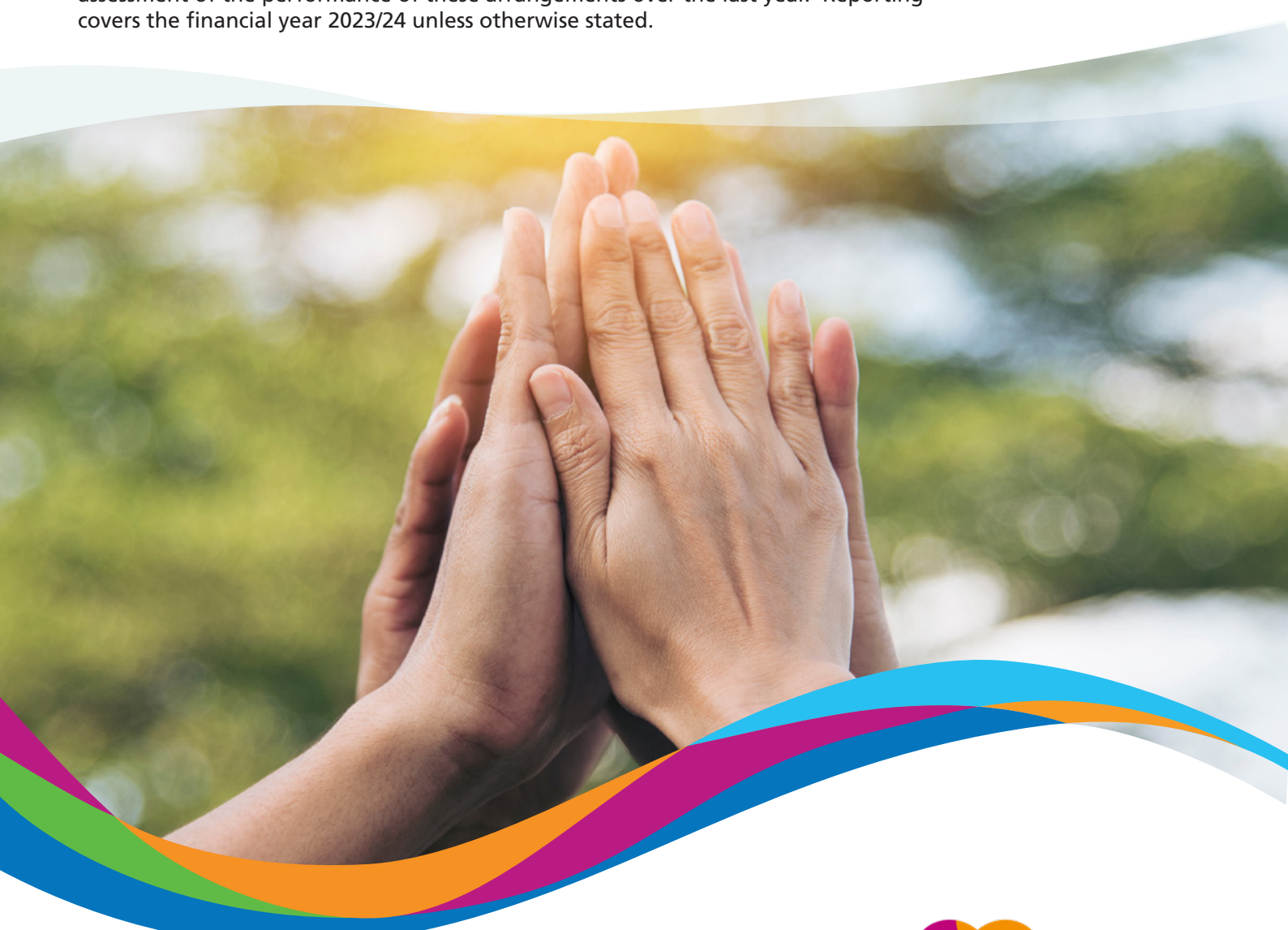


Performance of the partnership arrangements to provide integrated mental health services in Coventry and Warwickshire

Annual report and review (Section 75)

April 2023 – March 2024

The report summarises the Section 75 arrangements that are in place in Coventry and Warwickshire to provide integrated adult community mental health services and provides an assessment of the performance of these arrangements over the last year. Reporting covers the financial year 2023/24 unless otherwise stated.



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Foreword

The Section 75 Partnership arrangements continue to be a source of great pride for our three organisations. Despite the challenging landscape of tightening public finances and increasing demand for services, our integrated teams have worked hard to adapt, joining forces in a spirit of true collaboration to ensure that people who use our services remain at the heart of what we do.

This year, we have taken steps to prioritise the social determinants of mental health within our delivery plans for improved integration of mental health services. The new Social Care offer will improve outcomes by promoting the Care Act principles of improving independence and well-being, whilst ensuring that we deploy the right person with the right skill set at the right time. As the three-year Community Mental Health Transformation programme draws to a close, we also reflect on the many benefits the additional investment has brought to our area. In this report, we share with you our future plans for embedding the new transformed models of care, addressing disparities in service provision and providing services more tailored to our unique communities across Coventry and Warwickshire.

As leaders, we recognise this has not been an easy journey. We know that being able to challenge existing processes and being open to new ways of working can be as unsettling as it is exciting. It requires every one of us to 'dig deep' and put aside our differences in the search for something better. We could not be prouder of our staff for the way they have moved forward with us, and for the work they do every day to improve the lives of the many individuals who need their expertise and support. We offer our on-going commitment to support them to achieve and look forward with hope to another successful year ahead.

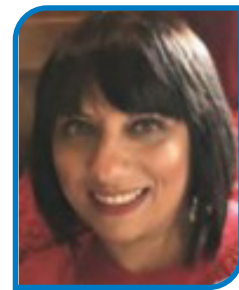
“Coming together is a beginning, staying together is progress, and working together is success.” Henry Ford



Sonya Gardiner
Chief Operating Officer
Coventry and Warwickshire
Partnership NHS Trust



Sally Caren
Head of Adult Care and Support
Coventry City Council



Jas Dhadli
Head of Service Mental Health,
Social Care and Health Directorate
Warwickshire County Council

Our Integrated Mental Health Services

During FY2023/24, organisation of the integrated workforce in adult and older adult mental health has seen a number of changes that have arisen as a result of service re-design, transformation work, and internal restructuring of the mental health workforce.

In the first half of the year, a Management of Change process was undertaken in the Adult Mental Health Directorate, Coventry and Warwickshire Partnership NHS Trust. The aim was to encourage further integration of services both within and outside the organisation, supported by a refreshed multi-professional approach to service delivery and care. Sub-directorates were reduced from three to two, as In-patient and Urgent Care Teams were combined to improve clinical and operational delivery of services and maximise patient flow. Community Team restructuring aimed to strengthen team integration with other place-based and neighbourhood-based services, whilst a new Business and Transformation Team function would bring together expertise around data and reporting, transformation, and other business-related activities. The structure was implemented from September 2023 and further embedded as the year progressed.

