



# **Children and Young People's Mental Health and Emotional Wellbeing**

## **Solihull Local Transformation Plan for 2022/23**

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# 1. Introduction

## Foreword

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

System partners continue to work together to address barriers and challenges for those children known to the social care and youth justice system, and especially those with known vulnerabilities, such as adverse experiences, are more likely to experience poor mental health, and are therefore less likely to achieve their full educational potential, which will consequently impact on their employment opportunities.

The Solihull Children and Young People Local Mental Health Transformation Plan was first published in October 2015 and has been refreshed on an annual basis. This plan provides an update on the NHS Long Term Plan ambitions and the progress, challenges and priorities to improve 0 – 25 mental health services during 2023/24 and 24/25.

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

Throughout the year the system commissioners and providers met with a range of stakeholders and groups to share progress and to consult on gaps and priorities. These include children and young people, parent carer forums, education partners, the Solihull Children's Services, Education and Skills Scrutiny Board, Solihull Health and Wellbeing Board and the Birmingham and Solihull Learning Disabilities and Autism Board.

By working in partnership, we deliver a whole system approach to supporting the mental health and emotional wellbeing of children and young people and families, work is undertaken by a range of stakeholders including the Voluntary and Community Sector (VCS), Solihull Metropolitan Borough Council (SMBC) and health services. This system approach ensures that we are increasing the skills and knowledge of the whole workforce and as a result providing more help to children and young people at the earliest possible time.

## 2.Strategic Plans and Priorities

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

- The Birmingham and Solihull Integrated Care System (ICS)
- Solihull Council Plan 2020-2025
- Solihull Council Plan and Priorities for Children's Services
- Solihull Council Childrens Services Improvement plan 2022
- Mental Health Delivery Plan for Solihull
- Learning Disability and Autism Strategic Plans and Priorities
- Children and Young People with Additional Needs Strategy
- Youth Justice Services Plan
- Solihull's Strategy for Inclusive Education
- All Age Carers Strategy [Solihull Carers' Strategy 2022 to 2027](#)

Each of these areas are discussed in further detail below.

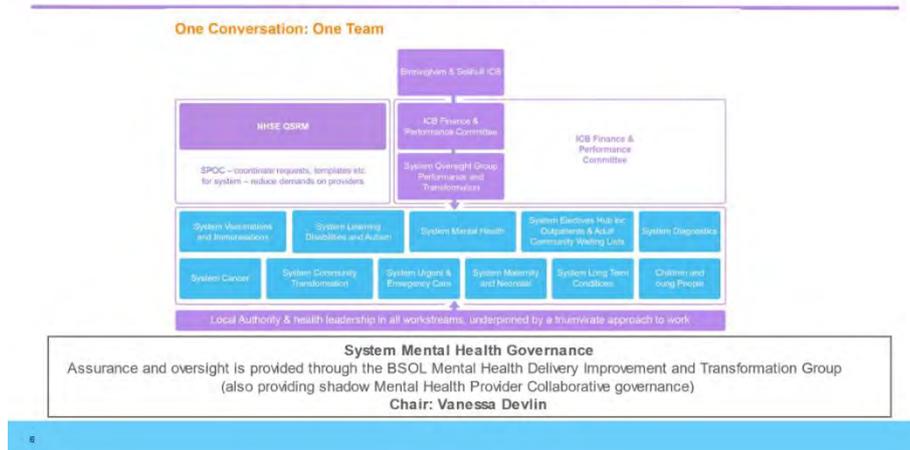
### **Birmingham and Solihull Integrated Care System (ICS) Priorities**

The [Birmingham and Solihull Integrated Care System \(ICS\)](#) is a collaboration of all health and social care organisations, including the NHS, local authority and the voluntary and community sector. In June 2022, Birmingham and Solihull ICS published its [Inception Framework](#), setting out the high-level case for change in how health and care services are delivered in the future.

The Birmingham and Solihull Integrated Care Board (ICB) was established on 1st July 2022, and forms part of the Birmingham and Solihull Integrated Care System (ICS). The ICB has been established as the organisation responsible for NHS function and budgets within the ICS.

The ICB has created a System Oversight Group (SOG) which brings together Senior Responsible Officers (SRO's) from across the range of organisations for weekly oversight meetings. The SOG focuses on nine key Integrated Pathway Groups one of which is mental health.

## Governance of Programme



Source: [ICS Operating Framework](#)

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

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

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

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

ICS Immediate priorities in relation to mental health include:

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

- **Developing Service Integrators** who will have oversight for setting the strategic direction and delivery for the key services they are accountable for with an initial focus on mental health.
- **Establishing a Challenge Fund** to attract innovative thinking to help to develop solutions to priority issues. This includes the priority of reducing mental ill health prevalence and ensuring those who need mental health care can access it locally

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

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

## **Solihull Council Plan 2020 – 2025**

Solihull Metropolitan Borough Council has set out its commitment to improving services for children and young people in the [Solihull Council Plan 2020-2025](#).

This includes priorities in relation to:

- Development of the early intervention and prevention offer for children and young people
- Supporting children and young people with vulnerabilities, additional needs and Special Educational Needs and Disabilities.
- Improving outcomes for children and young people
- Taking action to improve the life chances and health outcomes in our most disadvantaged communities
- Improving the quality of practice and provision for the safeguarding of children including responding to the Joint Targeted Area Inspection (JTAI) published in February 2022 and improvement notice for children’s services

The Council’s Improving Outcomes for Children in Solihull Improvement Board is responsible for overseeing the improvement plan for safeguarding children and will drive through the necessary changes across all organisations in Solihull. The Board is independently chaired and supported by an advisor for the Department for Education (DfE). It supports, oversees, and challenges partner organisations with responsibility for safeguarding children on their progress in delivering the updated improvement plan. During 2023 The partnership improvement plan will be overseen by the Solihull Childrens Safeguarding Partnership and the Solihull Council specific one will be overseen by the Council

## **SMBC Childrens Services Improvement Plan 2022**

Further actions had also been identified following the issue of an Improvement Notice from the Secretary of State issued to Solihull Council February 2022, following concerns around serious weaknesses in parts of the council's children's social care functions, and evidence of unassessed and unknown risk. The Joint Targeted Area Inspection (JTAI) of Solihull (February 2022) also included the requirement for the Council to act on one multi-agency Area for Priority Action (APA)

Improvement notice to address:

- a) Serious concerns in respect of fragility of the Multi Agency Safeguarding Hub (MASH) and insufficient social worker capacity in the Council to deal effectively with presenting need.
- b) Crisis management to reduce unallocated cases and situations of unassessed and unknown risk for a significant number of children in the Council's area; and
- c) The JTAI multi-agency Area for Priority Action and other areas for improvement identified by Ofsted.

### **Summary points**

The original Local Authority Improvement Plan was devised in March 2022, with a focus on:

- Understanding the lived experience of the child
- Managing workloads
- Recording systems and support best practice
- A system-wide approach to improvement and performance
- Clearly articulated vision and values
- Practice using evidence-based methods and tools
- A strong focus on retention, recruitment, and staff development
- A culture of reflective thinking, curiosity, challenge, learning and development
- Stable and visible leadership and management
- Effective partnership that makes a difference to children and families
- To further strengthen the partnership governance and accountability over improvement work, members of the Improving Outcomes for Children in Solihull Board unanimously agreed it was necessary to merge these plans into a single plan of action.
- A draft merged improvement plan was presented to the Improving Outcomes for Children in Solihull Board on 30th August 2022. The draft plan was unanimously accepted and well received by the multi-agency board pending minor amendments.
- The newly merged improvement plan retains the six themes as highlighted in paragraph
- and the existing thematic leads continue to drive the improvement activity in each of the themes.
- Highlight reports also continue to be produced for each of the six themes which cover key updates/impacts, risks, mitigating actions and achievements, and are submitted to the Improving Outcomes for Children in Solihull Board for additional scrutiny.

The Solihull Council Plan includes priorities in relation to improving outcomes for children and young people in Solihull and taking actions to improve life chances and health outcomes in disadvantaged communities.

## 0-25 Mental Health Solihull

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

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

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

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

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

Priority 1 – Strengthen positive mental health and wellbeing and act early to prevent mental health conditions

Priority 2 - Improve access and outcomes for people with mental health needs in primary care settings

Priority 3 - Develop the 0-25 mental health offer

Priority 4 - Increase and improve access to maternity and parenting support

Priority 5 - Increase and improve crisis support

## Priority 6 - Increase and improve support for rehabilitation

The Solihull MH plan sets key actions to address;

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

## Solihull Mental Health Delivery Plan

Solihull MBC scrutiny committee asked for a single Solihull mental health plan to help navigate and ensure connections across the system, as a result 'The Solihull All Age Mental Health Delivery plan' was produced.

The Solihull Mental Health Delivery Plan sets out stakeholders' commitment to priorities and actions that will collectively improve the emotional wellbeing of our Solihull communities and families. The stakeholders involved in the development of the plan include Experts by Experience (EBE), children and young people, parents and carers, the voluntary and community sector, Solihull MBC, NHS providers and Birmingham and Solihull Integrated Care Board (ICB).

Although existing strategies and plans have had extensive involvement of service users in development, engagement in this new plan was essential. There is also agreement that we need to build an infrastructure for continuous co-production, involvement and listening in the delivery of the plan.

Working with Healthwatch the plan was developed to inform people about what we are doing, giving the opportunity to identify any gaps, or develop any ideas in the delivery plan. Where possible we will use existing forums such as Parent and Carers Voice, service user groups through providers and voluntary sector and community groups.

'Our plan depends upon, a much broader range of activities that improve wellbeing and enable people to live a good life. What we do to work with communities, supported by community development and social prescribing, and working with a wide range of partners including community, voluntary and faith groups, our network of parish councils, is key. We also have a wide range of assets in the borough that we can bring to play such as our parks and open spaces, libraries and community spaces.

We need the right services available at the right time, including mental health services for people experiencing a crisis or who are living with long term mental

illness. We must start with strengths and what we can do to build resilience and prevent people requiring any form of early intervention or crisis intervention.

Our collective plan aims to improve mental health and provide support for people when they need it. We aim to develop a more integrated pathway which brings together primary care, third sector organisations, NHS providers, the local authority and others so that people are supported the access the right help and support as quickly as possible. Where people need more help they can move seamlessly on to receive this without feeling like they are starting again.

We will also develop an infrastructure to ensure ongoing engagement in the delivery and monitoring of the plan.

During 2023 we will undertake a locality mapping exercise the identity mental health providers, organisations and community groups that provide support across the IThrive model of care.

Although existing strategies and plans have had extensive involvement of service users in development, engagement in this new plan was essential. There is also agreement that we need to build an infrastructure for continuous co-production, involvement and listening in the delivery of the plan.

The six strategic priorities within the plan are set out below:

**Aim: To promote good mental health and wellbeing through joined up health and care, where people can access the right help and support as quickly as possible.**

| <b>Strategic Priorities</b>  | <b>Key Actions</b>  |
|--|---|
| 1. Strengthen positive mental health and wellbeing and act early to prevent mental health conditions                             | Increase activities and approaches to encourage and support people to be mentally healthy   |
| 2. Improve access to services for people with mental health needs in primary care settings                                       | Transform community-based mental health services to improve access to MH and ensure people can move more easily between services  |
| 3. Develop a 0-25 mental health offer  | Extend the breadth of services from prevention to crisis for all children and young people, including 18-25 year olds, with a focus on transition to adult services, and support for young people with additional vulnerabilities |
| 4. Increase and improve access to maternity and parenting support  | Improve access to parenting support and perinatal mental health, and ensure workforce are able to identify and signpost appropriately   |
| 5. Increase and improve crisis support   | Work with community transformation programme to reduce need for crisis support, enhance access through response vehicles, training and ensuring treatment is provided as close to home as possible                                |
| 6. Increase and improve support for rehabilitation   | Enhance the support available in Solihull and work with housing providers to ensure sufficient housing with support is available.   |
| <b>Enablers:</b> Population Health Management; Engagement and involvement of people in Solihull; Digital; Provider collaborative |   |

## Solihull Strategy for Children and Young People with Additional Needs

The Solihull [Additional Needs Strategy](#) 2020-2025 states that;

Children or young people who have a special educational need or a disability may need support throughout their life. Others may need support at any time in their life, and for any length of time, for lots of other reasons. This could be because of their family, what is happening at home, health concerns, being a young carer, or a death of friend or family member.

The most important thing is that we quickly see when a child or young person might need extra support and that the right help is provided. This means that people working with children and young people see them first, and not the needs they have.

The strategy sets out six priorities for children and young people in Solihull with SEND or additional needs:

- I can see that everyone is working together to help me make my life better
- I can see that Solihull has the services and support I need
- My voice is heard, and makes a difference
- I feel welcome, understood, valued, appreciated and included wherever I go
- In planning for my future, I know what will happen, when it will happen and who I can communicate with about this
- I can get the right support I need at the right time for me

To meet these priorities an action plan has been developed to:

- Join up processes and communication across education, health, care and the community to better support young people to be the best they can be
- Improve the post 16 offer in Solihull in order for it to be more welcoming to all young people, provide different options and help them into employment.

## Children and Young People with Learning Disabilities and Autism

### BSOL Learning Disability and Autism Three Year Plan

In March 2021 Birmingham and Solihull Clinical Commissioning Group (CCG) secured additional funding for 3 years Learning Disabilities and Autism Improvement plan that would build on foundations from the Transforming Care 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.

