to service offer: face to face, phone, online. Targeted forms of communication promoting mental health support available to Children and Young People /parent/carers and professionals
- Children and Young People needs assessment and more recent intelligence and data from across the system from social care, education, local and national data provides a robust framework to understand the demands we have seen over the last 18 months pre and post pandemic
- Mental Health Surge modelling to inform the impact Covid has had and is expected to have in the coming years.
- Workforce demonstrated tremendous commitment and personal resilience
- Cross sector partnership working challenged and removed barriers at pace to ensure children and families were cared for and safe
- Providers' resilience to maintain and develop blend of support to children, young people, families and system workforce
- Continued delivery of staff training, development and support
- Online courses on autism, parenting, antenatal and postnatal support
- The opening of a Bereavement Support Service across Birmingham and Solihull
- Youth offending service have further enhanced the child first approach through challenging agencies to avoid criminalisation of young people and ensure they are recognised as victims of criminal exploitation
- The youth offending service has partnered with Birmingham Midlands Arts Centre and Solihull Music Service to provide interventions for young people on orders.
- Crisis house fully implemented in January 2021
- The Eating Disorder team have exceeded the national targets, for the second year running, 100 per cent of urgent cases were seen within one week and 100 per cent of routine cases were seen within four weeks

Good Practice Case Study – Bereavement Service

- Birmingham and Solihull CCG commissioned an all age bereavement service from June 2020 through the single point of access (SPOA) to ensure that timely support is provided to everyone that has been bereaved including children and young people regardless of the reason for bereavement.
- The bereavement service is provided across 5 providers with Cruse Bereavement managing single point of access. Of the 5 providers, 3 provides bereavement support to children and young people. These are Edwards Trust and Beyond the Horizon for Birmingham Children and Young People and Marie Curie for Solihull.
- Targeted engagement work continues to be done across Birmingham and Solihull to raise awareness through social media platforms, schools, children services, Interfaith leaders, the Child Death Overview Panel and our local hospitals.
- The service takes a flexible approach and has seen that children and young people who have been bereaved and those traumatically bereaved have needed more counselling sessions. As part of improving the young persons' journey, there are close links between the bereavement service, the 24-hour crisis helpline and access to psychological therapy through our voluntary and community sector providers.

Good Practice Case Study – Young Person's Care

Systemic Family Therapy Case Study

This young person was repeatedly referred to the service, primarily with challenges around anger, by children's services that were supporting the family via a Child Protection plan. After completing primary care interventions, a Systemic Family approach was agreed, Systemic Family Practitioner was allocated to commence the work.

The young person initially attended, upon his last warning of permanent exclusion at school, and had very little appreciation of triggers and identifying the build-up to serious incidents that were taking place on a frequent basis. Family were also experiencing some complicated challenges with physical health needs and domestic violence. The young person felt uncertain of how a systemic family approach could be helpful. He often had very little memory of the serious incidents that he had been involved in - seemingly blacking out during the event.

Despite this, the young person and different family members attended the sessions regularly and engaged enthusiastically with sessions, activities and interventions of a systemic nature. Initially, weekly sessions were offered due to the potential risk to self and others but these became less frequent over the duration; in which, towards discharge were fortnightly - 3weekly. The young person and his wider family began to identify significant, unhelpful patterns and processes and make helpful changes to the same.

The young person began to make inspiring progress at school; both in terms of behaviour and achievements and before being discharged had been offered prefect responsibilities, school were making frequent calls home to highlight and congratulate different aspects of successes, alongside the family becoming more confident at managing challenges with their differing resources and capabilities.

At the agreed discharge session; the young person communicated confidence at his ability to continue the path he had created. Parents had identified significant changes and also felt more aware of how they could be helpful in supporting each-other moving forwards.

Aspirations for 2021/22

0-25 model

In the United Kingdom, many of the children and young people mental health services are under-going transformation are moving gradually towards the direction of 0-25 models as set out in the Long Term Plan. Work has already started to develop a Solihull model for mental health services for 0-25 year olds' in Birmingham and Solihull.