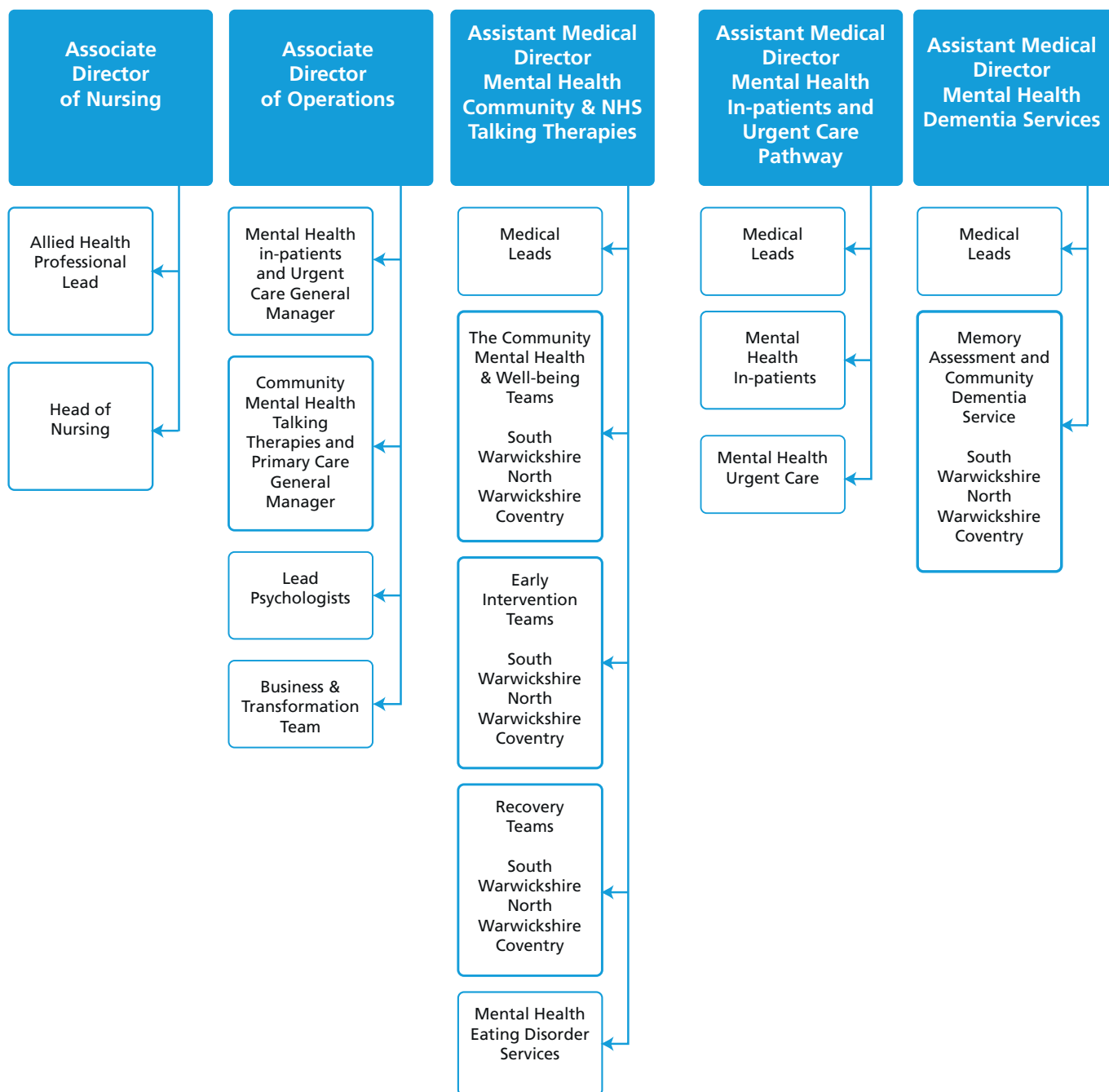
Conclusion of the Community Mental Health Transformation in March 2024 marked the end of a three-year period whereby new specialist pathways and teams were introduced, including services for adult Eating Disorders, Enablement (Rehabilitation), Forensic pathway, and Personality and Complex Trauma (PACT). Transformation included building multiple professional teams and new roles, providing



access to support for complex mental health needs at Primary Care Network Level, closer working with Voluntary, Community and Social Enterprise (VCSE) partners and Experts by Experience (EbEs), and alongside this, transformation to the new Social Care Offer.

From September 2023, line management of local authority seconded staff in the integrated teams transferred to Social Care Managers, to enable the roll-out of new ways of working that included re-alignment of social work tasks, duties, and responsibilities. While there is still much to be done to embed the new models, the workforce organisation and structure is now in place to develop the underpinning pathways and processes.

Our Integrated Mental Health Services



Our Integrated Mental Health Services

Assistant Medical Director and General Manager Mental Health Community



Our Integrated Mental Health Services



Workforce

The total number of staff seconded to Coventry and Warwickshire Partnership NHS Trust from each local authority is shown in the tables 1 and 2 below:

Table 1: Warwickshire



Service Manager	4
Team Manager (Delivery Lead)	2
Team Manager	9
Approved Mental Health Professionals (AMHP)	18
Social Worker	22
Social Care Practitioner	26
Administration	15
Student Social Worker (Think Ahead programme)	4
Student Social Worker	2
Carers Worker	4
Total: People in post on 01/01/2024	106

Latest available data from January 2024 show there were a total of 106 secondees in post, 2 more than the previous year. The total at year end remained largely unchanged. Also, a number of new social care posts were funded through the Community Mental Health Transformation:

- 1 Team Manager
- 2 Social Workers
- 8 Social Care Practitioners

Over the period covered by this report, Warwickshire County Council encountered significant challenge in filling certain posts, particularly the AMHP Social Worker role. This is largely due to a nationwide scarcity of appropriately qualified staff, a problem that extends to both regional and local levels.

Table 2: Coventry



General Manager	1
Team Leader/AMHP	3
Senior Practitioner	4
CSW	5
Social Worker	28
AMHP	20
Administrator	7
Total: People in post on 17/05/24	68

The number of staff in post in Coventry has risen from 51 in 23/24 to 68 this year. This increase has been seen across the Social Worker, Approved Mental Health Professionals (AMHP) and Administrator roles. There are six current vacancies: 1 Community Support Worker, 2 Social Workers, and 3 AMHPs.



Vision, aims, priorities and objectives

The Coventry and Warwickshire Integrated Care Plan FY2023/24 – FY2027/28 is the shared health and care system delivery plan which we use to inform the vision, aims, and objectives of the Section 75 Partnership.

The plan has been in operation for one year and a review was recently undertaken to consider the progress that has been made and to decide if any changes were required for the coming year. Apart from refreshing the assumptions and priorities to reflect new guidance for FY2024/25, there were no significant changes proposed and the general

direction of travel remains the same. Hence the three strategic priorities for the health and care system will continue to apply as the drivers for the delivery of integrated mental health services in FY2024/25.

Vision

Our vision as a partnership reflects our on-going commitment to work closely together because we believe this is the most efficient and effective way to achieve better outcomes for people who use our services.

“ *To provide the best possible mental health care for adults and older adults in Coventry and Warwickshire through the integration of Trust and Council functions.* ”



Aims

Our aims as a partnership are unchanged for FY2024/25. We will continue to direct our attention on activities that benefit people who use our services, with a focus on patient-centred care and improved outcomes. We will also support our staff to carry out their individual roles effectively within a multi-disciplinary team environment, whilst ensuring that statutory duties are met:

1. To effectively deliver an integrated mental health service and the outcomes that people who use our services and their carers want to achieve.
2. For the Partnership arrangements to ensure that the integrated services:
 - Are integrated in respect of delivering access, assessment, support, care planning, and review of services.
 - Maximise the unique contribution each professional in the integrated service brings to the integrated service.
 - Minimise the duplication and recording of integrated work processes.
 - Are well co-ordinated and are flexible and responsive to the individual needs of people who use our services and their carers.
 - Are based on personalisation, self-direction, choice and control, and are outcome and recovery focussed.
 - Involve people who use our services and their carers in the planning and delivery of their services.
3. To appropriately meet the needs of people who use our services and their carers in accordance with criteria for secondary mental health services and adult social care services.
4. To bring together relevant expertise, knowledge and experience, and enable good communication between multi-disciplinary professions.
5. To respond to referrals concerning vulnerable adults.



Priorities

We have reviewed the priorities we set for FY2023/24 and taken stock of progress. A summary of what we achieved is shown in table 3 below. Over the coming year, we will build on these successes, so that the new ways of working become embedded, and that our transformed Community Mental Health services and revised Social Care Offer are fully delivering their intended benefits.