BSOL LD&A 3 year plan objectives:

- 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 for young people 18+ within the community through the re-establishment of provider forums, a tailored package of training to increase knowledge and skills of community care and support providers.
- To establish a pre and post diagnostic autism support offer to enable our population to access a clear offer of support at points in their care and support journey to increase their wellbeing and increase their life outcomes.
- To increase the positive experience of care and support of our population through this increased offer
- To support the reduction in health inequalities that our population face through this increased offer

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

- Membership from all system partners (including our provider collaboratives) involved in weekly calls to develop and review the plan
- 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

### **The Children and Young People's Key Worker Service up to 25 years of age**

NHS England are funding a key worker service for Birmingham and Solihull children and young people, have commissioned Barnardo's to deliver this new specialist support service for young people with a learning disability and/or autism and their families. It has been developed and co-produced with parent carers and other stakeholders, with planning events including Barnardo's, Birmingham and Solihull ICB, Birmingham Parent Carers Forum, Solihull Parent Carer Voice, Experts by Experience Solihull Community Interest Company, Solihull Metropolitan Borough Council and Birmingham City Council. They have co-produced priorities and outcomes for the key worker pilot and shaped the evaluation framework and the contract quality reporting required from the service.

The role of the keyworker is to:

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

The pilot launched in September 2021 and there are plans to expand the team and widen the eligibility criteria in 2023/24. More information on the service can be found on [Barnardo's website](#).

### **Family Peer Support**

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

### **The All Age Autism Service**

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

Landau have also developed an [online All Age Autism Service Directory](#) that enables a search for support services that are available within Birmingham and Solihull.

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

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

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

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

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

### **Crisis and Admission Avoidance Enhanced Support for Children and Young People with LD and /or Autism**

A key deliverable in the three-year plan is to enhance crisis and admission avoidance. A new team M-Power has recently been established within Solar. Although M-Power is still in it's infancy, they are seeing early success avoid tier-4 admissions for young people with LD & A and they are supporting reducing the number of young people rated at amber or red on the dynamic support registers. A key focus of the service is to improve outcomes by enhancing joined up working and connecting partners in the SOLAR pathway.

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

People with a learning disability are eligible for an in-depth annual health check with their GP from age 14. The priorities of this work are:

- Promoting awareness of the AHC to CYP and their families to help them understand the benefits to their physical health and wellbeing.
- Advocating for more children and young people with a learning disability to contact their GP to be added to the LD register - by promoting the benefits to their physical health by being on the LD register.
- Making AHCs accessible for CYP and tailoring them to meet their needs by ensuring reasonable adjustments are used to break down those access barriers. Solihull offer AHCs annually in special schools with a community paediatrician. School nurse team offers holistic overview/assessments and will signpost to specialist dental services, podiatry teams, continence teams etc.
- Embedding AHCs into integrated personalised care planning and support (EHCP etc) for CYP with a learning disability. Encouraging schools to share health plans with colleges before transition to ensure that CYP physical health needs are continuously met. In Solihull, LD link nurses provide a 6- week programme on puberty in special schools to build confidence in young people to talk about their physical health and changes with health professionals.
- Improving communications between Primary care, education and community teams

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

### **The Autism in Schools Project**

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

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

The programme is to deliver the following outcomes:

- Improved knowledge and skills regarding identity amongst school staff teams.
- Improved learning experiences for autistic children and children with neurodevelopmental needs.
- Improved understanding of autistic identity amongst children and young people, and improved self-esteem.
- Improved relationships between schools and parents/carers.

- Improved identification and detection of neurodevelopmental needs and mental health needs.
- Changes in policies and practices to respond to needs of neurodiverse children and young people.
- An understanding around the process of collaboration - the factors that help mini parent carer forums to become embedded within a school, the factors make it more difficult and what do parents/carers and teachers see as the key advantages of setting up a forum.
- The Impact of the programme will be measured by the following indicators:
  - National project indicators
  - Local insight data
  - Young people's voices – stories of young people's experiences and feelings through a variety of creative engagement mechanisms
  - Parent carer voices - evidence parent carer experiences and feelings
  - Teacher and school community voice – evidence of teacher and school community experiences and feelings

### **LD & A Looking Ahead – Visioning Strategies**

The ICS is developing two Strategic Visions for Birmingham and Solihull: one for Learning Disabilities and one for Autism by creating a consistent vision for learning disability and autism support will enable stakeholders in health, education, children's services and VCS to prioritise our resources and to co-ordinate our approach to improve the support, as well as health and care outcomes, for people with learning disabilities and autism. Public engagement process on the draft Vision will complete in February 2023.

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

The two visions both have 4 priority areas:

- Area 1: Access And Inclusion
- Area 2: Quality And Choice
- Area 3: Holistic Support
- Area 4: Reducing Inequalities

### **Solihull Youth Justice Plan 2022/24**

The Solihull Youth Justice Service (YJS) is a specialist service, based within the Children's Services and Skills directorate of the Local Authority. The [Solihull Youth Justice Plan 2022-24](#) sets out the vision and strategy to achieve the following objectives:

- Preventing and reducing offending
- Reducing reoffending
- Increasing victim and public confidence
- Ensuring the safe and effective use of custody.

The Youth Justice Plan recognises the overrepresentation of young people within the youth justice system that have identified emotional and mental health needs, the plan outlines a commitment to working in partnership to developing and improving services to cater for the needs of vulnerable young people. The delivery plan for 2022-24 includes priorities to

improve pathways for children and young people in the YJS who have speech, language and communication difficulties and to develop a plan for implementing a broader Harmful Sexual Behaviour (HSB) offer in Solihull.

Health representatives are members of the Solihull Youth Justice service Board including ICB specialist safeguarding lead and mental health commissioning lead. This supports alignment of activities with the Children and Young People's Health agenda.

## Solihull's Strategy for Inclusive Education 2022-2025

Solihull's first [Strategy for Inclusive Education](#), has been co-produced by Solihull Parent Carer Voice, Solihull schools and Early Year's settings, staff from Solihull Council (education, social care and communities) and staff from Birmingham and Solihull ICB.

The Strategy identifies 5 key priorities for 2022-25 which were developed through the contribution of stakeholders to a range of activities, including a series of inclusion workshops. A detailed action plan has been coproduced which set out how each priority will be addressed and how success will be measured. The local authority will support and enable this process and to work with schools and educational settings to achieve the vision of this strategy. The 5 priorities in the strategy are:

**Priority 1** Solihull schools, colleges and Early Years settings will lead on the development of a Solihull Inclusion Standard, to ensure there is a consistent Local Offer and Graduated Approach to support children and young people effectively, whilst also preparing them for transitions and adulthood.

**Priority 2** There will be effective processes in place across the system for early identification and intervention, acting upon the earliest indicators of need at every stage to meet children and young people's additional support needs, including SEND

**Priority 3** Participatory systems will be developed further to enable the voice of Solihull's children, parents, school staff and wider services to be central to the decision making processes at school, locality and borough wide levels.

**Priority 4** All Leaders across the system will ensure that equity and excellence are always at the centre of all decision making processes, including the development of commissioning intentions and policy development

**Priority 5** There will be a continuous cycle of workforce development to support the inclusion of all children and young people in their local schools, colleges, Early Years settings and community venues.

## 3. Engagement and Co-Production

We have some of the most pressing challenges in transforming mental health services for children and young people that cannot be resolved without improving our understanding of the issues experienced by our local population and increasing opportunities for the generation of innovative and sustainable solutions. 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.

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

The Solihull CYP Local Transformation Board recognises and respects the vital contribution that children and young people, and their families and carers, have to offer in the planning, delivery and evaluation of local transformation.

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

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

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

SMBC and BSMHFT led a Solihull Children and Young People's event in November 2022 with representatives from the Voluntary Sector, Public Health, Children's Social Care, Education, School Nursing, Mental Health Services and the Integrated Care Board.

**Stakeholders identified the following gaps and priorities:**

- Workforce: recruitment and retention
- Silo working
- Co-location of services
- Working with families as partners
- Lack of clarity of provider offers
- Improved required in promotion and use of Local Offer

## Solar Emotional Wellbeing and Mental Health Services

**Solar** is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands and provides Emotional Wellbeing and Mental Health Services to Children, Young People and Families in Solihull.

Solar engagement and co-production with children and young people is happens in a variety of ways to ensure input throughout the delivery of care:

|  |  |   |
|--|--|---|
| Feedback via routine outcome measures, Friends and Family Test and Experience of Service Questionnaires.   | Young people sit on interview panels and are involved in the recruitment to operational and leadership roles in Solar  | Clinicians and practitioners work collaboratively with children and young people on the design of care and crisis plans   |
| Solar work with young advisers as part of the Improved Access to Psychology Therapy Provider Collaborative Board   | Solar are recruiting to the Solar Youth Forum and will shape the focus and nature of the forum   | Solar are working closely with the Solihull Parent Carer Voice (PCV) and North Solihull Additional Needs Parental Support Group (ANPSG) and BSOL Parent and Carers Forum to ensure collaborative working. |
| CYP sat on interview panels for MHST staff. The MHST have trained Peer Support Workers in schools and are continuing with the rollout. CYP in Solihull are developing a logo for the MHST. | Coffee mornings are planned for parental involvement and engagement with MHST's, as well as our presence at parent's evenings throughout the year                    | The Solihull Parent and Carer Forum actively collaborated in the design of a disability intensive care enhanced team – called M-Power.  |
| Children and young people from Solihull helped create the name of the M-Power service and the design of the service  | Solar are working with young people to redesign and improve their website to make it more interactive, easier to navigate and a source of more supportive literature | The voice of children and young people is sought during assessments and follow up appointments. In some case external advocacy is sought to support with this.  |

## Birmingham and Solihull Parent and Carer Forum

The Birmingham and Solihull SEND Parent Carer Forum was established to improve health services for Children and Young People with Special Educational Needs and Disabilities (SEND) in Birmingham and Solihull.

The BSol Parent/Carers Forum provides a strategic interface between Parent/Carers Forum representatives and members of the clinical health system in BSol as a mechanism to feedback Parent/Carers experiences, share information and bring understanding to both Parent/Carers and ICB and Provider leads about the delivery of care.

The forum acts as the strategic vehicle for improved engagement and co-production with parents and carers of children and young people (CYP) with additional needs. Both statutory

PCFs in BSOL (Solihull's is called PCV but for ease/clarity in this document both are referred to as PCF) form partnership with the ICB and other co-opted health providers as appropriate.

The PCFs act as the coordinating hubs for the range of other parent and carer groups and parents who are not affiliated with any group to improve health provision and design. PCFs will provide connect, coordination and engagement opportunities back into communities to ensure as many representative voices as possible are included.

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

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

The BSOL Strategic Health Parent and Carer Forum complies with the core principles underpinning the [0 – 25 SEND Code of Practice](#) (part of the Children and Families Act 2014), which gives guidance to professionals in their work with children and young people who have SEN or disabilities and supports them in:

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

The BSOL PCF has identified a number of workstreams and completed pieces of work including; health cross border principles, Situational Mutism information pack, Sensory assessment position statement all of which have then been published on the area [Local Offer](#).

BSol Strategic Health SEND PCF identified the following ongoing priority areas for the health system.

1. Better communication, awareness and training for professionals working with CYP with additional needs
2. Development of cross border principles to reduce issues experienced by families related to different service offers and criteria between Birmingham and Solihull, especially as applies to school-based provision
3. Improved understanding and accommodation of diverse communication needs regardless of need, LD, ability and language
4. Improved co-ordination and information sharing between health services to reduce re-telling of story and support joined-up working with a child-centred approach. This could be done through development of a co-designed communication / medical / hospital passport that follows CYP through any health provision

5. Improved access to Mental health services including transition to adult services and access to crisis support.
6. Measurable progress on meeting speech, language and communication needs sooner and faster access to therapies & neurodevelopment (ASD and ADHD) services.
7. Ensuring patient-facing staff know about and understand service policies/processes in order to ensure a robust system between CCG, Providers and the experience of patients/parent-carers
8. Action to Reduce health inequalities and access to health services
9. Action to address service / commissioning gaps and reducing variation

## 4. Understanding Local Needs and Advancing Health Equalities

### System Priorities for Tackling Health Inequalities

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

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

1. **Maternity Care & Infant Mortality.** Improve the experience and outcomes for mothers, parents, and babies and reduce the number of infants who die before their first birthday
2. **Better Start for our Children.** Improve the health of children from our most deprived communities by supporting them to get the best start in life, focusing first on increasing uptake of vaccination and improving school readiness.
3. **Better Prevention, Detection & Treatment of Major Diseases.** Improve the prevention, early detection and treatment of the diseases that drive early mortality for people, focusing first on reducing waiting lists for diagnosis and surgery, cardiovascular disease, respiratory disease, cancer screening, diabetes and addressing the backlog of elective treatment.
4. **Better Outcomes for People with Mental Illness.** Improve the experience and outcomes for people living with serious mental illness and improve their health and wellbeing to achieve their potential in life.
5. **Better Outcomes for People with Disabilities including Learning Disability.** Improve the experience and outcomes for people living with a disability across the life course, starting with a focus on learning disability and autism.
6. **Improved Outcomes for Inclusion Health Groups.** Improve health and care outcomes for our most vulnerable citizens in inclusion health groups including new migrants, refugees and asylum seekers, homeless people, people with substance misuse difficulties, women, people experiencing racial disparity and LGBT+

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

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

BSMHFT Provider Collaborative Mental Health and Transformation Team will lead the production of an All Age Mental Health Needs Assessment during 2023. We will work with a wide range of stakeholders from across localities including Experts by Experience to ensure that we are shaping the development of mental health services by listening and learning from those people and their families that use mental health services.