The Solihull Children and Young People partnership working has been developed to deliver the Future in Mind recommendations and as we transition to the NHS Long Term Plan and Integrated Care Organisation/System, the commitment remains to driving a system wide transformation as Solihull that responds to the changing needs of the population.

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

The aim is to :

- Develop a clear **measurable plan** how we will understand our communities needs
- **Address Inequalities** by improving access and outcomes
- We will **support and develop our workforce** to ensure the care is culturally and needs driven.
- Ensure that all **care plans are developed with** children and their families
- Ensure **crisis plans are led and responsive** to both child and family's needs
- Continue to improve the **crisis model** and the crisis offer
- **Eliminate overlaps in care** Inefficiencies in the system, children/families having to repeat their stories
- **Eliminate Gaps in care** Exploitation, Domestic Abuse, Sexual Abuse, Foetal Alcohol Syndrome, **Early years** mental health
- **Thresholds** being unclear/blurred (Neurodevelopmental, Parenting, Bereavement/Complex Grief and co-morbid mental health
- **Improve communication** Knowing what the offers are, who by, inclusion/exclusion, how to access, inefficiencies in the system
- **Reduce Waiting Lists/Waiting Times** Solar and Specialist Assessment Service
- To continue to **support education providers** to be better able to support Children and Young People at the earliest point of need
- **Expand** our approach to parent support and future aspirations
- **Disordered eating** as opposed to eating disorder
- Mental health support for **autism**
- To continue to **reduce numbers** of young people that are admitted to Tier 4 bed and to reduce length of stay.

Performance

Access Standard

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

- Solihull has exceeded this target year on year.

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

- Solihull has consistently achieved this target. This year during the pandemic we have seen a 52% increase of Children and Young People presenting with Eating disorders and disordered eating.

This new standard was first set out in the October 2014 report Achieving Better Access to Mental Health Services by 2020 and Early Intervention in Psychosis (EIP) services across England are meeting this target. NHS England have committed to ensuring at least 60% meet the two week waiting time by 2020/21

- Solihull meets this target

Mental Health Support Teams in Schools

- Solihull has one established team and is currently developing the second team

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

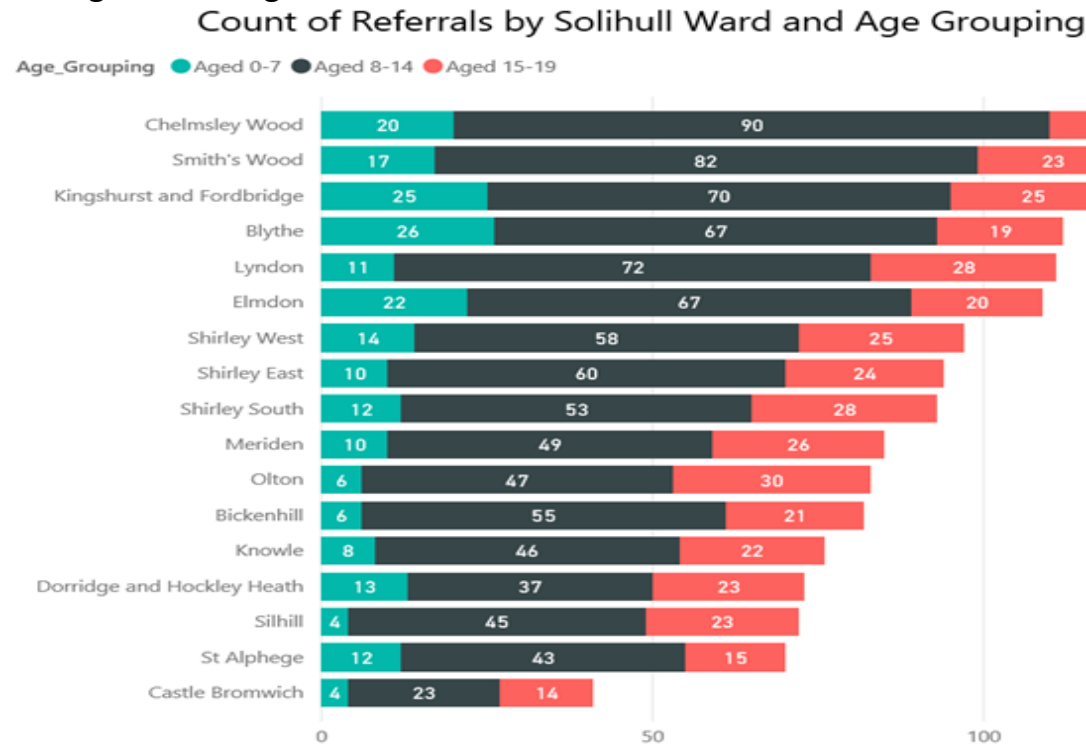
- The Sustainability Transformation Partnership is reaching the target to increase the workforce, however the workforce remains a challenge across the system. There has been significant progress by creating new roles, working as a system on recruitment, sharing expertise and joint learning and development.