FY2023-24's Priorities and Objectives	How did we do?
Priority One: Implement the revised ways of working identified through the Community Mental Health Transformation Programme:	
1. Develop the place-based offer to improve access and reduce inequality of access for older adults.	Older people's services went live on 1 st April 2024 and delivering place-based services. In addition, all routine referrals from 1 st April are directly triaged by Community Mental Health, a move away from the MHAH to ensure timely access, to the right person, right place, at the right time.
2. Implement specialist pathways to improve the access to services and achieve better outcomes.	New developed pathways within the Community Mental Health offer now includes, Physical Health Pathway, Psychological and Complex Trauma pathway, Enablement service, Expanded Eating Disorder Services, Forensic service, Older people's service, Primary Care offer and Community Pharmacy.
3. Improve access to psychological therapy through trauma informed approaches.	<p>Personality and Complex Trauma (PACT) pathway now offers additional interventions including Mentalisation Based Treatment in all places.</p> <p>Over 20 clinicians have now been trained to conduct dissociative identity disorder assessments using SCID-D.</p> <p>Over 200 clinicians have accessed online Dissociative Disorder training. Trauma Informed approaches training now available for all staff.</p>
Priority Two: Implement the Social Intervention offer as a specialist pathway - the Mental Health Social Care Offer:	
4. Develop the core social intervention offer.	A key component of the social care transformation was developing a distinct and effective social care pathway housed within the core Community Mental Health Team offer. This was facilitated by creating Social Care Team Managers and re-aligning all Social Care staff to be line managed by them. This will allow the new social care pathway to identify and meet the Care Act needs of those experiencing mental distress who otherwise might not have been open to the Community Mental Health Team.
5. Reframe the Adult Social Care offer within Mental Health to meet the aspirations of social intervention and place-based working.	<p>This year the partnership has responded to national drivers for change around meeting the needs of people requiring specialist mental health services in as holistically as possible.</p> <p>Our approach has been to move away from general to specialist mental health services, focusing on improving results by ensuring the right person is using the right skill set, to get the right outcome. This meant that a focus on social work and addressing the social determinants of mental ill health and distress were at the heart of this year's transformation work.</p>
6. Improve outcomes for residents through reduced reliance on long-term care.	Working in partnership from the beginning with Experts by Experience (EbEs), the voluntary sector, and Coventry and Warwickshire Partnership NHS Trust, meant that both local authorities progressed with the vision to improve the lives and well-being of their citizens.

Vision, aims, priorities and objectives

Priority Three: Improve the Urgent Care offer to reduce unnecessary admissions to hospital and long-term care:	
<p>7. Develop a joint front door/ triage offer and reduce waiting times.</p>	<p>In November 2022 there was agreement to trial a new model of an Insourced Triage function to work within all three locality Mental Health Access Hubs (MHAHs). This was to support timely and safe triage of all referrals using a hybrid model of qualified and unqualified staff to increase capacity and responsiveness.</p> <p>This model was mobilised and continued throughout FY2023/24 and ceased on 31st March 2024.</p> <p>Informal evaluation of the model has identified the need to work differently to streamline processes to ensure quality and safety.</p> <p>The approach for the coming year will build on the learning from the above and will include a review of the clinical model to meet national standards. Meanwhile, the Community Health and Well-being Teams will carry out non-urgent triage and urgent triage will remain under the Crisis Resolution and Treatment Teams.</p>
<p>8. Develop alternatives to admission by working collaboratively across the system.</p>	<p>This year has been focused on strengthening our admission avoidance process in collaboration with Social Care colleagues.</p> <p>There was a review of the Enhanced Gatekeeping offer which supported the need to review the whole Urgent Care Pathway in line with best practice. This will now be progressed in FY2024/25.</p> <p>Vacancies across Health and Social Care Services impacted on our ability to deliver the objective.</p>
<p>9. Address the inequalities in admission for those from ethnic minority.</p>	<p>Coventry and Warwickshire Partnership NHS Trust (CWPT) has appointed a Lead during FY2023/24 to support work around ethnicity and equality and to carry out quality improvement initiatives to support the Trust. CWPT ethnicity data group coaching training was also rolled out for staff to attend to improve awareness and to encourage capture ethnicity of people who use our services.</p>

Table 3: Summary of FY2023/24's objectives



Our Section 75 Priorities and Objectives for FY2024/25:

Integrated Care System (ICS) Priorities:

- Prioritising Prevention and improving future health outcomes through tackling health inequalities.
- Improving access to health and care services increasing trust and confidence.
- Tackling immediate system pressures and improving resilience.

Priorities for the Section 75 partnership:

Priority One:

Finalise implementation and embed the revised ways of working established through the Community Mental Health Transformation Programme:

1. Continue to build on the place-based offer in place to improve access and reduce inequality of access to older adults.
2. Embed the specialist pathways to improve access to services and achieve better outcomes.
3. Embed the psychological therapy offer and trauma informed practices.
4. Improve the offer to people who use our services from diverse backgrounds.

Priority Two:

Finalise the implementation and embed the social intervention offer as a specialist pathway for Mental Health Social Care:

1. Secure the aspirations of the core social intervention offer into everyday practice.
2. Embed the place-based working and leadership within the revised place-based structure.
3. Secure demonstrably improved outcomes for people who use our services through reduced reliance on long-term care.

Priority Three:

Continue to improve the urgent care offer to reduce unnecessary admissions to hospital and long-term care:

1. Develop a robust multi-disciplinary team (MDT) approach at the front door to support early intervention.
2. Develop alternatives to admission by working collaboratively across the system for ALL vulnerable groups.
3. Continue to address inequalities in admission for those from ethnic minority groups, particularly black males.



The Section 75 Strategic Board:



Sally Caren
Head of Adult Care and Support
Coventry City Council



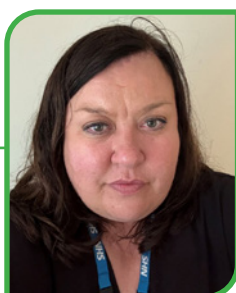
Sonya Gardiner
Chief Operating Officer
Coventry and Warwickshire
Partnership NHS Trust



Jas Dhadli
Head of Service Mental Health, Social
Care and Health Directorate
Warwickshire County Council



Maxine Nicholls
Head of Safeguarding
Coventry and Warwickshire
Partnership NHS Trust



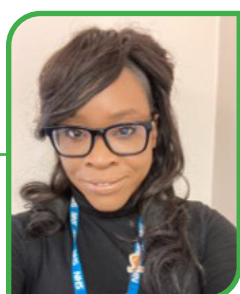
Claire Potts
Interim General Manager –
Community Mental Health, Talking
Therapies and Primary Care
Coventry and Warwickshire
Partnership NHS Trust



Andrew Errington
Head of Practice Development &
Safeguarding (Adults Principal Social
Worker)
Coventry City Council



Jackie Kimbrey
Lead for New Business
and Sustainability
(Operational
Management Support)
Coventry and
Warwickshire
Partnership NHS Trust



Kaydian Anderson
Head of Service for
Urgent Care
Coventry and
Warwickshire
Partnership NHS Trust



Ian Redfern
Head of Service – Adults
Practice and Safeguard-
ing and Principal Social
Worker (Adults)
Warwickshire
County Council



Sharon Walcott
Interim Associate
Director of Operations
for Adult Mental Health
Coventry and
Warwickshire
Partnership NHS Trust

The Section 75 Strategic Board:

The Section 75 Strategic Board is established to oversee the arrangements for delivering an integrated mental health service for adults and older adults in Coventry and Warwickshire. This ensures that the partners can fulfil the Section 75 Partnership Agreements in place between the Trust and respective Local Authorities.

The role of the Section 75 Strategic Board is to consider and agree arrangements arising from:

- Strategic changes in structure or responsibility
- Significant service changes or developments
- Policy changes
- Changes in demand that affect the integrated workforce and operational delivery of the arrangements

The Section 75 Strategic Board also oversees the work of three sub-groups:

- S75 Operational Group
- S75 Performance Sub-Group
- S75 Safeguarding Sub-Group

The Sub-groups report to the Board on a regular basis, and each has a defined remit to deliver and report on specific delegated social care functions.

This governance structure has existed for a number of years and has proved beneficial to ensuring the Section 75 Agreements can be implemented effectively and collaboratively, as well as providing assurance on achievement of shared objectives and targets.



Patient Stories

Case Study 1

Background:

Service User A was born in India and moved to the UK to work as a doctor. Since 2015 Service User A has required the support of both the NHS and social care. He had a car crash resulting in injuries to his spine. In 2017 Service User A fell through the first floor of his home whilst his home was being decorated. This resulted in further physical injuries and an acquired brain injury. In 2021 he had a stroke and Service User A was no longer able to practice.

Issues and requirements:

He had first been supported by the Physical Disabilities Team. During this time his behaviour began to change, and he became more erratic and demanding of services. This eventually culminated in physical threats towards his carers and requiring 2:1 domiciliary care. Service User A was also threatening towards his neighbour and Service User A was arrested. His presentation prompted concerns for his mental state and a Mental Health Act Assessment was completed and he was admitted to St Michael's Hospital.