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

## **Impact of the Coronavirus Pandemic on Mental Health**

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

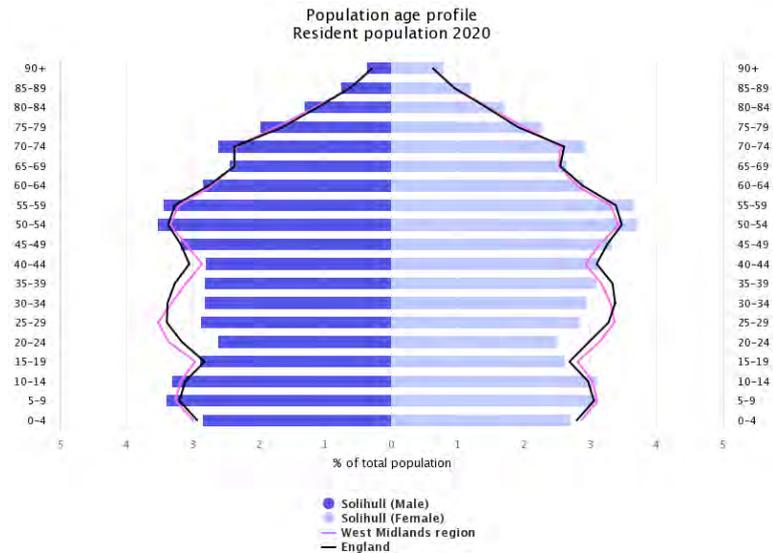
- People who struggled before now struggle more
- Young people are finding it hard to cope
- Coronavirus has heightened inequality
- People urgently need more support

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

In Solihull, we have seen the number of children not in full time education increase, numbers of children excluded from education have increased, numbers becoming known to children services and number of children that have been referred for mental health support have increased throughout the Solihull system.

## **The Population of Children and Young People in Solihull**

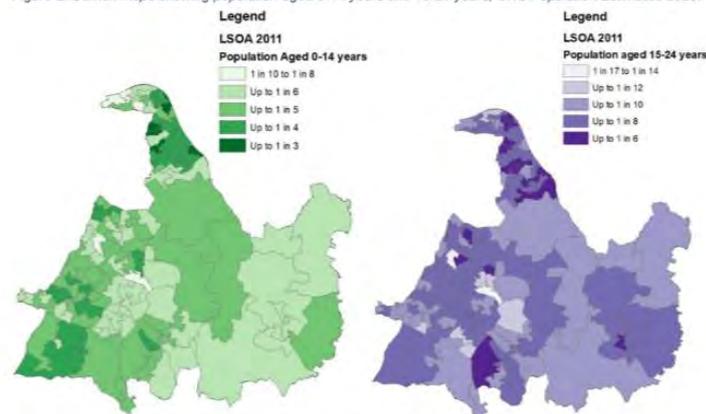
The below diagram shows the age distribution of the resident population of Solihull in 2020 for males and females compared to regional and national averages:



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

The below map in the [2022 Children and Young Persons Needs Assessment](#) shows the distribution of children and young people in Solihull:

Figure 2: Solihull maps showing population aged 0-14 years and 15-24 years, ONS Population Estimates 2020.



Source: ONS Population Estimates 2020, Contains OS data © Crown Copyright and database right 2020, Solihull MBC, Solihull MBC Licence N° 100023139

Source: [Children and Young People Needs Assessment 2022](#)

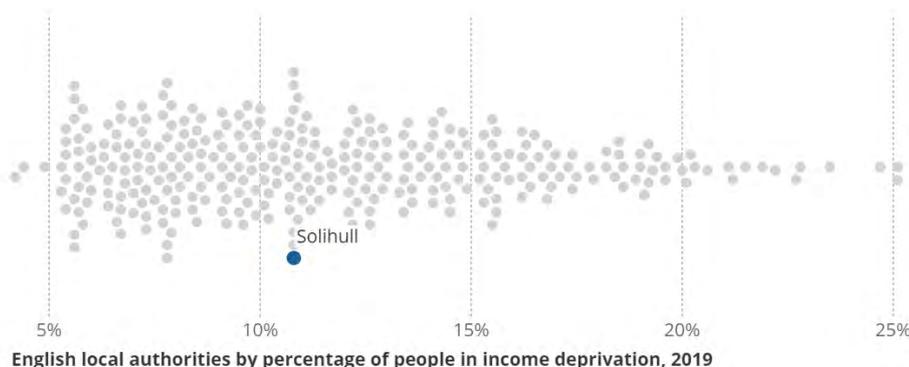
The following publications; [Diversity in Solihull 2019: Understanding Population Change](#), [2019 Children and Young Persons Emotional Wellbeing and Mental Health Needs Assessment](#) and [2022 Children and Young Persons Needs Assessment](#) and the [Local Authority Interactive Tool](#) identify that:

- Solihull has seen population growth every year since 2001, largely driven by growth in the population aged 65 and over.
- In some areas of Solihull, as many as 1 in 3 people are aged 0-14 years, and 1 in 6 are aged 15-24 years. The north of the borough contains the highest population of children and young adults.
- Rates of referrals to Children's Services have increased from 473.90 per 10,000 population under 18 (March 2021) rising to 556.90 (March 2022).

- There was an increase in child protection numbers from 31.10 per 10,000 in March 2021 to 40 per 10,000 in March 2022.
- Solihull has also become more ethnically and faith/religiously diverse with net migration from neighbouring Birmingham a significant influence
- Increasing levels of diversity are evident in Solihull school population and West Solihull communities
- On 31 January 2021, the UK Government introduced a new immigration route for British National (Overseas) (BN(O)) status holders from Hong Kong, providing the opportunity for them and their family members to live, work and study in the UK.) Solihull has seen BNOs around 3800 new arrivals with School admissions applications at 1142 (applications number rounded to the nearest hundred)
- At the time of the 2011 Census 10.9% of the population were from a Black or Minority Ethnic (BAME) background, slightly lower than the England (14.6%) or West Midlands (17.3%) averages.
- Just over 50% of Solihull residents from a BAME background were under the age of 30, including 30% aged 0-15 years.
- Over two thirds (68%) of the Solihull BAME population live in West Solihull, including 83% of those from an Asian/Asian British background.
- The size of the Lesbian, Gay or Bisexual (LGB) population in Solihull is uncertain due to a lack of local data. A few national studies have been conducted, with the ONS and Public Health England estimating that 2%-2.5% of UK adults identify as Lesbian, Gay or Bisexual. This suggests a Solihull adult LGB population of between 4,000 and 5,000.
- Public health England estimate that the proportion of the population that identify as Lesbian, Gay or Bisexual is highest between the ages of 18 and 54 and lower among older age groups.

## Deprivation and Health Inequalities in Solihull

In Solihull, 10.8% of the population was income-deprived in 2019. Of the 316 local authorities in England (excluding the Isles of Scilly), Solihull is ranked 158<sup>th</sup> most income-deprived.

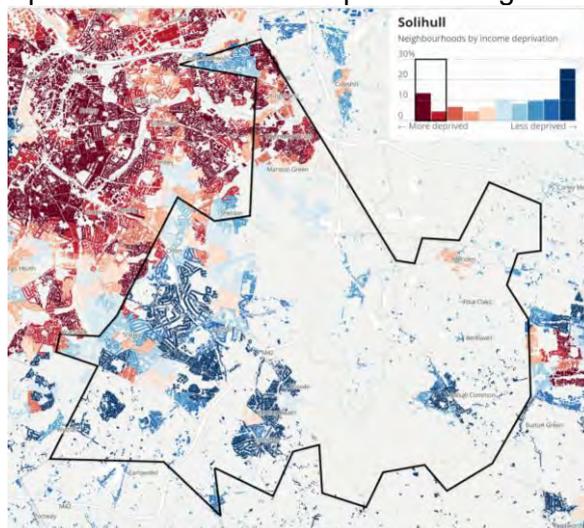


All measures used in this article are derived from the Indices of Multiple Deprivation produced by the Ministry of Housing, Communities and Local Government.

Source: [Exploring local income deprivation, Office for National Statistics](#)

Of the 134 neighbourhoods in Solihull:

- 24 were among the 20 percent most income-deprived in England.
- 48 were in the 20 percent least income-deprived in England



Source: [Exploring local income deprivation, Office for National Statistics](#)

The [Solihull Council Plan 2022-2023 update](#) reports that

Despite Solihull’s overall affluence, incomes, benefit dependency and poverty are unequal across the borough. For instance, average household income is estimated to be more than 30% lower in North Solihull, whilst 24% of working age people in North Solihull claim Universal Credit compared to 8% elsewhere.

On average, men in the 10% most deprived Solihull neighbourhoods are expected to live for 11 years less than those in the least deprived, compared with a gap of 9 years across England. The impacts of the Covid -19 pandemic haven’t been felt evenly and have exacerbated existing health inequalities.

In January 2022, the Council sought people’s views on a three-year strategy to tackle health inequalities. The aim of the strategy is to improve the lives of those with the worst health outcomes the fastest, to help them live healthier, happier, longer lives.

There are some stark health inequalities within Solihull. For example, girls born in Chelmsley Wood are expected to live 9.5 years shorter lives than those born in St. Alphege. In Solihull, the inequality in life expectancy at birth between those in the richest and poorest areas is 11.6 years for males and 10.1 years for females as shown in the table below.

| Headline Metrics                                  | Birmingham | Solihull | West Midlands | England |
|---|------------|----------|---------------|---------|
| <b>Life Expectancy at birth (2018-20)</b>         |            |          |               |         |
| Male  | 75.8       | 79.1     | 77.6          | 78.7    |
| Female  | 80.5       | 83.1     | 81.8          | 82.6    |
| <b>Healthy Life Expectancy at birth (2018-20)</b> |            |          |               |         |
| Male  | 59.2       | 67.4     | 61.9          | 63.1    |
| Female  | 60.2       | 65.7     | 62.6          | 63.9    |

| <b>Inequality in Life Expectancy at birth (2018-20)</b><br><b>i.e. gap between those in the richest and the poorest areas</b> |     |      |      |     |
|---|-----|------|------|-----|
| Male  | 9.5 | 11.6 | 10.1 | 9.7 |
| Female  | 6.2 | 10.1 | 7.9  | 7.9 |

Source: ICS Health Inequalities Strategy

## Children and young people at greater risk of developing mental health conditions

A [research summary](#) from the National Society for Prevention of Cruelty to Children (NSPCC) shows that children and young people facing additional challenges consistently have worse health outcomes, whether these are children with additional needs, children in care, lesbian, gay, bisexual or trans youth or those who have faced adverse childhood experiences.

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

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

The following section provides summary information relating to the mental health needs of the following groups:

- Children and young people with learning disabilities, autism or Special Educational Needs
- Children in Need, Children subject to Child Protection and Looked After Children
- Children and Young People previously looked after by the Local Authority
- Children and Young People who identify as LGBT+
- Children and Young People excluded from school
- Unaccompanied asylum seeking children

### **Children and Young People with Learning Disabilities, Autism, Special Educational Needs**

The [2019 Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment for Solihull](#) identifies that children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments. All these factors are positively associated with mental health problems. It is estimated that between 25% and 40% of people with learning disabilities also experience mental health problems. Those with autism or a learning disability (or both) often have access to fewer resources and support to help develop coping skills, can experience more negative life events and face stigma or discrimination from people and services as a result of a disability; all of which can impact on their mental health. The mental health of people with autism or a learning disability (or both) is often overlooked or ignored. Once a mental health problem has

been identified it's important that inclusive services are offered that cater for the needs of people both with autism, a learning disability and a mental health problem.

It is recognised that mental health difficulties may also be a cause of SEND. Approximately 1400 children in Solihull have SEND or Education, Health and Care (EHC) plans. The number of statements for SEND and EHCs has increased year on year since 2015, the rate per 1000 children and young people aged 0-25 years increased significantly between 2016 and 2017 and has continued to increase. The below table presents data for the years 2015/16 to 2021/22.

|                                       | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---------------------------------------|---------|---------|---------|---------|---------|---------|---------|
| EHC plans/Statements of SEN           | 1,210   | 1,213   | 1,201   | 1,243   | 1,326   | 1,427   | 1,523   |
| EHC plans/Statements of SEN (percent) | 3.0     | 3.0     | 2.9     | 3.0     | 3.1     | 3.4     | 3.6     |
| SEN support                           | 4,641   | 4,900   | 5,229   | 5,368   | 5,395   | 5,457   | 5,569   |
| SEN support (percent)                 | 11.5    | 11.9    | 12.6    | 12.8    | 12.8    | 12.9    | 13.1    |
| Headcount                             | 40,429  | 41,025  | 41,503  | 41,808  | 42,142  | 42,238  | 42,598  |

Autism is not a mental illness however people with autism may experience mental health problems. The [2019 Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment for Solihull](#) report that a recent study found that 70% of people with autism also have a condition such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD). The Mental Health of Children and Young People Survey 2017 estimates the prevalence of Autism Spectrum Disorder (ASD) and other Pervasive Developmental Disorders (PDD) to be 1.2% in children and young adults aged 5-19 years old. Prevalence of ASD is higher amongst boys with 1.9% of 5-19 year olds believed to have the disorder. In Solihull, this would equate to approximately 462 children and young people with ASD/PDD. Local data however suggests the actual number in Solihull is higher with 650 people aged 0-19 year olds having received a diagnosis of ASD.

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

Children in need, child protection and looked after children data as at end of March 2022 shows:

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

|                  | Number of Children: Solihull | Rate per 10,000: Solihull | Rate per 10,000: West Midlands | Rate per 10,000: Statistical Neighbours | Rate per 10,000: England |
|------------------|------------------------------|---------------------------|--------------------------------|---|--------------------------|
| Children in Need | 1,801                        | 375.60                    | 361.10                         | 300.36                                  | 334.30                   |

|  |     |        |       |       |       |
|--|-----|--------|-------|-------|-------|
| Children subject to Child Protection Plans | 192 | 40.00  | 43.10 | 37.83 | 42.10 |
| Looked After Children                      | 528 | 113.00 | 88.00 | 65.00 | 70.00 |

Source: [Explore Education Statistics](#)

In addition to the above:

- A total of 11 children were previously looked after by the local authority were adopted during the year ending 31st March 2022. This is a lower number compared to Solihull's statistical neighbours.
- A total of 50 children were recorded as unaccompanied asylum seekers who were being looked after by the local authority as at 31st March 2022. This is a higher number compared to Solihull's statistical neighbours.