Performance

Solar consistently achieves NHS performance targets. We recognise that our work is not about 'just hitting targets' it driven by the commitment to provide the best care at the earliest point of need for all our communities and our vulnerable children. The monitoring of Solar services continues throughout the year.

Figure 1 shows the breakdown of referrals by wards in Solihull and by age. Out of the 1569 referrals approximately 30% of referrals are from 3 or the most deprived wards in Solihull (north Solihull) . The largest number of referrals within north Solihull were for the age range of 8 – 14 which accounts for approximately 65% of their referrals and 20% of total referrals. West Solihull accounts for 54% of total referrals spread across its nine ward Ages 8 – 14 accounts for 61% of the referral for west Solihull which is 33% of total referrals. East Solihull accounts for approximately 16% of referrals across 3 wards in East Solihull of which 8 –14 year olds accounting for just over 56% of referrals for East Solihull and over 8% of total referrals. Referrals for ages 8 –14 also remains highest throughout the rest of the wards in Solihull.

Figure 1



Key Issues and Risks

Risk	Detail	Mitigation	Risk Management
Solar is funded to provide treatment to Children and Young People with a diagnosable mental health problem. Demand has been increasing year on year and due to the pandemic referrals are at the highest ever level.	As awareness of mental health problems, referral pathways improve, impact of pandemic there has been an more referrals to Solar – the resource though is limited, and this could lead to increased waiting times.	<p>Increase the range of treatment options – including online support and counselling, group work, online CBT options.</p> <p>Work with the wider system to support Children and Young People with emotional wellbeing and mental health issues early to prevent them escalating where possible by increased capability of early help services including schools, colleges, school nurses, health visitors and third sector providers.</p>	This is overseen by the CCG contracting, Local Transformation Board and newly establish Birmingham and Solihull System Mental Health transformation Board
Demand	<p>Crisis</p> <p>There has been a 100% increase into crisis centre.</p> <p>There are concerns regarding referrals into young people crisis services.</p> <p>A reduction in Tier 4 beds continues to be a challenge with national shortages which are having impacts on staff capacity for young people being cared for in the community</p>	<p>Birmingham and Solihull approach to crisis /provider collaborative: Birmingham and Solihull are working with partners in the Voluntary and Community Sector to establish a range of support options for people in mental health crisis. 24/7 open access crisis and mental health support will be available to all by 2021. Our first Recruitment to our fully-funded Core 24 Psychiatric Liaison Services in all A&E sites began in October 2019. Multi-agency suicide reduction plans with the ambition of achieving zero suicides. Increased bereavement support.</p> <p>Additional funding for crisis support was received during the pandemic to help manage the demand. Staffing levels in crisis team did not match the demand as such additional staffing was sourced, have seen a dip in referrals and capacity and demand is more manageable at present with current staffing levels (no longer employing additional staff), 1 vacancy in Crisis Team is being advertised and recruited to. Tier 4 bed availability remains a significant concern with patients in Acute Hospitals waiting months for admission to</p>	This is overseen by the CCG contracting, Local Transformation Board and newly establish Birmingham and Solihull System Mental Health transformation Board