Support and interventions:

Service User A was accepted into the North Warwickshire Community Mental Health Team where a Social Worker was then allocated to work with Service User A.

Service User A showed some recovery. He spoke of his financial situation prompting a safeguarding concern to be raised for exploitation. Whilst this was ongoing, Service User A was also deemed to lack capacity to understand his care act needs and a care act advocate from Voiceability was involved who also knew Service User A from before his admission. However, all involved did not know Service User A from before 2021 and his acquired brain injury, and contact with his family was nil. All involved felt he would not regain capacity. At this time Service User A was also going through family court and was not able to return home as a family court ruling.

However, Service User A was ready to move out from hospital and a discussion was had with the Consultant and Patient Flow Co-ordinator on where best to be. Service User A had shown more recovery than expected and agreed for a temporary stay in Carebright (step down from hospital). The Social Worker was able to pass a lot of this understanding to his Community Consultant including where he was with housing and care, and a better understanding of his presentation when he is relaxed vs. a relapse.

Whilst in Carebright, Service User A was able to make friends which he still has, and it meant there was more time on sourcing the appropriate placement. The Social Worker and Patient Flow Co-ordinator found Service User A's needs could be met through Extra Care Housing (ECH). However, Service User A was not able to move all the items he has with, but together with Patient Flow, all the documents and formalities were completed, and Patient Flow did the final move in of Service User A and his items.

Outcome:

At Service User A's recent review, his care hours reduced by 5 hours per week. He also feels much more relaxed and has better mental health outcomes and is meeting his care act outcomes. There are other services jointly involved to ensure a holistic review of needs is completed accurately. His presentation has now completely changed; upon reassessment, he does have capacity but needs some support getting his finances in order after a few years of chaos from his previously untreated mental health condition.

He now has 1:1 care at 10.5 hours per week (pending agreed reduction), feels calm and relaxed in his home, is exploring gardening hobbies, making friends, and using the restaurant. His capacity has regained with finances and care, and is of a stable mental state. He has also signed up for volunteering work as an Expert by Experience and hopes to support with new ways of supporting people in future.

Patient Stories

Case Study 2

Background:

A Community Psychiatric Nurse (CPN) was introduced to Service User B as the designated person for follow-up. As part of safeguarding procedures, the Community Psychiatric Nurse liaised with District Nurses and the Physical Health Team to provide additional background information to support assessment.

Issues and requirements:

Due to difficulty in access, the severe potentially life-threatening physical situation around weight, and concerns about potential domestic abuse given past multi-agency risk assessment conference (MARAC) documents on the file, Service User B's case was discussed with Safeguarding Team and Senior Social Workers. It was agreed there should be a full enquiry to gather all concerned for information sharing and a plan of action.

Support and interventions:

A multi-disciplinary meeting with the Physical Health Team, Safeguarding Lead, District Nurses, Social Worker, GP, and Community Psychiatric Nurse was quickly initiated. This enabled a plan of action to gain better access and evaluate the situation. This resulted in shared visits with the GP, access to offer other practical support, and importantly to establish that Service User B's mental health and capacity to accept and decline certain treatments and visits, plus the reasons why.

Engagement with Service User B was initially a struggle due to a fear of being taken to hospital (which had happened in the past). It was reiterated to Service User B that the team were there to help empower her to stay at home, but engagement would be needed to do this. Ensuring that enough time was available for Service User B to understand the whole picture and everyone's concerns, was key to treatment.

Outcome:

Service User B's situation has much improved. Weight gain is significant and help via charity monies have bought a new cooker and washing machine. Work is on-going to arrange visits from the District Nurses at a time of day that suits Service User B's preferences.

Feedback to clinicians has been:

"I feel safe with you."

"I want to thank you for your patience and understanding."



Experience story

MH Community Early Intervention Team

“ I assisted as an interpreter to a patient with psychosis at early intervention stage, dealing with drug abuse and start of recovery.

Staff Member A, EI in psychosis therapist has proven to be an excellent professional. In our weekly sessions she dealt superbly with challenging situations the patient and myself had to go through, especially early on, due to patient's altered state of personality.

There were many emotionally- charged situations, and emotions shown by the patient, which she handled professionally and with great skills.

Her calm, professional as well as empathetic guidance and manner visibly helped the patient to keep on the right track to recovery and hope for good future.

As for myself, as an interpreter, thanks to Staff Member A's expertise and professional handling of difficult situations/emotions. I always felt safe.

I want to thank Staff Member A, as it was the best counselling session, I have ever been able to translate/interpret at. ”



Health Inequalities

The Black Lives Matter Project

Since August 2022 Coventry City Council Adult Social Care (Approved Mental Health Professionals Service and Social Interventions Collective), the Social Interventions Collective (SICol), and colleagues from CWPT have continued working in partnership to deliver equality and diversity in Mental Health

Project leads:

Andy Seys – AMHP Lead and SICol Lead, Coventry City Council

Parbinder Johal – Team Leader, Coventry City Council

Adal Soko – AMHP, Coventry City Council

Marie Nicholls – General Manager, Community Mental Health and Talking Therapies, Coventry & Warwickshire Partnership Trust

Lexi Ireland - Strategic Lead for Health Equity, Coventry & Warwickshire Partnership Trust

In FY2023/24 the Black Lives Matter Project successfully concluded.

Benefits from the project included:

- Mental Health Act admissions
- The Social Intervention Collective (SICol) was developed across the community teams to offer a more joined up approach to get a social intervention when there has been a Crisis intervention.
- Co-design of a five-step model to offer a systematic and practical structured framework to tackle health inequalities.



The analysis and evaluation of the project's information was used to create the below recommendations:

1. A register to be set up confirming names of citizens/patients who meet the criteria of Black Males subject to 'revolving door admissions' and a mechanism put in place to ensure they have their Section 117 entitlements reviewed. For this to be meaningful for it to be done in the spirit of co-production.
2. Community Advocacy Service which are culturally and linguistically sensitive need to be co-developed, preferably with Black Experts by Experience (EbEs).
3. Intensive community-based support is needed and should co-developed by Black EbEs/Inini Project, especially for those entitled to aftercare under Section 117 Mental Health Act (1983).
4. Work with community activists to develop appropriate services and emulate good models of care e.g. in London.
5. Psycho-social formulations with respect to risk assessment/management and care planning to be embedded in organisational structure (templates and work already used in partnership SICol).
6. Antecedents/reason for seclusion, restraint and admission must be clearly recorded and assertively monitored.
7. Cultural identity/personhood/social graces must be conveyed in notes and read and understood.
8. Better joined up working between ALL services to improve care and treatment.
9. Improved links with Probation Service and Change, Grow, Live (CGL) to improve care for citizens with forensic histories/dual diagnosis (to be tied into new forensic posts).
10. Better understanding and implementation of the dual diagnosis policy and associated pathways – Review needed for this cohort of individuals.
11. Further work to be undertaken with respect to creating an Approved Mental Health Professional/Black Lives Matter pathway as identified that pertinent issues relate to the PREVENTION of relapse.
12. Further work on understanding, recognising and challenging overt and covert bias (to build on the previous Unconscious Bias Training delivered by the Trust and Local Authorities).

An action plan has been developed for prioritising and putting the Black Lives Matter recommendations into place, as well as additional actions identified by stakeholders. Therefore, these recommendations have since been used to build the Mental Health Act Detentions Project.

Mental Health Act Detentions Project

This project aims to explore and address the disproportionalities in detention:

- People of black ethnicity are 3 times more likely to be detained under the Mental Health Act.
- Locally, black female rates of admission under the Mental Health Act are 54% higher than for all females in our population (109.3 vs. 71.2) and black males are 2.3 times more likely to be detained than the average for our male population.

(Statistic provided by Business Intelligence Team, Coventry and Warwickshire Partnership NHS Trust).