SMBC have a dedicated team who respond to referrals received concerning newly arriving Unaccompanied Asylum Seeking Children (UASC) – undertaking relevant assessments of need and providing accommodation where this is necessary.

The team also takes responsibility for (non UASC) looked after children once they are 16 years old and have a pathway plan - supporting them as care leavers into adulthood (up to 25 years of age). The team progresses the care plans and pathway plans for children in the care of the local authority and fulfils statutory duties to young people who subsequently leave the care of the Local Authority.

### **Children and Young People in Care or who have previously been Looked After by the Local Authority**

The [2019 Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment for Solihull](#) states that research suggests that approximately half of care experienced children may have clinical-level mental health problems; a rate that is 4 times higher than in children in the general population.

While most young people make a gradual transition to independence, supported by their family, care leavers often experience multiple, overlapping changes in living circumstances all at once. At a time when they are first becoming responsible for their own finances and accommodation, they also often experience a rapid withdrawal of social support due to care placements and support services ending at 18.

During 2021/22, there were 249 care leavers aged 17-21 in Solihull. Of these 249 young adults:

- 218 were in accommodation considered suitable. The remaining 31 were in accommodation considered unsuitable or there was no information: either because the local authority is not in touch or the young persons have refused contact or no longer require services.

- 139 of the care leavers in 2021/22 are now in education, employment or training, the remainder are not in education, employment or training (NEET) or there is no information available.
- Potentially, up to 125 of these care leavers could have a clinical-level mental health condition.

In Solihull, at 31<sup>st</sup> March 2022 a total of 528 children under the age of 18 were looked after by the local authority, a rate of 113 for every 10,000 children. This is higher rate than the West Midlands region (88 per 10,000) and for England as a whole (70 per 10,000).

### **The Solar LATCH team in Solihull**

The Solar LATCH team provide emotional and mental health support to all Children in Care and Care Leavers up to the age of 19 residing in Solihull. This is in accordance with the Children and Young People in Care Out-of-Area Mental Health Protocol (NHS England March 2021) and includes Unaccompanied Asylum-seeking young people.

The Solar LATCH team prioritises children who are at risk of placement breakdown due to the child or young person's emotional wellbeing or mental health needs. The team also provide oversight of complex Solihull Children and Young people who are placed out of area and have experienced a high number of placement breakdowns.

It is recognised that sometimes support is more effective when it is provided to foster carers who use this to build stronger attachments with the children they are looking after in order to reduce the chance of the placement coming to an unplanned end.

The LATCH team have established and maintain effective working relationships with Solihull local authority Looked After Children's Team, Child Protection and Court Team and Children in Care health Named and Designated Nurses in order to have increased communication and effective working relationships.

All Looked After Children within Solar are offered an initial consultation with the network around the child which offers the opportunity to think about both the child/young person's presenting needs/difficulties and any systemic issues which may be impacting on their placement, education or care planning. Following this appointment, all children/young people are offered a 'Voice of the Child' appointment which is attended by the child/young person and their carer.

The LATCH team provides;

Direct work with children, young people and their families and carers, providing therapeutic interventions for traumatised children and those caring for them, and support around attachment and behaviours including:

- Consultation to local authority Social Workers and Supervising Social Workers.
- Consultation to Solar practitioners working with a Child or Young person who has become 'Looked After'.

- Support sessions to foster carers/residential workers underpinned by the principles of therapeutic parenting approaches/working with children who have experienced complex trauma and attachment issues.
- Training to Solar practitioners to further understanding about the network around looked after child
- Training for Solihull Local Authority foster carers, including connected carers (currently on hold)
- Network Support to the professional team around the child. This may be a joint work approach with another Solar practitioner who is providing therapeutic care directly to the child
- A range of specialist assessments for children/young people to gain further understanding of their presenting needs/difficulties to further inform support being offered/to be offered by the network, and or assessments for ongoing therapeutic work.

Specific therapeutic support currently offered by LATCH includes:

- Integrative Therapy
- Story Stem Assessment
- VIG (Video Interactive Guidance) sessions
- Psychoanalytic Psychotherapy
- EMDR
- We currently have one clinician in the team training in BUSS model (Building Underdeveloped Sensory Systems)

### **Children and Young People who identify as LGBT+**

[A review of studies on mental health issues in the LGBT+ community](#) by Rethink Mental Illness identifies:

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

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

There are no national estimates on the trans population in England because the subject is not included in the national census. Additionally, there hasn't been any research completed elsewhere in England which was large enough to be statistically significant. The best

estimate is that around 1% of the population might identify as trans, including people who identify as non-binary.

According to [Diversity in Solihull 2019: Understanding Population Change](#) the size of the Lesbian, Gay and Bisexual population in Solihull is uncertain due to a lack of local data. A few national studies have been conducted, with the ONS and Public Health England estimating that 2%-2.5% of UK adults identify as Lesbian, Gay or Bisexual (LGB). This suggests a Solihull adult LGB population of between 4,000 and 5,000, as below.

| Estimated Solihull Adult Lesbian, Gay and Bisexual Population |                         |                    |
|---|-------------------------|--------------------|
|   | National 16+ Percentage | Number in Solihull |
| Lesbian or Gay  | 1.25%                   | 2,161              |
| Bisexual  | 0.63%                   | 1,089              |
| Other   | 0.61%                   | 1,055              |
| <b>Total 16+ LGB</b>  |                         | <b>4,305</b>       |

*Source: Public Health England, ONS Population Estimates*

Public health England estimate that the proportion of the population that identify as Lesbian, Gay and Bisexual is highest between the ages of 18 and 54 and lower among older age groups. Applying the national age group percentages to Solihull provides the following Lesbian, Gay and Bisexual population estimate.

| Estimated Solihull Adult Lesbian, Gay and Bisexual Population |                         |                    |
|---|-------------------------|--------------------|
| Age Group   | National 16+ Percentage | Number in Solihull |
| Aged 16-17  | 2.50%                   | 4,942              |
| Aged 18-24  | 4.73%                   | 15,396             |
| Aged 25-34  | 4.74%                   | 24,444             |
| Aged 35-44  | 4.18%                   | 25,095             |
| Aged 45-54  | 3.21%                   | 31,136             |
| Aged 55-64  | 1.98%                   | 26,666             |
| Aged 65-74  | 1.20%                   | 23,719             |
| Aged 75-84  | 1.08%                   | 14,769             |
| Aged 85+  | 1.28%                   | 6,738              |
| <b>Total 16+ LGB</b>  |                         | <b>5,117</b>       |

*Source: Public Health England, ONS Population Estimates*

### Children and Young People in contact with the Youth Justice System

The Solihull Youth Justice Plan 2022/24 identifies that:

- Children who offend or are at risk of offending have been identified as experiencing disadvantage, often at multiple levels. Children and young people who offend are more likely to be excluded from education and less likely to be in full time education, employment or training.
- There is also an association between young people who have difficulties with communication and youth offending; 60% of young offenders have communication difficulties. The health and wellbeing needs of children and young people tend to be particularly severe by the time that they are at the risk of receiving a community sentence and more so when they receive custodial sentences.
- Children with learning difficulties and neuro-disability are overrepresented in the youth justice system. Having these conditions can make it more difficult to cope with justice processes, such as police interviews, court proceedings or compliance with

the requirements of a community sentence. As young people are admitted to custody their needs (including health needs) are assessed. Through this process, young people entering youth custody have been found to have disproportionate health needs (often undiagnosed or untreated) when compared to the general population, including mental health (33%), substance misuse (including alcohol) (45%), and learning difficulties or disabilities (32%). PHE's evidence review smoking, drinking and drug use among hard to reach children and young people offers further information about this topic.

- In Solihull there is an over representation of young people of Mixed, Asian and Black ethnic minorities entering the criminal justice system within Solihull, this has increased in disparity compared to 2021-2022 and continues to be a concern. Solihull data reflects that 29% of young people that have offended are from these ethnic minorities, which is 14% greater difference to that of the national data. This equates to 12 young people for Solihull offending population figures and 1 YP for custody.

Service provision to meet the needs of young people in contact with the youth justice system is via the Solihull Youth Justice Service (SYJS). SYJS is a multi-agency service which consists of the Local Authority, West Midlands Police, Probation and Health. Solihull YJS is a specialist service based within the Children's 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, delivering the following objectives:

- preventing and reducing offending
- reducing reoffending
- increasing victim and public confidence
- ensuring the safe and effective use of custody

SYJS works in collaboration with key partners that contributes to positive outcomes for young people, safeguarding the public and protecting the community. This is achieved by all partners ensuring that:

- children and young people are safe and free from harm
- all services recognise that children and young people entering the criminal justice system lead complex lives
- there are appropriate and timely assessments, planning and interventions
- the joint vision of prevention and early intervention is supported by all partners and is closely aligned to the West Midlands Police's 'Thrive Plus' strategy

The aim of the YJS Specialist Health Nurse role is to provide the skilled screening, assessment and referral to appropriate services for YJS clients according to the protocols and pathways developed within the service. This includes undertaking an initial health assessment of all children on entry to YJS in accordance with the national Child Health Promotion Programme. The desired outcome will be to achieve a system to ensure all service users have an appropriate healthcare plan with an identified lead professional.

Further aims include;

- To develop a coordination role to support uptake of mainstream healthy living and promotion services including GP, school health, nutrition, hygiene, obesity, dentistry, smoking cessation, sexual health, drug and alcohol and mental health advice and support
- To maintain a caseload of appropriate clients and to monitor any identified health needs and take action in order to safeguard their health and wellbeing and deliver key interventions to support better health outcomes for young people
- With appropriate supervision, to make assessments of risk
- To include the clients wider support networks, family and carers wherever possible and appropriate in the care-plan
- To develop effective liaison with other agencies as required for individual care, within a multidisciplinary service.
- To work in partnership with both children and adult services in order to deliver a holistic health care package
- To support the movement of service users through the care pathway as required within defined care plans

All young people in the YJS should have increased access to;

- Registering with a GP and a dentist
- Sexual Health Services
- Smoking Cessation Services
- Drug and Alcohol Services
- Health promotion services
- Development of a Health Care Plan with defined improved health outcome
- Onwards referrals to specialist service such as Speech and Language, Community Forensic Services
- Support the delivery of referrals into mainstream SOLAR services and deliver interventions to address the emotional health needs of young people

At present there is not capacity to offer this service to all young people known to YJS and therefore a screening tool is used to identify those most at risk and in need. However, reporting is due to change in the next financial year and this will become a Key Performance Indicator to report on to the YJB.

## Solihull Education Data

Solihull state funded schools (3-18yrs) – January census 2022

|                             |                   | 2020/21       | Solihull % | National % |
|-----------------------------|-------------------|---------------|------------|------------|
| State-funded primary        | Headcount - Total | 21,157        | 50%        | 53%        |
|                             | Number of schools | 59            |            |            |
| State-funded secondary      | Headcount - Total | 18,179        | 43%        | 35%        |
|                             | Number of schools | 16            |            |            |
| Independent school          | Headcount - Total | 2,144         | 5%         | 6%         |
|                             | Number of schools | 5             |            |            |
| Pupil referral unit         | Headcount - Total | 70            | 0.2%       | 0.1%       |
|                             | Number of schools | 4             |            |            |
| State-funded special school | Headcount - Total | 688           | 1.6%       | 1.5%       |
|                             | Number of schools | 5             |            |            |
| Total                       | Headcount - Total | <b>42,238</b> |            |            |
|                             | Number of schools | 89            |            |            |

### Numbers of good or outstanding schools in Solihull

| Solihull Schools     | Primary | Secondary | Special / PRU | Total | Primary % | Secondary % | Special / PRU % | All % |
|----------------------|---------|-----------|---------------|-------|-----------|-------------|-----------------|-------|
| Good & Outstanding   | 50      | 11        | 5             | 66    | 85%       | 79%         | 71%             | 83%   |
| Requires Improvement | 9       | 3         | 1             | 13    | 15%       | 21%         | 14%             | 16%   |
| Inadequate           | 0       | 0         | 1             | 1     | 0         | 0           | 14%             | 1%    |
| Total                | 59      | 14        | 7             | 80    |           |             |                 |       |

- 83% of Solihull primary aged pupils and 82% of secondary aged pupils attend a good or outstanding school; 83% of pupils attending a special school attend a good/ outstanding school.
- 98% of Early Years settings in the borough (child minders and all day-care) are judged to be at least good by Ofsted and this has been consistently high.
- From the school census January 2021: 0.7% of children in Solihull schools are Looked After and supported through the virtual school, 21.4% are in receipt of Pupil Premium

### School Exclusions

Solihull is still facing a number of challenges, compounded by the impact of the pandemic, these were detailed within the paper on Reshaping Education in Solihull, 2021 and in data within the appendices of this Strategy:

- Significant number of exclusions
- Rising number of children home educated, with numbers stating that this is due to feeling they have no other option increasing
- Number of children not receiving a suitable, full-time education
- Limited early help/support outside of statutory intervention
- Significant increase in the number of children with an EHCP and being educated in out of borough non-maintained and independent schools
- Lower number of children from low income families reaching the expected level of development in early years (*reflecting the national picture and data*)
- Attainment gap at post 16 for disadvantaged children and those with an EHCP

The number of children being permanently excluded from Solihull schools had risen significantly over the past year. During the last six months there have been 55 children and young people permanently excluded, which compares to 10 during the same period last year. An increase of 550%.

In terms of school attendance rates of severe and persistent absence remain high. Children attending schools in areas of significant deprivation, those children with SEND and/or those children with a Social Worker are over represented in those children with very low attendance at school.

There is recognition that school exclusion requires a system response. The school system and school workforce needs to be supported to meet the needs of pupils. Schools describe the wider system support for schools is unclear and difficult to navigate.

During 2023 through the CYP Local transformation Board will come together to further understand and address the concerns of schools and work to improve the pathways for support.