Key Issues and Risks

Risk	Detail	Mitigation	Risk Status
Demand	<p>An audit on the impact of COVID 19 on the 0 – 18 Eating Disorders service (TEDS) indicated that demands on the service have increased in several areas; referrals, inpatient admissions and psychological therapy.</p> <p>These increased demands are may have an impact on waiting times, increased pressure and workload on staff, and potentially hinder access for young people to the service. In addition to this, there is a possibility that the affects of COVID-19 on this eating disorder service are only beginning to emerge, and that the demands on the service will increase during the next six months.</p>	<p>Capacity and demand modelling is ongoing across all areas of Solar and Birmingham and Solihull which is especially important with increased numbers of referrals. The TEDS team have been working with colleagues in Forward Thinking Birmingham and Barberry to ensure that the of ED Transformation monies across the system to follows demands and need.</p> <p>ED Consultant has increased her time in TEDS by 2 sessions (1 day per week)</p>	This is overseen by the CCG contracting, Local Transformation Board and newly establish Birmingham and Solihull System Mental Health transformation Board
Demand and Safeguarding Unseen pupils - Out of School due to Pandemic/isolation	<p>The impact of lock down many children may have been affected by disruption to their daily routine, not being able to see friends which increased risk of mental health and wellbeing Most children have returned to school, however with summer holidays it is important to remain vigilant and we await to see the impact of schools returning in September 2021 and the impact on children's mental health and potential safeguarding/safety concerns which may be highlighted at this time</p> <p>The impact of lockdown during the Covid pandemic on the mental health and wellbeing of vulnerable children were unseen by professionals.</p>	<p>All initial assessments and new patient appointments for Solar were brought back face-to-face in June 2021.</p> <p>This has been particularly important as despite children returning to school before the end of the academic term, the summer holidays provides another risk period where children may not be seen by professionals, ensuring Solar staff see children face-to-face in this time mitigates against that risk</p>	This is overseen by the CCG contracting, Local Transformation Board and newly establish Birmingham and Solihull System Mental Health transformation Board

Key Issues and Risks

Risk	Detail	Mitigation	Risk Status
Parent/family - Domestic abuse	We have seen an increase in young people being placed on waiting lists in Solar for specific post-abuse counselling for children exposed to or witnessing sexual abuse and/or domestic violence, national data suggests an increase in domestic violence, and we are seeing an increased demand for services.	Additional resource has been identified to try and manage growing waiting lists and waiting times through non recurrent and also recurrent surge funding and we continue to work closely with Social Care and other agencies (Solihull Public Health) on supporting those young people and families affected by Domestic Violence. Solihull Public Health is reviewing Domestic Abuse in Solihull currently	This is overseen by the CCG contracting, Local Transformation Board
Workforce	Staff continue to be affected by Covid19, both in terms of personal losses, bereavement, illness, and the impacts of social isolation, increased health anxiety, and adapting as we all are to a pandemic. Recruitment has been an additional pressure, with many recruitment drives ending up with people not local to the area wanting to only work remotely and not be available in the community, with changing ways of working for the nation, however, to ensure patient safety and quality of clinical care this has not always been possible.	We continue to look at recruiting flexibly to meet the needs of our service users. Recruitment has been impacted by Covid significantly. There is a national shortage of positions in CAMHS, particularly psychology, psychiatry and mental health nursing. Solar is carrying some vacancies. Skills analysis is ongoing to look at the training needs and areas of strength in Solar workforce. BSMHFT is supporting staff wellbeing and connectedness in many ways and have an ongoing Quality Improvement project for 'Joy @ Work and Reducing Burnout'	This is overseen by the CCG contracting, Local Transformation Board and newly establish Birmingham and Solihull System Mental Health transformation Board