Health Inequalities

Mental Health Act Detentions Project has representatives from:

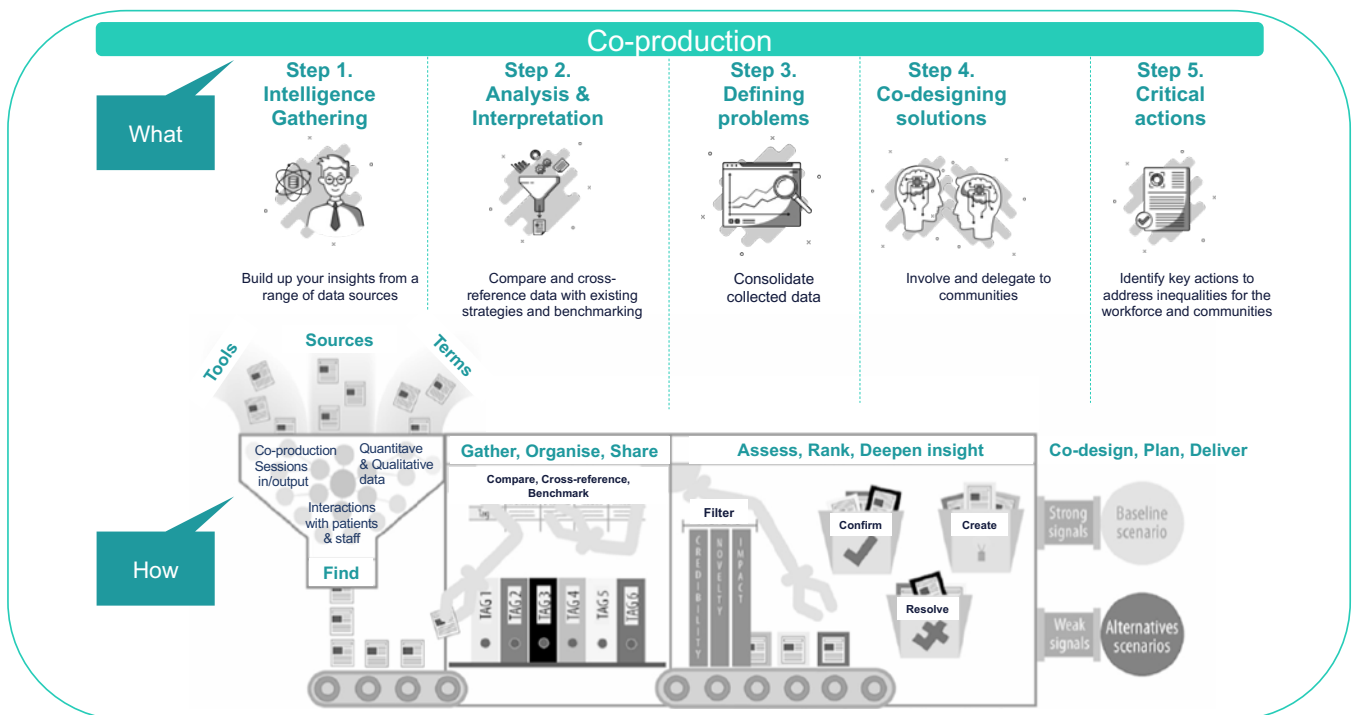
- Coventry & Warwickshire Partnership Trust
- Inini Initiative
- NHS Confederation
- Warwickshire County Council
- Coventry City Council
- West Midlands Police
- Voiceability
- Coventry and Warwickshire Mind

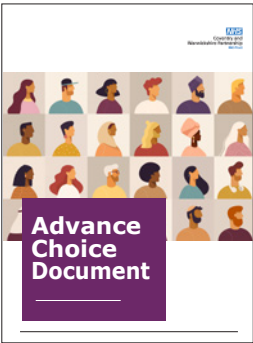
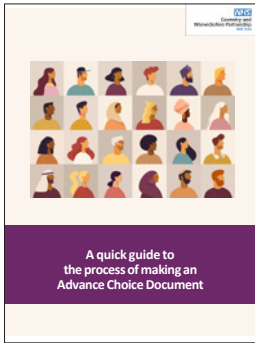
Coventry and Warwickshire Partnership NHS Trust and the NHS Confederation’s Partnership and Equalities Directorate co-designed a five-step model to offer a systematic and practical structured framework to tackle health inequalities.

Excellence through equality: anti-racism as a quality improvement tool, [Excellence through equality | NHS Confederation, 2024](#).

The Team used this model to do a co-produced piece of work to understand people of Black ethnicity who had been detained, what their experience had been, and to also understand from them what they thought might have made a difference earlier in their journey to then not be detained in hospital. Last Mafuba, CEO of Inini Initiative, has been commissioned to work on this project as a Lived Experience Consultant. This role has been integral to building trust and dialogue with people who use our services from Black ethnicities, who have been subject to the Mental Health Act Detentions process.

Acknowledging the complexities and the need to prioritise the recommendations, they have begun with the following two areas: 1) Advanced Choice Document implementation (related no recommendation number 7) and 2) Culturally Appropriate Advocacy (relating to recommendation number 2).



Advanced Choice Document	Culturally Appropriate Advocacy
Sept 2023 – March 2024	
<p>The Quality Improvement project used a Plan, Do, Study, Act (PDSA) approach. The team, including five Black male service users that have been in detention x2 times or more in the last 12 months, have co-produced an Advance Choice Document, together with its quick guide to the process of making and Advance Choice Document.</p> <div data-bbox="183 707 703 1048" style="display: flex; justify-content: space-around;">   </div>	<p>This is at the proposal stage for the Integrated Care Board to approve funding application and implementation.</p> <p>The aims are to:</p> <ul style="list-style-type: none"> • Employ two further advocates with a track record of providing Advocacy to racially minoritised people with Mental Health needs. • Provide Independent Advocacy for those receiving in-patient mental health care within Coventry and Warwickshire Integrated Care System Mental Care settings. • Providing group advocacy sessions in local community settings. • Providing training and information sessions to people who work in the NHS, Local Authority and community organisations.

Upcoming for FY2024/25:

Over the 6 months, the Mental Health Act Detentions Project will look at pathway mapping and address pathway challenges via targeted engagement and workshops, with the aim to identify community leaders to support a programme of a whole system approach looking at early intervention and prevention, community support, housing, peer advocacy and support, and community engagement through things like the Cultural Inclusion Network.

Longer-term, it is recognised that this is not a quick fix, but a change paradigm, with focus on embedding the things we can change. By taking a ground up approach to initiate this commitment, we hope to create infrastructure into communities so that things can be solved for them, by them. It is therefore critical that emphasis is placed it being owned by the community, driven by clinical expertise, and empowered by management to implement it.

Performance update

April 2023-March 2024 (FY2023/24)

Performance reporting for the integrated teams is overseen by the Section 75 Performance Sub-Group. The Sub-Group meets monthly to review performance information, consider changes to performance monitoring and reporting, and to oversee action plans for improvement. The Group reports directly into the Section 75 Strategic Board to keep them updated on performance-related developments.

The Performance Sub-Group monitors data using Coventry and Warwickshire Partnership NHS Trust's (CWPT) Business Intelligence platform QlikSense. A bespoke application was created on QlikSense for Section 75 data, to help the partners keep track of progress towards a shared set of performance metrics. Both health and social care staff contribute to the metrics by recording information on patient and staff systems. The metrics, taken from an outcomes dashboard, are based on key areas of activity for the partnership. Currently, the QlikSense application contains a mixture of data on:

- Patient demographics
- Referrals into the Mental Health Access Hubs
- Triage outcomes including signposting activity
- Waiting times
- Mental Health Act assessments
- Workforce data e.g. sickness absence, training

Most of the information is obtained from CWPT systems. This year, information from the teams delivering social interventions was incorporated into the App, but there is more work to do to ensure the dashboards reflect the breadth of integrated working across mental health. The Performance Sub-Group are working on future developments for the application, which will see the scope of information extended to include more on Community Team activity, including waiting times, and also combined data from partners. These plans will be implemented in FY2024/25 as part of the ongoing cycle of performance improvements.

Section 75 Dashboard Data – FY2023/24

All data below are extracted from the Section 75 QlikSense App for the whole of the financial year FY2023-24 unless otherwise stated. Please note that in FY2022/23 due to the Carenotes Outage, we were only able to report on QlikSense data for Quarter 1, and this has been referenced where relevant to avoid full comparisons with the previous year.

Patient Demographics

The following table illustrates the demographic distribution of individuals accessing secondary mental health services this year:

a) Gender

The data suggest that proportionally more females were represented in contacts with CWPT services than are observed in the general population. This is particularly true for Warwickshire, which had the highest proportion of females recorded in contacts (Table 4).