### **Unaccompanied Asylum-Seeking Children (UASC)**

The article [Initial health assessments for unaccompanied asylum-seeking children: advice and good practice](#) from the Journal of Paediatric and Child Health identifies that:

There were 3,762 unaccompanied asylum-seeking children (UASC) in the UK in 2021. UASC often have significant physical and mental health needs. They suffer from conditions linked to extreme poverty, such as malnutrition and tuberculosis. The proportion of UASC with complications related to their vision, dental health, skin, sleep, and mental health is high. They are also at increased risk of sexually transmitted diseases, including blood-borne infections.

UASC have often endured traumatic events and have ongoing stress related to arriving in a new country with a different culture and language, no family support and uncertainties related to their asylum applications.

UASC are often not keen to discuss their mental health, and sometimes difficulties in this area initially manifest as physical symptoms.

There are currently 28 young people under 18 years, and 30 young people are between 18 – 19 years

Solihull Metropolitan Borough Council (SMBC) have a dedicated team who respond to referrals received concerning newly arriving Unaccompanied Asylum Seeking Children (UASC) – undertaking relevant assessments of need and providing accommodation where this is necessary.

The team also takes responsibility for (non UASC) looked after children once they are 16 years old and have a pathway plan - supporting them as care leavers into adulthood (up to 25 years of age). The team progresses the care plans and pathway plans for children in the care of the local authority and fulfils statutory duties to young people who subsequently leave the care of the Local Authority.

During 2023 we will identify pathway and resource pressures to meet the needs of UASC.

## Prevalence of mental health conditions

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

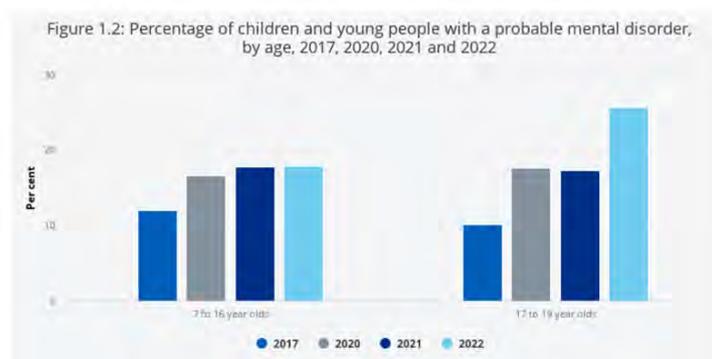
- 8.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder.
- In children aged 7 to 16 years, rates rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020. Rates of probable mental disorder then remained stable between 2020, 2021 and 2022.
- In young people aged 17 to 19 years, rates of a probable mental disorder rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022.
- 1 in 5 (19.9%) 7 to 16 year olds lived in households that experienced a reduction in household income in the past year. This was more than 1 in 4 (28.6%) among children with a probable mental disorder.
- Among 17 to 22 year olds with a probable mental disorder, 14.8% reported living in a household that had experienced not being able to buy enough food or using a foodbank in the past year, compared with 2.1% of young people unlikely to have a mental disorder.

The [2019 Children and Young Persons Emotional Wellbeing and Mental Health Needs Assessment](#) provided the following estimates on prevalence of mental disorders in children and young people in Solihull:

- There are an estimated 5,030 people aged 5- to 19-year-olds with a diagnosable mental health disorder in Solihull - 1,976 of these will have two or more disorders.
- The highest prevalence of mental health disorders is seen in Females aged 11-17 years.
- Prevalence estimates in preschool children suggests that there could be between 420 and 440 children aged 2-4 years in Solihull with a mental disorder. This would

bring the total number of children and young people in Solihull aged 2 – 19 years with a mental disorder to over 5,400.

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



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

## 5. System Model and Pathways

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

- The THRIVE framework
- The Solar Clinical Model
- Mental Health Support Teams in Schools
- Eating Disorder Services
- Early Intervention in Psychosis
- Young Adults and 18-25 offer
- Health and Justice

### The THRIVE framework

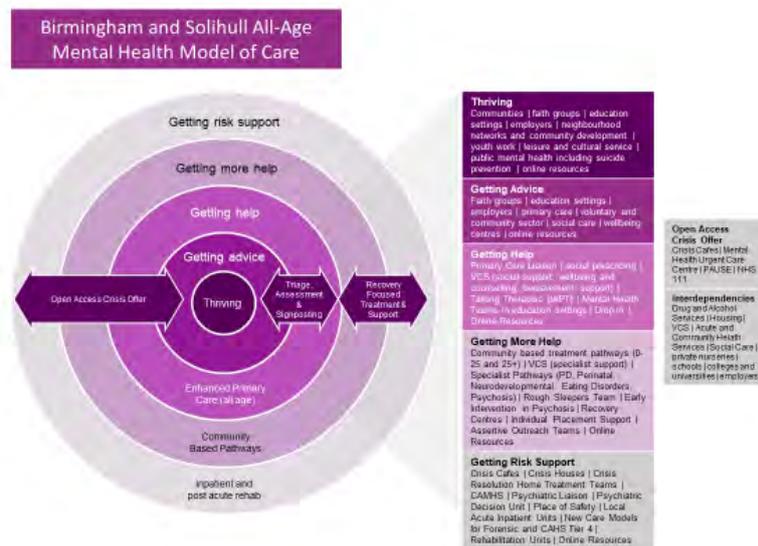
The [THRIVE framework](#) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

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

- All children and young people aged 0-25 within a specified locality
- All families and carers of children and young people aged 0-25 within a specified locality
- Any professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health

difficulties (whether staff in educational settings, social care, voluntary or health sectors or others)

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



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

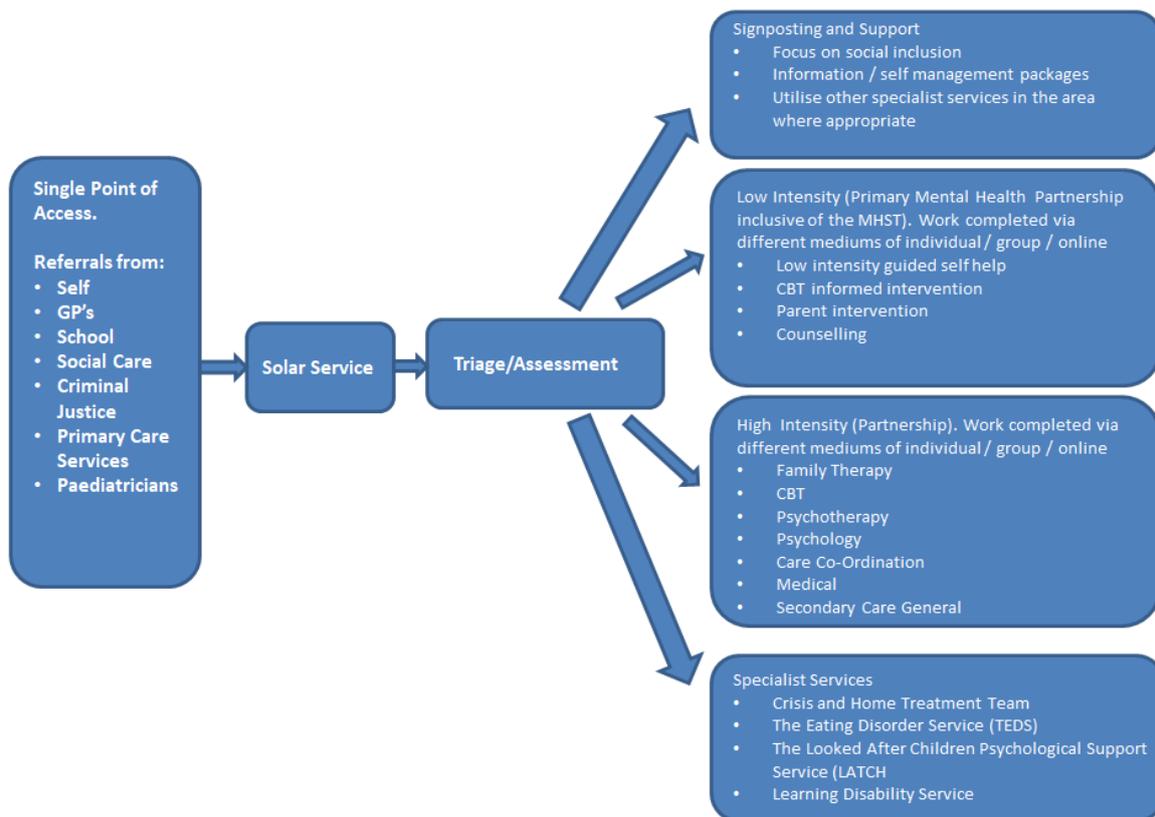
## Solar Model of Care

Solihull's integrated emotional wellbeing and mental health service - named as Solar by children and young people in April 2015, is jointly commissioned with Solihull MBC, with an outcomes focused service specification. Solar's model of care ensures timely access to appropriate support in line with children and young people's needs. Solar is an integrated model of care with staff co-located from Birmingham and Solihull Mental Health Foundation Trust, Barnardo's and Autism West Midlands.

The Solar integrated model works to the Care and Partnership Approach (CAPA). 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.

There is effective use of existing capacity through assessment of capacity utilisation through choice and partnership approach or appropriate demand and capacity model, this is an ongoing process.

The below diagram shows the Solar service model



## Mental Health Support Teams in Schools (MHST)

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

MHSTs offer early intervention and help to children and young people with mild to moderate mental health issues such as low mood, worry and anxiety, low self-esteem and confidence.

The MHST programme is led Solar in Solihull (delivered by VCS partner Barnardo's). There are 2 established MHST's within Solihull covering a mix of 27 educational settings, including 6<sup>th</sup> forms. In 2022 additional funding was secured from NHS for another 2 new teams in Solihull, these teams will be operational during Spring 2023. As each team works with an education population of around 8,000, this will include an increase of access for another 16,000 young people in Solihull.

MHST are part of a Solihull established CYP pathway provision such as counselling, educational psychologists, school nurses and a wide range of VSC offers.

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

The Solihull MHST have successfully piloted and developed a programme training pupils to act as Mental Health Ambassadors within their schools. The training provides an understanding of how peer support and good interpersonal relationships can positively impact on children and young people's well-being and mental health. Support surrounding the wellbeing of Teaching staff has been delivered successfully across both sites.

### **MHST's: Targeting of Resources and Joint Assessment of Need with Education Settings**

MHST school selection is led by data and local intelligence underpinned by health inequalities., MHST utilises local school based Health Related Behaviour Questionnaire (HRBQ), alongside joint working with the inclusion team for attendance and exclusion data, to best understand where an MHST would be beneficial. It is recognised that there is a deprivation gap in Solihull, situated in the north of the borough. Most secondary schools in the north of the borough are covered by the MHST. There will be a planned expansion in January 2023 which will cover the West of Solihull

#### **Addressing Health Inequalities**

The MHST have been making significant progress in their delivery of the MHST Whole School Approach. They have created induction packs for schools and are planning a roll-out of assemblies, Personal, Social, Health and Economic education (PHSE) lessons and coffee mornings to increase engagement and awareness around early intervention for mental health.

To ensure that there is a clear assessment of need audits are completed with the Senior Mental Health lead (SMHL). This enables the team to gain an understanding of existing provision, identify any gaps and determine the scope and appropriate level of support required by each education setting to enable a personalised plan to be developed to meet needs. This collaborative approach to needs assessment utilises the delivery of appropriate interventions.

MHST also provide support and guidance to the delegated school Senior Mental Health lead (SMHL) in developing and embedding the whole school approach to promoting good mental health and wellbeing. The team is also developing content around school refusal which will be accessible to the school workforce and parents/carers.

New educational settings for 23/24 will be scoped using an evidence based needs model incorporating health inequalities data, recent joint strategic needs analysis and identification of unmet need.

## MHST's: Integration with Solihull Mental Health Services

MHSTs in Solihull are primarily working in areas with higher deprivation levels, health inequalities and high referral rates into Solar.

The MHSTs are an integral part of the Solar CYP pathway offer and referral routes to suitable mental health services have become established via referral form as part of an integrated referral system to ensure the smooth transition for CYP to and from specialist services and that CYP receive appropriate support as quickly as possible. Self-referrals can also be made into the service.

By establishing the MHST as an additional offer and aligning with other early interventions and referral pathways available locally, the MHSTs are able to address barriers to access for CYP from for example BAME and LGBT+ communities.

## Development of the MHST Service in Solihull

As more educational settings in Solihull have access to a MHST the identification of new team roles required as part of the operational model will be explored. Solar has also introduced apprentice youth workers to develop their peer to peer offer for CYP.

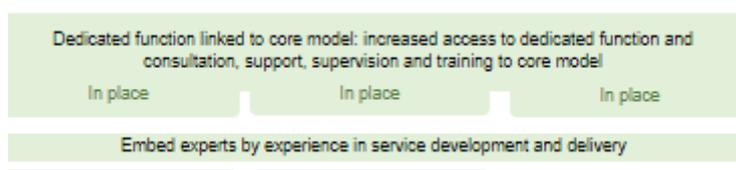
The Solihull MHST's continued to strive forward recruitment a range of skills sets to complement the MHST approach including Apprentice Youth Workers.

## Eating Disorders

The transformation of the Eating Disorders model of care is part of the Community Mental Health Transformation (CMHT) Programme. Although the CMHT transformation agenda starts at 18, the BSOL ED transformation programme of work is also positively impacting on the model of care for young people under the age of 18, as the principles and good practice can often be applied to younger children. For example; the development of a range of digital resources including webinars for young people, parents and professionals.