Key Issues and Risks

Risk	Detail	Mitigation	Risk Status
4 week waits	New standards coming out on 4 week waits from referral to receiving care- how is that going to be achieved	Awaiting notification of timescales at present	This is overseen by the CCG contracting
Children and Young People Representation	Children and Young People input has reduced since meetings have gone online as a result of the pandemic. There has been no Children and Young People representative on the local transformation board	We continue to work as a system to link across co-production, engagement with young people.	This is overseen by the CCG contracting, local transformation board
Autism	<p>Mental health treatment for Children and Young People with autism – treatment need to be appropriately tailored and workforce trained to understand the mental health implications for this cohort.</p> <p>LDA 3 year road map plan: There is a risk to delivery of the plan due to the ability to recruit the appropriate workforce</p>	<p>Ongoing review of pathways and staff training needs as well as wider system support for children and young people with autism.</p> <p>A number of posts have the ability to be developmental to support colleagues from other staffing groups to move into roles and to provide an element to backfill to support the wider recruitment exercise</p>	
Down Syndrome access to mental health support	BSOL Parent Carer forum have received reports from a number of parents/carers that they are experiencing difficulty in accessing mental health support for Children and Young People with down syndrome	There is a programme of work in progress to address CYP with LD and/or Autism needs across all pathways – with a focus on crisis and Eating Disorders. A workforce programme of work continues to be delivered and further developed.	Overseen by the CCG Contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board

Key Issues and Risks

Risk	Detail	Mitigation	Risk Status
Parents mental health	Impact on parents with their own mental health issues, ability to cope and support their children	<ul style="list-style-type: none"> Specialist community Perinatal Mental Health (PNMH) service commissioned across Birmingham and Solihull (provided by BSMHFT) working towards key objectives: Increase Access to services (2021/22 Target of 8.6% of the population birth rate) Ensure that mechanisms are in place to enable women with lived experience are actively involved in the development of local perinatal mental health services (including a focus on Infant Mental Health) Ensure that community Perinatal Mental Health services understand their particular access challenges for different groups (such as BAME and younger parents) and are working to ensure that all groups have equal and timely access. 	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board
Child development	Reduction in child development checks at age 2, currently 1 in 5 children affected.	<p>Covid will have affected health visitor ability to carry out some visits and checks that would normally be carried out face to face therefore risk reduction in opportunity to offer early support.</p> <ul style="list-style-type: none"> Restoration / Recovery plans Reviewing of data at district level in relation to 6–8-week health visitor check and 2-year review to determine trends/ concerns and address in a timely manner. 	Commissioned and monitored by local authorities

Key Issues and Risks

Risk	Detail	Mitigation	Risk Status
Inequalities	Addressing the health inequalities that exists and ensuring that services offered can meet the needs of our local diverse communities, reduce health inequalities and improve health outcomes of those most vulnerable and / or marginalised in our communities.	<p>Birmingham and Solihull Strategic approach to Health inequalities – Launch of the ICS Inequalities Programme across Birmingham and Solihull to address health inequalities and the impact it has on health and life chances.</p> <p>Surge modelling - Birmingham and Solihull has undertaken the Mental Health Surge modelling to understand the impact Covid has had and is expected to have in the coming years. The system Capacity and Demand modelling will continue to inform as the provider collaborative grows and comes together to recruit, retain, train and develop staff.</p> <p>CCG Health Inequalities work - completed to understand inequalities that exist within Birmingham and Solihull. Intelligence gathered is used in service design, planning and workforce developments.</p>	This overseen by the CCG contracting, Local Transformation Board and newly establish Birmingham and Solihull System Mental Health transformation Board

Key Issues and Risks

Risk	Detail	Mitigation	Risk Status
Children and young people with additional vulnerabilities Learning Disability Autism Children in Care Care Leavers Carers Exploited Known to YOS LGBTQ Unaccompanied asylum seekers (UCAS) Black and Asian	We know that these groups of young people were more isolated due to the pandemic and that their networks of support was also impacted. We know that the during the summer when the Black Lives Matter protests were seen, this hit our communities harder at a time when community support was most needed. We know the pandemic also saw a rise in those young people most vulnerable to exploitation were potentially missed through the systems usual mitigation sources; being in school, seen by case workers.	Additional resource has been identified to try and manage growing waiting lists and waiting times through non recurrent surge and recurrent funding. System working continues across health, Social Care and education providers.	This is overseen by the CCG contracting, Local Transformation Board

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

APPENDICES

NHS England and NHS Improvement



Monitoring and Performance Dashboard

The monitoring of Solar services continues throughout the year. 20/21
Data on referrals into Solar services can be accessed here



Solar Activity
Report

Solihull Children and Young People Transformation Board membership

Board membership can be accessed here:



CYP Board
Members