Table 4: Contacts with CWPT services and general population by gender. A: Records extracted from



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Table 4: Contacts with CWPT services (A) and general population (B) by gender. A: Records extracted from TAG forms. Percentages based on number of unique patients identified from TAG forms equating to 21, 709 people (9,830 males, 11,854 females, 10 non binary people and 15 not specified / not known).

	A. Individuals contacting CWPT secondary care services		B. ONS Population Demographics (2021 census)	
	Male	Female	Male	Female
Coventry	45.2%	54.6%	49.9%	50.1%
Warwickshire	44.6%	55.3%	49.3%	50.7%
Total	45.3%	54.6%		

A recent research report suggests that common mental disorders (including conditions such as depression, anxiety, panic disorder, phobias and obsessive-compulsive disorder) are more common among women than men in every age category and that this is most pronounced among those aged between 16 and 24¹.

Our data would seem to support this, showing that more females than males made contact with Mental Health Access Hubs this year, particularly in the 18-25 years category (Figure 1). However, not everyone who contacts secondary care mental health is a service user themselves or goes on to receive a service.

b) Age

The age profile of people contacting our services is illustrated below (Figure 2 and Table 5). This year over half of the contacts were from people aged between 26 and 65 years, and this has not changed compared to Q1 the previous year (56% in FY2022/23). A greater proportion of Coventry clients fell within the 18-25 years age bracket, whilst in Warwickshire more older people were in contact with our services. This is consistent with age profiles from the 2021 census. Coventry is a University city, with a relatively larger population of younger students, whilst the Warwickshire population is comparatively older.

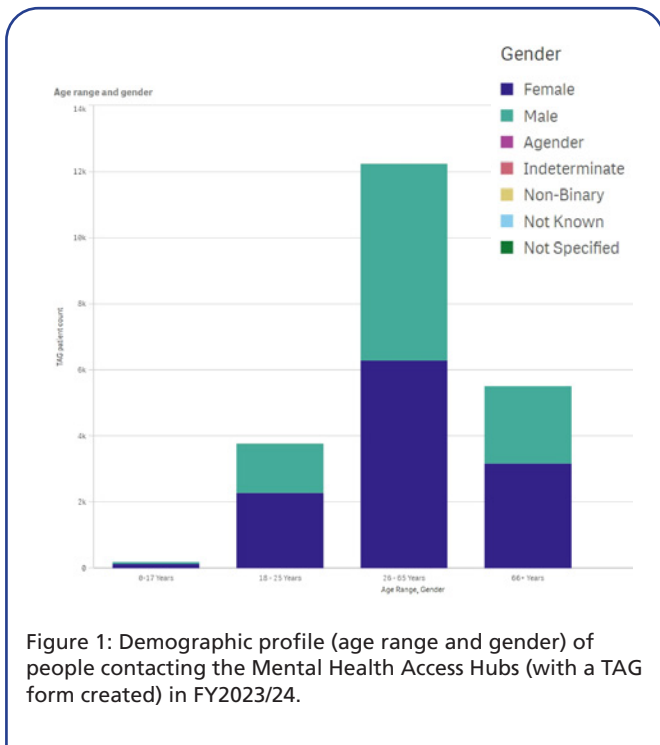


Figure 1: Demographic profile (age range and gender) of people contacting the Mental Health Access Hubs (with a TAG form created) in FY2023/24.

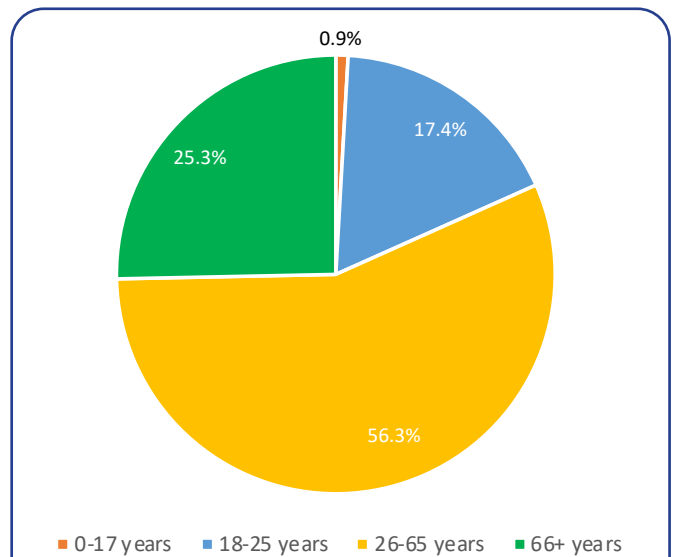


Figure 2 and Table 5: Age profile of people contacting our services.

	Age in years			
	0-17 years	18-25 years	26-65 years	66+ years
Coventry	0.9%	18.9%	57.9%	22.2%
Warwickshire	1.0%	16.0%	54.7%	28.3%
Total	0.9%	17.4%	56.3%	25.3%

1. Mental Health Statistics: prevalence, services and funding in England. Carl Baker and Esme Kirk-Wade. House of Commons Library, 01 March 2024.

c) Ethnicity

The 2021 Census showed significant differences in ethnicity between Coventry and Warwickshire. In Coventry, 65.5% of residents were White, whilst in Warwickshire, this figure was 89.1%.

A similar demographic distribution was also observed among people in contact with our services: as in previous years, most people in contact with our services were White British (Table 6). Where ethnicity was recorded, there was a significantly higher proportion of clients from Coventry recorded as non-White British (14.9%) compared to Warwickshire (4.5%).

Table 6 shows that high proportion of Access Hub contacts (48%) did not contain ethnicity information, either because it was not recorded, not known, or not stated by the individual. We know that not everyone wants to share this information with us, especially as contact with our Access Hubs often occurs at a point of crisis. We have taken steps to remind all staff of the importance of recording demographic details at the point of contact, but this has not made the impact that we were

hoping. We have identified this as an area for improvement in FY2024/25 and will consider other actions that can be taken so that we can have greater confidence in the quality of our ethnicity data for analysis and decision-making.

Ethnicity	% All	% Coventry	% Warwickshire
White British	43.3%	49.3%	39.8%
Not recorded	37.0%	26.8%	43.4%
Not Known	7.6%	5.6%	8.8%
Not stated	3.4%	3.3%	3.6%
Indian	1.8%	3.4%	0.7%
Any other White background	1.3%	1.9%	1.1%
Any other ethnic group	0.8%	1.5%	0.4%
Any other Asian background	0.7%	1.1%	0.5%
White Irish	0.6%	1.0%	0.4%
African	0.6%	1.0%	0.2%
Pakistani	0.5%	1.2%	0.1%
White and Black Caribbean	0.5%	0.8%	0.4%
Caribbean	0.5%	1.0%	0.1%
Other	1.3%	2.1%	0.8%
	100.0%	100.0%	100.0%

Table 6: Ethnicity of people contacting the Mental Health Access Hubs (where a TAG form was created) in FY2023/24. Total people in cohort = 21,712 unique patients.



d) People in receipt of a long-term service (Local Authority data)

The tables below (tables 7 and 8) show the demographic breakdown for people in receipt of a long-term service in FY2023/24, where the primary support reason was either mental health, or support with memory and cognition.

Coventry has a higher representation of White people across all age groups receiving services compared to the 2021 Census population, and a higher representation of the Black, Black British, Black Welsh, Caribbean or African population group for the 18-64 age group.

Compared to the 2021 census, Warwickshire has a higher representation of Asian, Asian British or Asian Welsh, and Black, Black British, Black Welsh, Caribbean or African population groups for the 65+ age group.

Coventry	LTS MH&SMC	Cov Census	LTS MH&SMC	Cov Census	LTS MH&SMC	Cov Census
Ethnic group/years	18-64	25-64	65+	65+	18+	25+
Asian, Asian British or Asian Welsh	11.3%	19.1%	6.9%	10.4%	8.4%	17.0%
Black, Black British, Black Welsh Caribbean or African	11.0%	8.0%	2.3%	1.8%	5.4%	6.7%
Mixed or Multiple ethnic groups	3.8%	2.1%	0.4%	0.4%	1.6%	1.7%
White	70.3%	67.0%	88.1%	85.8%	81.9%	71.2%
Other Ethnic Group	1.4%	3.8%	1.5%	1.5%	1.4%	3.3%
Not known	2.2%		0.8%		1.2%	3.3%

Table 7: Coventry demographic breakdown for people in receipt of a long-term service in FY2023/24.