Key to the success on the ongoing ED transformation is the establishment of the BSOL Eating Disorders Transformation Group. The purpose of the EDTG is to scope, plan and implement the strategic objectives of the Long-Term Plan (LTP) ambitions in relation to the eating disorders deliverables outlined in the BSOL Transformation Plan and in line with the overall expectations of the LTP in relation to eating disorders provisions within the community

The BSOL community mental health transformation road map sets out high level actions to transformation eating disorders services in BSOL



1. No barriers to access e.g. Body Mass Index (BMI) or weight threshold – Achieved
2. Early Intervention model 16+ (FREED) embedded - on going
3. Clear arrangement for medical monitoring - on going
4. Support across spectrum of severity and type of ED diagnosis - on going
5. Joint working with CYP ED services including transitions Achieved
6. Accept referral self referrals, VCS, and Primary Care – ongoing.

The Eating Disorder Service (TEDS) is part of Solar model is for children and young people who have an eating disorder 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.

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.

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.

TEDS was 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 admission and keep re-referral rates low, with young people who present early being able to maintain long-term change.

In 2021/22 additional funding was secured to ensure the delivery of support for children and young people with First Episode Rapid Early Intervention for Eating Disorders ([FREED](#)) and Avoidant/ Restrictive Food Intake Disorder ([ARFID](#)). TEDS are currently in the process of recruiting a dedicated FREED Worker to support the existing team in their delivery of this work.

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

### 23/25 ambitions

- 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 group

### TEDS Referrals

| Year | Total Referrals | Not-Assessed | Assessed | Accepted |
|------|-----------------|--------------|----------|----------|
| 2019 | 22              | 2            | 20       | 20       |
| 2020 | 91              | 3            | 88       | 88       |
| 2021 | 81              | 2            | 79       | 79       |

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

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

### Eating Disorders: Access and Waiting Time Standards

The Eating Disorder team exceeded the national access time targets, for the third 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.

This is testament to the efficiency and effectiveness of the team who have received minimal increases to their establishment via new monies.

TEDS is not currently signed up to a national quality improvement programme but there have been some enquiries in to securing this in the future.

### Early Intervention in Psychosis

All persons aged 14-65 experiencing a first episode of psychosis, or suspected first episode of psychosis are offered NICE recommended interventions within two weeks of referral.

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.

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

All staff have training in supporting children and young people and adhere to NICE recommended treatments. There are pathways in place between the EI service, Solar and Adult Community Mental Health Teams, as well as channels with local authorities and other partners.

The service has access to a Consultant Psychologist with specialist training in Children and Young People.

- Exploration of social groups over the weekends and Bank Holidays. Pending advertisement of a health Instructors assistant.
- Aim will be around the CYP and parent/carer joint family activities.
- Team shortlisted in the Royal College of Psychiatry awards in November.
- QI project is mid-way through around ‘staying well plans’ and ‘early warning signs’ for those service users who have neurological conditions. Service user and parent involvement.

Solihull Early Psychosis Intervention Service is required to completed the [National Clinical Audit of Psychosis \(NCAP\)](#) audit on an annual basis. The NHSE Long term Plan ambition is to reach level 3 by 2025

### NCAP AUDIT – performance progress September 2022

|  |                                 |                               |                              |
|--|---------------------------------|-------------------------------|------------------------------|
| Level 1<br>Greatest<br>need for<br>Improvement | Level 2<br>Needs<br>improvement | Level 3<br>Performing<br>Well | Level 4<br>Top<br>Performing |
|--|---------------------------------|-------------------------------|------------------------------|

#### Scoring Matrix

|  |                    |                |
|--|--------------------|----------------|
| Referral to Treatment – Percentage of service users referred with suspected first episode psychosis that were allocated to and engaged with an EIP care co-ordinator within 2 weeks of receipt of referral | <b>Outstanding</b> | <b>Level 4</b> |
| Cognitive Behavioural Therapy for Psychosis (CBT-p) Percentage of service users with FIP that took up Cognitive Behavioural Therapy (CBT-p)  | <b>Outstanding</b> | <b>Level 4</b> |
| Employment and Education - Percentage of service users with FIP that took up supported employment and education programme  | <b>Outstanding</b> | <b>Level 4</b> |
| Family Intervention - Percentage of service users with FIP that took up family interventions   | <b>Good</b>        | <b>Level 3</b> |

|  |   |                  |
|--|---|------------------|
| Physical health - Percentage of service users with FIP that have had all the physical health, as below, checks in the past year;<br><ul style="list-style-type: none"> <li>• Body Mass Index (BMI)</li> <li>• Blood pressure</li> <li>• Glucose regulation (HbA1 or fasting glucose or random glucose as appropriate)</li> <li>• Blood Lipids</li> </ul> | <b>Good</b>                             | <b>Level 3</b>   |
| Carer Education Programme - Percentage of carers offered carer focused education and support programmes.   | <b>Requires Improvement</b>             | <b>Level 2</b>   |
| Percentage of services for whom two or more outcome measures (HoNOS/HoNOSCA, DIALOG and QPR) were recorded at least twice (assessment and one other time point)  | <b>Outstanding</b>                      | <b>Level 4</b>   |
| Service to over 35's   | <b>Good</b>                             | <b>Level 3</b>   |
| ARMS service offer   | <b>Requires Substantial Improvement</b> | <b>Level 1 S</b> |

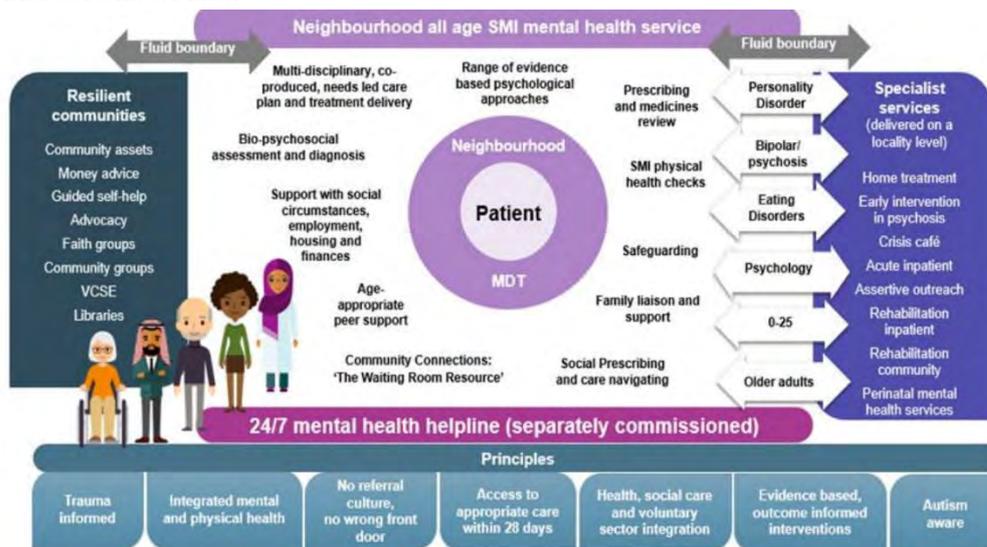
**At Risk Mental State (ARMS):**

- Staff recruited to cover ARMs and there are still vacant posts that will be recruited too once we go live and have identified any gaps in requirements to meet the needs of this pathway.
- CAARMS training has been completed by 5 EIS staff with the following pending: 1 supervisor training in November 2022 (staff identified). 2 places requested for the CAARMS training in 2023.
- Ongoing peer groups around ARMs as the approach/structures vary across the network.

## Young Adults: Transition and 18 - 25 Offer

Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) are Solar's lead partner they also provide adult mental health services for Solihull and for over 25's in Birmingham.

The [community transformation programme in Birmingham and Solihull](#) aims 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.



BSMHFT are working towards developing a youth focussed 18-25 offer that will span Solar and Adult Services. This will ensure that the individual transitional needs of young people are met and managed appropriately.

| 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                  |
| 35% of that number                                | 8,247      | 1,306    | 9,553                   |

Transitions workers have been employed in Solar and work specifically with those young people aged 16 plus to understand current and future needs and working alongside young people to explore what skills and support is required to promote autonomy and engagement in opportunities for social development, further education and employment. And, if needed a planned supported transition to adults MH services.

Moving forwards, this model will be replicated within the Adult Community Mental Health Teams to ensure that, for those who will require ongoing support from secondary care services, there is a parity across the two services and the work provided continues to be youth focussed and specific, with a view towards continued recovery and resilience

To support young adults Solar have recruited two transitions workers. Transition STR Workers are a new addition to Solar, since taking up the opportunity to work with Solar in developing a

new role, the Transition Practitioner works alongside clinicians in supporting young adults in the process of moving on from CAMHS. They actively work with those who are approaching a transition period (such as those who are nearing the age of 18). On the initial meeting with the service user a questionnaire has been developed (Solar Skills) to address their individual needs. This questionnaire is comprised of seven parts, reviewing the service user's knowledge, speaking up for yourself, Health and lifestyle, daily living, school and future, leisure and managing emotions.

After reviewing these the transition worker completes research or uses resources from their time in Solar to present the service users with options for their future care, identify needs to be addressed prior to transition and then support them throughout the transition and subsequent handover. Given the success of this in the 12 months since these posts were established, there are now plans to replicate this model in the Adult Community Mental Health Teams. This will ensure that there is a youth focussed approach, with staff appropriately trained and experienced, for those aged up to 25 within Solihull and prevent the 'cliff edge' that has historically taken place between CAMHS and AMHS services.

Since Dec 22, 19 young adults have been reviewed by the transition practitioners and discharged to primary and secondary care, and a further 15-20 have been identified for support in the coming months.

The Solar Operational Framework is currently under review and will be amended, in collaboration with young people, families and carers, to reflect the transitions of young people.

## **Health and Justice**

### **Secure Estate**

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

### **Specialist and Forensic CAMHS**

Birmingham and Solihull Mental Health Foundation Trust is the lead provider of forensic child and adolescent mental health services is commissioned by NHS England. The service operates 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. The forensic Child and Adolescent Mental Health Services effect change through promoting positive experiences and developing self-regulation strategies.



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

### Liaison and Diversion Services and Police Custody

There is a Liaison and Diversion Scheme that covers both Birmingham and Solihull, which has a youth pathway. Commissioned from Birmingham and Solihull Mental Health Foundation Trust, the all-age service undertakes assessments in police custody with individuals who have been arrested with the aim of diverting those most at risk away from the criminal justice system and into relevant services as determined via a thorough assessment of needs and vulnerabilities.

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

## Suicide and Bereavement

CYP in Solihull are able to access bereavement support through self-referral to VCS organisations such as Edwards Trust who are able to provide group and one to one support.

CYP can also be signposted to support available through national organisations such as Winston's Wish and the Cruse National under 18s offer, as well as online commissioned mental health and wellbeing support provided via Kooth.

### **Inpatient Care (Tier 4) West Midlands CYPMHS Provider Collaborative**

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

Provider collaboratives have been established across England to encourage closer regional partnership working. For the first time, pathway and budget management is WMCPCC's responsibility, enabling autonomy and opportunity to reinvest savings into community and step-down services that our region's young people need the most.

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

Organisations that form part of the WMCPCC:

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

**Our vision:**

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

## **Digitally Enabled Care**

### **Digital Enablement – Birmingham and Solihull Integrated Care System**

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

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

As part of delivery of these objectives the ICS will work towards one Mental Health/Community electronic patient record and interoperability between primary care, secondary care, community services and social care. The ICS will also spread the Shared Care Record across all organisations within the ICS ensuring it meets the minimum national Shared Care Record standards. These digital enablers will be used to support the Children and Young People's Mental Health agenda by helping systems and users to work together in a more cohesive way, allowing staff to build collaborative partnerships. Insights from data can also be used to improve citizen outcomes and address health inequalities.

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

### **Digitally Enabled Care – Solar**

Solar continues to use a blended approach to delivering care, such as offering appointments via both face-to-face and video calling, they have also established a suite of webinars that can be delivered in a group setting online.

Solar are currently exploring other ways of utilising technology such as tailored software specifically aimed at working with children and young people such as [Lumi Nova: Tales of Courage](#) a digital therapeutic intervention created by BFB Labs that has been recommended by NICE (National Institute for Health and Care Excellence) as a 'front line treatment option to treat anxiety and low mood in children and young people.

Solar utilise Kooth as an online and digital platform that provides personalised digital mental health care support to children and young people. This may be whilst they are on a waiting list for therapeutic face to face interventions or in between their sessions. It offers access to qualified online counsellors, online chat, a virtual drop in and resources such as mood tracker, journals and online discussion boards.

Primary Mental Health have filmed 2 webinars and are in the process of hosting these online to enable access and video guided self – help whilst awaiting treatment.

The Solar website is being redeveloped in order to provide more of an interactive platform for children, young people and their carers. This is being done in collaboration with children and young people.

### **Digital Enable Care – Eating Disorders**

The Eating Disorders service has been involved in a range of activities to support digitally enabled care:

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

### **Digitally Enabled Care - Kooth**

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

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

### Kooth delivery model

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

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

**Just some of the things you'll find on Kooth**



**Articles**

Helpful articles, personal experiences and tips from young people and our Kooth team.



**Discussion Boards**

Start or join a conversation with our friendly Kooth community. Lots of topics to choose from!



**Chat with the team**

Chat to our helpful team about anything that's on your mind. Message us or have a live chat.



**Daily Journal**

Write in your own daily journal to track your feelings or emotions and reflect on how you're doing.

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

Kooth was commissioned in Solihull in 2017. We had seen a decline in numbers since April 2020 when Birmingham Childrens Trust commissioned Kooth for Birmingham pupils. It is suspected that those Birmingham children that go to school in Solihull are now able to register themselves to a Birmingham postcode rather than Solihull.

We have started to see an increase in new registration following some dedicated activity. Although the level of 'chats and messages' remains low.

## July – Sept 2022 performance report

Period: 01-Jul-22 to 30-Sep-22

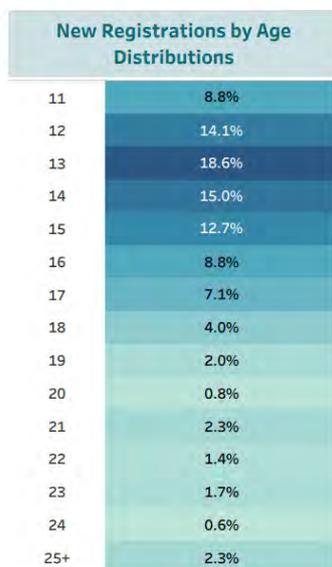
Population: 50000

Population Reach (12 months): 1.9%

Note: Totals for № SUs are an aggregate of unique SUs over the period selected.

| № New Registrations | Logins      |       | Chats       |       |
|---------------------|-------------|-------|-------------|-------|
|                     | № of Logins | № SUs | Total Chats | № SUs |
| 269                 | 1,277       | 351   | 98          | 59    |

| New Registrations by Gender |        |             |      | Out of Hours Logins                       |                            | Messages           |       |
|-----------------------------|--------|-------------|------|---|----------------------------|--------------------|-------|
| Agender                     | Female | GenderFluid | Male | Note: Office Hours are weekdays 9am - 5pm |                            | № Messages Swapped | № SUs |
| 9                           | 168    | 27          | 65   | Office Hours<br>28%                       | Out of Office Hours<br>72% | 1,025              | 277   |



## Urgent and Emergency (Crisis) Care

Across the Birmingham and Solihull system there are ongoing discussions focused on improving crisis support, crisis prevention and crisis after care offer for young people and families to ensure 24/7 crisis care is available for Solihull CYP.

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

In response to the Covid pandemic Birmingham and Solihull Sustainability Transformation Partnership developed all age 24/7 Crisis helpline offer which has direct access to a range of third sector interventions as well as access to NHS services.

This approach has ensured that our children and young people are able to get strength based help and support outside of secondary services quickly resulting in few individuals needing referrals into secondary or traditional Crisis services. Those accessing the helpline have access to practical support, intervention over the telephone, or directly via counselling offered from VCS partners

As part of the BSOL 3-year plan Learning Disability and Autism (LD&A) and in response to the need for a personalised crisis response for CYP with LD/Autism to prevent admission to a hospital, to prevent crisis and the breakdown of care at home or placement. This is the M-Power team described on page 10.

### Whole System Working

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

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

- The System Oversight Group (SOG)
- City wide suicide prevention group – due to relaunch in February 2023
- Joint Strategic Operational Group (JSOG) and Urgent Care Operational Group (UCOG)

As part of working on a system basis the service has mutual aid conversations and arrangements in place with SOLAR in Solihull. Integrated working in relation to urgent care will be a priority of mental health provider collaborative.

### Shared care protocols with primary, acute and provider collaboratives

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

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

Crisis Services to Children and Young People are delivered by Birmingham and Solihull Mental Health Foundation Trust / Solar. The Solar has an 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.

## Supporting under 5's and parents, carers and families

### Perinatal Mental Health Support

[Perinatal mental health](#) has been identified as a key priority in Birmingham and Solihull. The maternity and newborn workstream governance is through the Local Maternity and Neonatal System (LMNS). There are close working relationships between statutory and voluntary sector partners.

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

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

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

## **Infant Mental Health/Parenting Support: - Health Visiting, Pre School and School Age Children**

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

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

Solihull MBC has secured additional funding of £1m to create up to 7 Family hubs spread throughout the borough.

Four Family Hubs will be launched by March 2024 alongside additional outreach venues and a digital offer. The Hub offer will deliver family support services from pre-conception to 25 years, creating a one-stop shop for health appointments, social activities, youth clubs, clinics, drop-in sessions, peer support groups, advice services and much more. To improve accessibility people will be able to access via digital alternatives such as virtual appointments and online group sessions.

The vision is to provide the right help at the right time in the right place where families only have to tell their stories once. A transformational programme to support integrated, multi-disciplinary working across partner agencies is key to the effective delivery of the Family Hub offer in Solihull. A robust Start for Life is required within these hubs, including for example: PNMH, Infant Mental Health, Maternity and Health Visiting services, debt, mental health issues, addictions and adult education.

[Solihull Health and Wellbeing Strategy 2019-2023: 2021 Update](#) details the key priority as: Maternity, childhood and adolescence: A healthy start in life.

### **Key Services:**

- [Solihull Approach Parenting Support](#), with parent-infant interventions and support
- [Health Visiting](#); provided by South Warwickshire Foundation Trust; help, information, support and advice to families from 28 weeks of pregnancy up until a child turns 5/starts school.

### **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. Research 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.

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 education programme with parents
- Working with Parenting Support Workers in SMBC to deliver the highly-evidence based parent volunteer-led parenting programmes (Empowering Parents Empowering Communities).
- Solihull Approach antenatal, postnatal and 'Understanding your Child's Behaviour' courses are also offered in addition to online courses.

Solar and SMBC work in partnership to ensure parenting sessions are promoted and facilitated with a particular focus on areas of highest need. There are also free 'Five to thrive' child development sessions for parents/carers of 0–4-year-olds.

There are also a number of free [online courses](#) for parents/carers via an online code for Solihull residents. Areas include, for example: Understanding Your Pregnancy, Your Child, Your Baby, Journey to Parenthood, Understanding Your Child, Understanding relationships and more.

## 6. Improving Access and Outcomes

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

## December 2022

|                |  | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 |
|----------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Choice General | Within Target Date   | 22     | 19     | 26     | 24     | 22     | 14     | 20     | 28     | 28     |
|                | Exceeding Target Date  | 74     | 106    | 66     | 74     | 57     | 50     | 41     | 69     | 47     |
|                | Total seen within month  | 96     | 125    | 92     | 98     | 79     | 64     | 61     | 97     | 75     |
|                | % seen within target date  | 22.9%  | 15.2%  | 28.3%  | 24.5%  | 27.8%  | 21.9%  | 32.8%  | 28.9%  | 37.3%  |
|                | Increase/Decrease in % seen within target compared to previous month |        | -7.7%  | 13.1%  | -3.8%  | 3.4%   | -6.0%  | 10.9%  | -3.9%  | 8.5%   |

47 first appointments exceeded target date, 28 exceeded by more than 18 weeks.

# Choice Current – December 22

Previous month:

| Service        | 0- 6 | 7-12 | 13-18 | 19-21 | 22-25 | 26-32 |
|----------------|------|------|-------|-------|-------|-------|
| Choice General | 219  | 155  | 61    | 77    | 83    | 108   |

Current month:

| Service        | 0- 6 | 7-12 | 13-18 | 19-21 | 22-25 | 26-32 | >32 |
|----------------|------|------|-------|-------|-------|-------|-----|
| Choice General | 160  | 175  | 107   | 29    | 77    | 127   | 71  |

There are 304 CYP waiting over 18 weeks.

Alongside seeing referrals into Solar increasing there continues to be a significant workforce challenge with vacancies and retirements.

### Actions taken

- **Weekend clinics:** SOLAR are offering both Saturday and Sunday clinics, face to face at the Maple Leaf centre.
- **Virtual clinics:** Initial assessments are being explored with the staff using Microsoft teams. An expression of interest has been circulated to the current workforce and those staffs that are willing to complete assessments out of working hours during the working week and on weekends will be identified. The offer will then be made to the CYP/Families and booked accordingly.
- **Working with the new Primary Care Liaison workers within the G.P's:** Initial referrals are now being pre-screened to make sure that they have not bypassed the CYP PCL workers now based in the G.P surgeries.
- **Weekly planning meetings:** The Senior Solar Management team meet on a weekly basis to review action plans around waiting lists.
- **Circuit breaker week:** Due to the volume of outstanding referrals The SOLAR staff will provide a week of initial assessments spanning across all initial assessment waiting lists.

- **Separation of choice waiting list:** Work has started with informatics to separate the one waiting list into two lists, (using the TIER system) T2 + T3. This will enable the admin staff to easily book in assessments when gaps appear in assessments slots.
- **Cleanse of Data:** There is a cleanse of the data/reporting around the number of those waiting for an initial assessment. It has been identified that some of those showing as waiting have actually been seen for an initial appointment however the referral has not been actioned appropriately and is still showing.
- **Dedicated staff to complete initial assessments:** There are 2 agency workers that have been employed with the sole purpose of completing initial assessments. Further requests have been made to TSS and the agencies.
- **Identification of spaces within schools to complete initial assessments for those who are under the MHST:** The MHST manager is working with the schools to identify spaces within the school environment to carry out initial assessments. There is limited space within the Maple leaf centre with the expansion of the offer for initial assessments. The lack of space should not be a barrier to assessing in a timely manner.
- **Reach out to the wider Solihull mental health services:** A reach out to BSMHFT adult colleagues to carry out assessments will be made to help with the initial assessments of those waiting for assessment that are 17.5+.

We have a retiree returning part time, and increased agency staffing to increase the number of Choice assessments to reduce length of wait times.

In December we had 2 clinical vacancies they have been successfully recruited to and will commence with Solar in January.

Whilst waiting to be seen CYP are encouraged to access online support and community resources to maintain wellbeing. Contact is maintained with CYP and family to ensure that any change in circumstance is known as responded in a timely way.

## Children and Young People Access – First Contact

The annual target for first contact for Solihull in 2023/24 is 2,876. This is calculated by NHSE based on population numbers.



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

Data relating to children and young people aged under 18 years receiving a first contact from mental health services shows the access target for Solihull was exceeded during 2021-22.

## Children and Young People Solihull Access – Two Contacts



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

Data relating to children and young people aged under 18 years receiving two contacts from mental health services shows the access target for Solihull was exceeded during 2021-22.

## Eating Disorders – Waiting Time Standard

For 2021-22 Urgent eating disorder cases where treatment was started within one week was 98% exceeding the 95% target. For the first 2 quarters of 2022-23 the figure is 88% against the 95% target.

|                                  | FY 2022 |        |        |       | FY 2023 |       |
|----------------------------------|---------|--------|--------|-------|---------|-------|
|                                  | Q1      | Q2     | Q3     | Q4    | Q1      | Q2    |
| Treatment starts within one week | 21      | 18     | 9      | 10    | 10      | 6     |
| Total Patients                   | 21      | 18     | 9      | 11    | 11      | 7     |
| % Urgent starts within one week  | 100.0%  | 100.0% | 100.0% | 90.9% | 90.9%   | 85.7% |

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

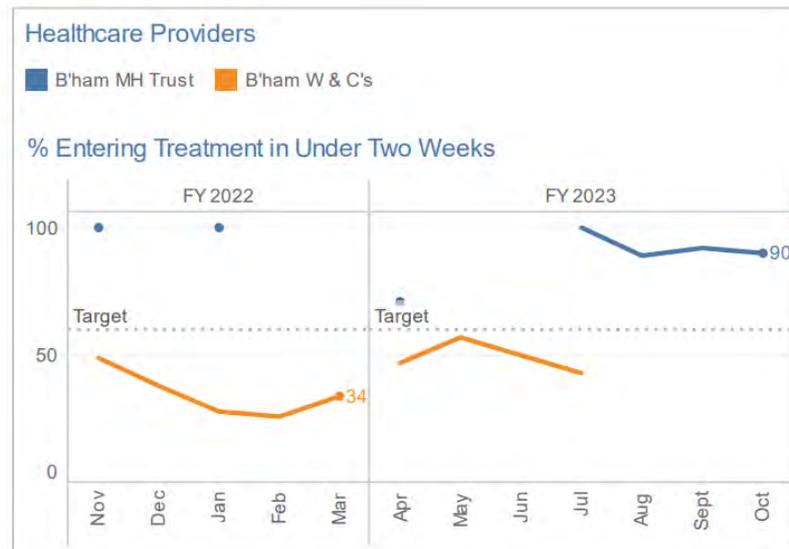
For 2021-22 Routine eating disorder cases where treatment started within four weeks was 99% exceeding the 95% target. For the first 2 quarters of 2022-23 the figure is 100% exceeding the 95% target

|                                    | FY 2022 |       |       |        | FY 2023 |        |
|------------------------------------|---------|-------|-------|--------|---------|--------|
|                                    | Q1      | Q2    | Q3    | Q4     | Q1      | Q2     |
| Treatment starts within four weeks | 75      | 77    | 72    | 64     | 64      | 62     |
| Total Patients                     | 76      | 78    | 73    | 64     | 64      | 62     |
| % Routine starts within four weeks | 98.7%   | 98.7% | 98.6% | 100.0% | 100.0%  | 100.0% |

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

## Early Intervention in Psychosis – Waiting Times

For Solihull, the percentage of patients with a first episode of psychosis entering treatment with a NICE approved package of care within 2 weeks of referral was consistently above the 60% target throughout 2021-22 and 2022-23.



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

## Actions taken to improve access and outcomes

- Solar has demonstrated an ongoing commitment to the further development of the 'front door' to ensure there is a skilled, experienced and knowledgeable team to support parents and carers from the first contact and to ensure a robust assessment is in place
- Solar have refreshed the Multi-Disciplinary Team (MDT) screening and transitions process to ensure that there is a review of emotional and wellbeing needs as well as mental health needs throughout a young person's journey
- Solar's Primary Mental Health offer has been streamlined over the previous 9 months and the group work program has been expanded. It is the hope that these two initiatives together will contribute to enabling young people to access the right support, at the earliest point of need and provide wider access to interventions.

## Future planning

- Solar will be developing clinics and supportive groups and creative activities, for children and young people with Special Educational Needs whilst they are waiting for assessment and support. This will support our children and young people and reassures them that we are keeping them in mind throughout their Solar journey.
- Solar will also be creating a safe welcome space for parents and carers each month to share their experiences and concerns with clinicians from the Solar Team.
- Solar will also build on existing partnerships as well as develop new connections to provide information sessions on the issues raised by parent/carers for example Community Education treatment Reviews (CETRs) or personal health budgets.