Warwickshire	LTS MH&SMC	Warks Census	LTS MH&SMC	Warks Census	LTS MH&SMC	Warks Census
Ethnic group/years	18 – 64	25 – 64	65+	65+	18+	25+
Asian, Asian British or Asian Welsh	6.6%	7.2%	5.0%	2.8%	6.2%	6.3%
Black, Black British, Black Welsh, Caribbean or African	1.3%	1.6%	2.5%	0.4%	1.6%	1.3%
Mixed or Multiple ethnic groups	3.4%	2.8%	0.0%	0.3%	2.6%	2.3%
White	87.9%	87.3%	89.9%	96.1%	88.4%	89.1%
Other Ethnic Group	0.5%	1.2%	1.7%	0.5%	0.8%	1.0%
Not known	0.3%			0.8%		0.4%

Table 8: Warwickshire demographic breakdown for people in receipt of a long-term service in FY2023/24.

What does this mean for our service provision?

The demographic data tell us that there are some groups represented in greater or lesser proportion in our client group than we would expect to see when compared to the wider populations of Coventry and Warwickshire. The information will require further analysis to understand the factors that may have contributed to these differences, and what actions may need to be taken to ensure no sections of our population are being disadvantaged in their ability to contact or access mental health services.

Triage in the Mental Health Access Hubs

This year, more people contacted our Mental Health Access Hubs.

During FY2023/24, the Mental Health Access Hubs dealt with 38,224 contacts (TAG forms), an average of 3,185 per month. This was a significant increase over the previous year, when in Quarter 1 FY2022/23 we responded to 2,960 per month. However, there was limited information in FY2022/23 from which to draw direct comparisons. The trend in FY2023/24 could mean that either the demand for services is rising, or that more people are contacting the Mental Health Access Hubs for other reasons. In FY2023/24 we changed our processes for triage to improve the waiting times for accessing services, and this may have resulted in higher numbers of TAG forms being recorded. A TAG form is used to record all calls into the Hubs, not just new referrals, and further analysis is needed to understand if this result was a genuine increase in numbers of referrals.

Numbers of contacts were highest in Warwickshire compared to Coventry.

Of all referrals received in FY2023/24, 39% were from Coventry (15,015), 56% from Warwickshire (21,571) and 4% from elsewhere (1,638). This was a very similar distribution to Q1 FY2022/23. This result reflects differences in population size, Warwickshire having a larger population (596,773) compared to Coventry (345,321)². Despite the numbers of contacts being higher in Warwickshire, Coventry has a higher rate of contacts when

	Contacts	Population*	Rate per 100,000 population
Warwickshire	21,571	596,773	3,615
Coventry	15,015	345,321	4,348

Table 9: rate of contacts per 100,000 population.

compared as a rate per 100,000 population. more contacts from Coventry residents than would be expected when compared to the Coventry (37%) and Warwickshire (63%) population distributions (even when records from other localities are removed).

The proportion of contacts requiring an urgent response was lower.

Referrals received by the Mental Health Access Hubs are triaged and categorised as either urgent or routine. If early intervention and prevention is working well, we would expect the proportion of urgent referrals to reduce over time. In FY2023/24, 2.8% of all referrals were classed as urgent (requiring a response within 2, 24, or 48 hours), which was a reduction compared to Quarter 1 last year (4.8%) and also when compared to the last full performance year (FY2021/22, 4.9%). This is a positive result that we would hope to sustain into FY2024/25.

The outcomes from triage have changed.

Following triage by the Mental Health Access Hub, there can be a range of outcomes for a contact:

- Some calls into the Hubs do not require any further contact with a clinician – these are labelled as ‘No Further Action’ (NFA). Most often, this is because a call can be dealt with relatively quickly and does not require significant clinical input. Ideally, we would want to reduce the number of contacts labelled as no further action, so that staff time can be used more efficiently in the Access Hubs.

This year, the number and percentage of contacts (TAG forms) that required no further action was 18,784 (49.7%). In Q1 the previous year, 53% of cases required No Further Action. In the last full year

² Source: Office for National Statistics 2021 Census

Performance update

that data were available (FY2021/22), the number of NFA cases were 19,365 (54.2%). This shows performance is moving in the right direction. The number and proportion of NFA contacts reducing, meaning that clinicians' time is being directed at a higher number of appropriate contacts and/or where a secondary mental health service is required.

- Some referrals will be allocated to the appropriate CWPT mental health service. A significant proportion were allocated to either a community or dementia MDT Hub (9,730 cases in total). This is higher than the proportion recorded in Q1 last year (22%), and also higher than in FY2021/22 when the figure was 21% (7,623 cases). This could suggest an increase in demand for those services, and also may be a consequence of Community Mental Health transformation, whereby more people are able to be referred into a service that is suitable for them.

- A proportion of people who contact the Access Hubs are referred on to other services who can better meet their needs. This includes other CWPT services as well as third sector services outside of CWPT. In FY2023/24, nearly one third of signposted activity (30%, 924 cases) was diverted to Coventry and Warwickshire Mind. This was a significant increase compared to Quarter 1 FY2022/23 (13%) and FY2021/22 (14%, 316 cases) (Table 10).

We have also seen a shift in the proportion of referrals signposted to the CWPT Talking Therapies service, which appears to have reduced from around 35% to 19% (595 cases). This year, there has been significant improvement work undertaken in Talking Therapies aimed at increasing the numbers of people who can access to the service. This has included promotion work for referrers and individuals who wish to self-refer. These data suggest people may be accessing the service through referral routes other than the Mental Health Access Hubs, which is in line with our aims and expectations.

Table 10: Other services people were signposted to this year. Percentages based on total number of TAG forms containing signposting information (= 3,065 forms). Data rounded to nearest percentage point.

	FY2021/22	Q1 FY2022/23	FY2023/24	Movement
Counselling services	21%	22%	23%	↑
Alcohol and drug support	15%	19%	15%	↓
Social Interventions	10%	8%	10%	↑
Housing	2%	3%	3%	↔
Debt Support	0.9%	0.4%	0.5%	↑

In FY2022/23 due to the Carenotes Outage, we were only able to report on QlikSense data for Quarter 1 and not the full financial year - care should be taken in drawing direct comparisons as data were incomplete that year.

Access Hub SW

“ was spoken to on the phone immediately, then I had an appointment the following day. I met with two lovely people who talked with me and provided medication and advice, which is helpful. ”

Adult Social Care Statistics

The S75 partners each use different data systems for recording information about the care and support offered to people with mental health needs. Therefore, the S75 Performance Sub-Group also look at data recorded on local authority systems, to help provide further context to the Carenotes information held by the Trust.

Long-Term Support for Mental Health

The number of people in receipt of a long-term service tells us the extent to which the demand for social care is being met.

During FY2023/24, the upward trend has continued in the number of people aged 18-64 years in receipt of a long-term service for mental health support. However, the number of people aged 65 years and over in receipt of long-term mental health support has reduced over the same period. This pattern has been observed in both Coventry and Warwickshire, with a widening difference being observed at year end. The reasons for this outturn are not fully understood and will be considered further by the Section 75 Performance Sub-Group over the coming year.

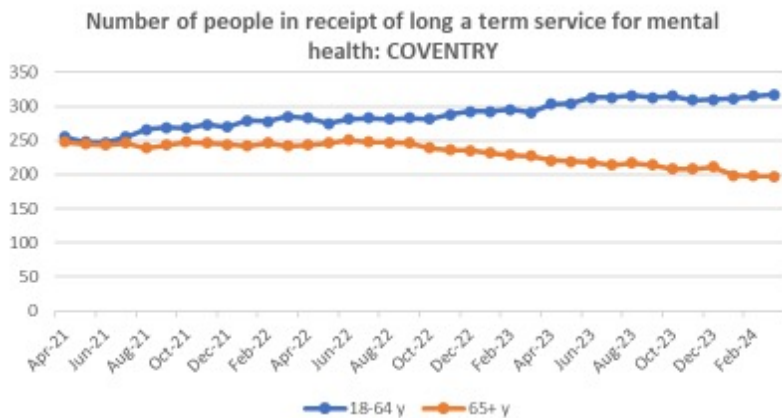


Figure 3: Change in the number of people at month end in receipt of a long-term service for mental health support, between FY2021/22 and FY2023/24 – Coventry.