- Solar will also explore with parent/carers developing support groups that could incorporate arts and crafts activities.
- Solar are also exploring opportunities to employ an Expert By Experience Parent Carer to co-ordinate activities.

## Use of Data

Data flows to the MHSDS through BSMHFT's informatics team. Data Quality Index Measures (DQMI) remains over the 90% latest report (Aug 22) shows DQMI performance of 97.2% target.

Data is discussed monthly in governance and partnership meetings. Outcomes and paired outcomes are reviewed and used to guide clinical decision making, with expectations being set for staff on amount of ROMS completed and recorded. DNA/WNB data is looked at on a monthly basis and discussed on an individual client level in a weekly MDT.

Waiting list data is reviewed looked at every fortnight by senior management with mitigations and plans consistently being reviewed to ensure timely access is always being worked towards. Solar takes part in benchmarking data and has consistently shown across several years that access targets are comfortably achieved.

## 7. System Resources

### Workforce

Nationally, mental health systems continue to be 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. Solihull Education Psychology Service (EPS) has gone from 11 Whole Time Equivalent (WTE) in Sept 2021 to 3 WTE in March 2023, a reduction of approx. 75%. The service has been unable to recruit qualified EPs due to national shortage. There will be future recruitment of current trainees and the intention is to recruit 2 further WTE by Sept 24.

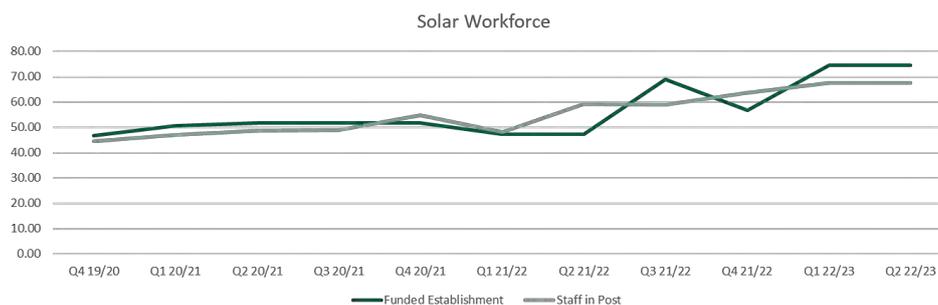
It has been found the EPs have also been motivated by the more attractive pay of private work and some have made the decision to leave or reduce their local authority employment. These already critical recruitment and retention problems will get even worse without improvements, with significant deleterious effects for our CYP and schools

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

As part of the NHS Long Term Plan and Service Development Fund the need to increase and grow the mental health workforce has been identified across the system. In recognition of limitations of the supply of traditional roles this includes many new roles, including a range of support roles to release clinicians capacity.

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. The Age profile helps to identify potential retirements to enable succession planning.

### Solar workforce



| Solihull Solar Section | Q4 19/20 | Q1 20/21 | Q2 20/21 | Q3 20/21 | Q4 20/21 | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Q1 22/23 | Q2 22/23 |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Funded Establishment   | 46.64    | 50.73    | 51.66    | 51.66    | 51.66    | 47.43    | 47.43    | 68.94    | 56.84    | 74.64    | 74.64    |
| Staff in Post          | 44.62    | 46.91    | 48.77    | 49.07    | 54.87    | 48.02    | 59.27    | 58.87    | 63.67    | 67.61    | 67.61    |

At the end of Q2, Solar had 7.03 WTE equivalent vacancies. From the table and graph above the service has had significant growth since 21/22. From 47.43 WTE in Q1 21/22 to 74.64 in Q1 22/23.

Solar saw an increase of 17.8 WTE staff from Q4 to Q1 this year.

### Recruitment actions in 2021/2022

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

Recruitment actions 2023/2024 (included in workforce plan)

- International Recruitment campaign for mental health nurses. BWC have had 30 recruited from South Africa and due to start Oct 22-Mar 23. BSMHFT have had 18 offers and they are due to start December 22 – March 23.
- BWC aim to support 2 existing staff to undertake Approved Clinician qualification and training. BSMHFT have 3 spaces
- Introductions of Clinical Associate Psychology roles utilising the apprenticeship levy
- Introduction of Peer Support Workers in core and remaining specialist teams.
- Increasing local recruitment events
- Improving retention aided by investment in EDI and Wellbeing Lead and Clinical Education posts
- Continue to support HCSW to develop via TNA programme and progression into qualified nursing via apprenticeship route.

**Allocation and Use of Funds** Regarding the table above the Total Budget core budget and transformation monies is £4.448m

|  | 2017-18        | 2018-19          | 2019-20          | 2020-21          | 2021-22          | 2022-23          |
|--|----------------|------------------|------------------|------------------|------------------|------------------|
| CAMHS Eating Disorder  | 127,000        | 127,000          | 127,000          | 127,000          | 127,000          | 127,000          |
| Learning disability service for those with significant LD - Solar      | 168,000        | 168,000          | 168,000          | 168,000          | 168,000          | 168,000          |
| Additional capacity EWB&MH LAC service – Solar                         | 42,000         | 42,000           | 42,000           | 42,000           | 42,000           | 42,000           |
| Crisis Care - LTP funding  | 175,000        | 225,000          | 225,000          | 225,000          | 225,000          | 225,000          |
| Additional posts managed by Solar (Link to demand and capacity         | 50,000         | 88,000           | 88,000           | 88,000           | 88,000           | 88,000           |
| BSMHFT clinical manager support for transformation of the system -     | 15,000         | 15,000           | 0                | 0                | 0                | 0                |
| MH Occupational Therapist  | 0              | 45,000           | 45,000           | 45,000           | 45,000           | 45,000           |
| Children and Young peoples Improving Access to Psychological Therapies | 0              | 106,250          | 0                | 0                | 0                | 0                |
| Solar Support Crisis   | 0              | 23,000           | 45,000           | 45,000           | 45,000           | 45,000           |
| Online CBT   | 0              | 50,000           | 0                | 0                | 0                | 0                |
| Winter Pressures   | 0              | 75,000           | 50,000           | 0                | 0                | 0                |
| Green Paper Waiting Times  | 0              | 190,000          | 0                | 0                | 0                | 0                |
| Solar Additional Funding   | 0              | 0                | 109,893          | 109,893          | 109,893          | 109,893          |
| TCP AWM Funding  | 0              | 0                | 38,000           | 38,000           | 38,000           | 38,000           |
| ADHD Nurse   | 0              | 0                | 50,000           | 50,000           | 50,000           | 50,000           |
| Co-production with CYP   | 0              | 5,000            | 5,000            | 5,000            | 5,000            | 5,000            |
| LAC Therapy  | 0              | 8,000            | 8,000            | 8,000            | 8,000            | 8,000            |
| Workforce Development  | 0              | 20,000           | 0                | 0                | 0                | 0                |
| SATA - Solihull Action Through Advocacy                                | 0              | 15,000           | 15,000           | 15,000           | 15,000           | 15,000           |
| Building Capacity in FNP Service                                       | 0              | 14,000           | 14,000           | 14,000           | 0                | 0                |
| Solihull STP CYP & LD Plans  | 0              | 0                | 0                | 0                | 45,500           | 45,500           |
| CYP Support  | 0              | 0                | 0                | 0                | 15,000           | 15,000           |
| Kooth Solihull   | 0              | 0                | 0                | 85,000           | 85,000           | 85,000           |
| MHST Investment  | 0              | 0                | 0                | 0                | 330,000          | 330,000          |
| EIS Investment   | 0              | 0                | 0                | 407,000          | 811,000          | 811,000          |
| CYP Community, Crisis & Eating Disorders                               | 0              | 0                | 0                | 0                | 259,000          | 317,000          |
| Young Adults (18-25)   | 0              | 0                | 0                | 0                | 59,000           | 0                |
| MHST in Schools 19-20 (Wave 1 & 2)                                     | 0              | 0                | 0                | 0                | 0                | 375,000          |
| MHST in Schools 19-20 (Wave 5 & 6)                                     | 0              | 0                | 0                | 0                | 110,000          | 260,000          |
| MHST in Schools 19-20 (Wave 8)   | 0              | 0                | 0                | 0                | 0                | 110,000          |
| Perinatal Mental Health  | 0              | 0                | 0                | 0                | 0                | 0                |
| Young Adults (18-25)   | 0              | 0                | 0                | 0                | 38,000           | 0                |
| CYP Community & Crisis   | 0              | 0                | 0                | 0                | 174,000          | 0                |
| Eating Disorder  | 0              | 0                | 0                | 0                | 46,000           | 0                |
| <b>Total</b>   | <b>577,000</b> | <b>1,216,250</b> | <b>1,029,893</b> | <b>1,471,893</b> | <b>2,938,393</b> | <b>3,314,393</b> |

## 8. Achievements

### Solar:

- The Solar Occupational Therapists have successfully run a 'Create Club', which includes harnessing arts and crafts activities for children and young people usually with additional needs to connect with each other.
- Engagement with young people in the community and using a variety of therapeutic interventions not limited to talking therapies but activity based such as Meriden Adventure Playground Area and Solar Active Club.
- Solar continues to engage with parents and carers to understand where we can improve the service in collaboration with them, including dedicated workshop sessions with the North Solihull Additional Needs Group and Solihull Parent Carer Voice.
- The MHST have a new initiative that they are rolling out with the employment of youth support work apprentices. These are posts which involve an NVQ qualification and practical experience, some of the employed apprentices have lived experience of MH services. The aim is to increase sustainability in staffing for Primary Mental Health. A 2-year apprenticeship with academic requirements and practical experience stands candidates in good stead to apply for trainee practitioner roles and then further develop their career.

### Ambitions for 23/24

1. Co-produce a new vision and strategy for Solar
2. Parent Feedback Clinics we will work collaboratively with parents and carers, addressing any service wide or individual concerns/ feedback they may have.
3. Working alongside voluntary sector providers such as Urban Heard, Ordinary Magic in recognition of the great work that is being done with vulnerable children and young people in Solihull.
4. Adapting our CRISIS Service in light of service need and recognising models of good practice throughout the country. Particularly, Assertive Outreach whereby clinicians focus on assessment and discharge and our Support Workers carry out direct work such as anxiety management or graded exposure for example and to explore the Safe Haven model.
5. Having more recruitment fairs to address staffing difficulties within the service, where prospective staff can visit the service, speak to the teams and understand Solar. more with application forms for Bank Work available on the day.
6. An interactive website that allows for translation into different languages, web chat facilities etc.
7. Increasing our offers during holidays and after school to incorporate dance, arts and crafts. Drama, fishing, walking etc.
8. Whilst CYP wait having resource packs and online videos for parents/ carers and their young people to review and work through together.
9. Develop specific focus groups with CYP's for those underrepresented in Solar
10. Continuing to develop a specific 18-25 pathway to ensure we are constantly learning and evolving based on the needs of young people.

11. Continue to develop the transition team working with CYP's in Solar to prepare them for a transition to the 18-25 team.

## 9. Solihull CYP Mental health System Priorities for 2023/24

### NHS Long Term Plan Priorities

- Achieve system ambition - CYP accessing help and support of NHS funded services (CYP LTP target)
- Achieve system ambition young people 18-25 accessing help and support (18+ LTP target for community MH transformation)
- Maintaining access ambition to help for eating disorders (CYP LTP target)
- Eating Disorders - Urgent Care 1 week Routine care 4 weeks
- Maintaining access ambition to early intervention in psychosis (CYP LTP target) 2 week waiting for treatment and achievement of level 3 of NCAP
- Improve number of CYP who have measurable outcomes showing reliable improvement
- Ensuring crisis care for mental health is accessible 24/7 for all Solihull young people
- Reducing number of people placed in inpatient care out of area (18+ LTP target and WMCP target)

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

- Refresh and review of strategic focus of the Solihull Children and Young People Transformation Board
- Ensure continued focus on priorities from the Long Term Plan priorities outlined above.
- The Mental Health Provider Collaborative will lead work to build a more comprehensive local assessment of mental health needs across Birmingham and Solihull. This will support a focus on the work of the board being underpinned by an evidence based view of mental health inequalities in Solihull
- Review of UASC pathway and resources and consider a BSol approach to meeting needs

- The Mental Health Provider Collaborative will lead an experience of care campaign to harness the views of children and young people in shaping how services are developed and improved via coproduction.
- Identify the system offer for children and young people in education requiring mental health support to identify strengths and opportunities for improvements
- Identify the wider offer from voluntary, community, faith and social enterprise sector for children and young people requiring mental health support to identify strengths and opportunities for improvements

The Solihull Mental Health Delivery Plan Priorities:

**Aim: To promote good mental health and wellbeing through joined up health and care, where people can access the right help and support as quickly as possible.**

| Strategic Priorities   | Key Actions   |
|--|---|
| 1. Strengthen positive mental health and wellbeing and act early to prevent mental health conditions                             | Increase activities and approaches to encourage and support people to be mentally healthy   |
| 2. Improve access to services for people with mental health needs in primary care settings                                       | Transform community-based mental health services to improve access to MH and ensure people can move more easily between services  |
| 3. Develop a 0-25 mental health offer  | Extend the breadth of services from prevention to crisis for all children and young people, including 18-25 year olds, with a focus on transition to adult services, and support for young people with additional vulnerabilities |
| 4. Increase and improve access to maternity and parenting support  | Improve access to parenting support and perinatal mental health, and ensure workforce are able to identify and signpost appropriately   |
| 5. Increase and improve crisis support   | Work with community transformation programme to reduce need for crisis support, enhance access through response vehicles, training and ensuring treatment is provided as close to home as possible                                |
| 6. Increase and improve support for rehabilitation   | Enhance the support available in Solihull and work with housing providers to ensure sufficient housing with support is available.   |
| <b>Enablers:</b> Population Health Management; Engagement and involvement of people in Solihull; Digital; Provider collaborative |   |

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