In Coventry, the number of people aged 18-64 in receipt of a long-term service for mental health has increased since the start of 2021, whilst the number of adults aged 65+ receiving long term support has shown a small decrease (Figure 3).

A similar trend has been observed in Warwickshire (Figure 4).

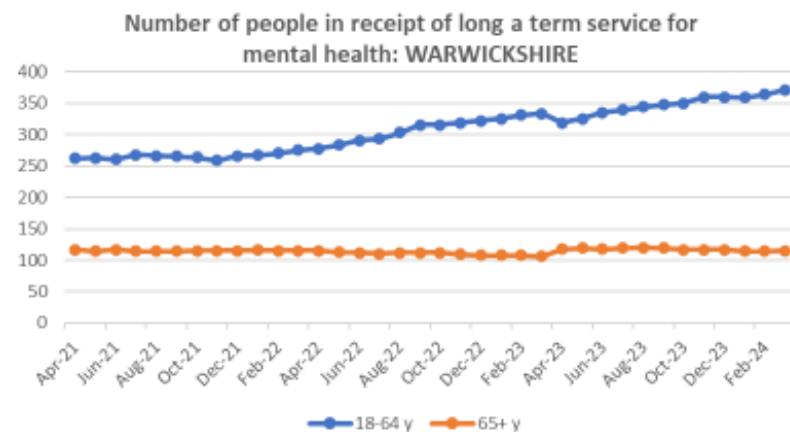
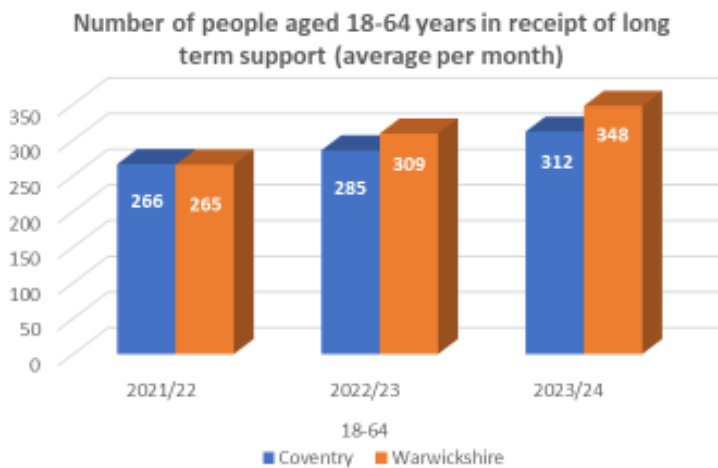
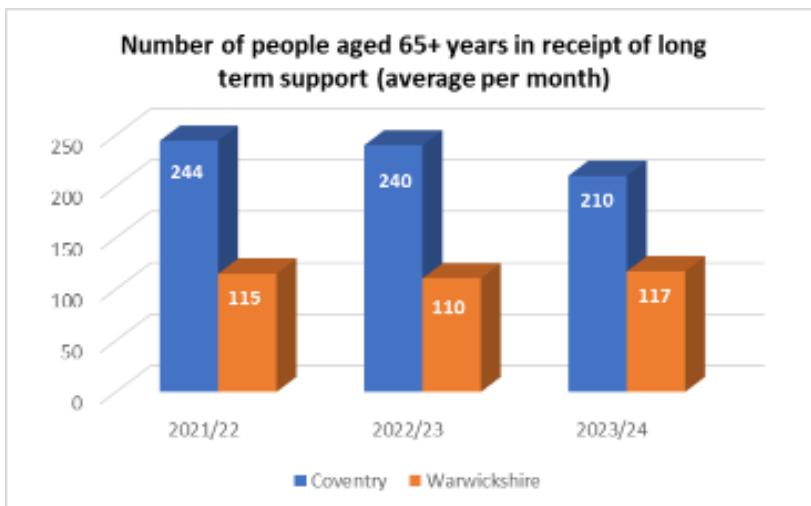


Figure 4: Change in the number of people at month end in receipt of a long-term service for mental health support, between FY2021/22 and FY2023/24 – Warwickshire.

PEOPLE OF WORKING AGE



OLDER ADULTS



Figures 5 and 6: Changes in the average number of people per month in receipt of a long-term service between FY2021/22 and FY2022/23, across Coventry and Warwickshire.

ASCOF Indicators

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF includes two Quality of Life indicators as shown in Table 11.

Reference	Description
IF	Proportion of adults in contact with secondary mental health services in paid employment
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support

Table 11: ASCOF Quality of Life indicators.

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The most recent data for these indicators is shown in Figures 7 and 8, Tables 12 and 13. In August 2022 the numerator and denominator used to calculate them reduced significantly following a cyber-attack on the CWPT patient administration system, Carenotes. The Carenotes outage meant that no Coventry and Warwickshire data was able to be included in the national ASCOF figures. From August 2022 the data only show figures recorded by neighbouring NHS Trusts where they have delivered a service to a Coventry or Warwickshire resident, which relates to a much smaller number of people.

Since then, work has been undertaken to restore reporting from Carenotes and to update CWPT information in the national data sets.

In FY2023/24, data for the number of people in contact with secondary care mental health services (the denominators) started to flow through again into the national reports, and these data now appear much improved.

However, whilst the numbers of people recorded as being in paid employment and/or living independently (the numerators) have also been rising gradually throughout the year, they have not yet returned to the levels seen prior to the Carenotes outage. We are unclear as to whether this is a genuine trend or a data quality issue. Further work is now being undertaken to determine the underlying reasons and the actions that will be required to improve performance further.



Figure 7:
Indicator 1F

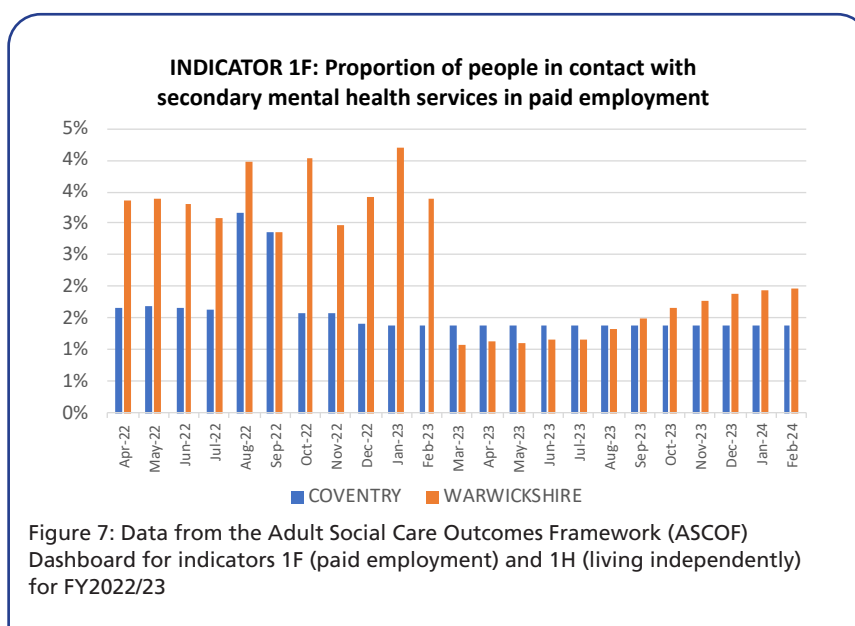


Table 12: People in contact with secondary MH services in paid employment

	COVENTRY			WARWICKSHIRE		
	No. people in employment	No. in contact with MH Services	Percentage	No. people in employment	No. in contact with MH Services	Percentage
Apr-22	195	11620	1.68%	321	9575	3.35%
May-22	200	11905	1.68%	330	9775	3.38%
Jun-22	200	11960	1.67%	325	9810	3.31%
Jul-22	200	12115	1.65%	305	9855	3.09%
Aug-22	10	315	3.17%	20	505	3.96%
Sep-22	10	350	2.86%	15	525	2.86%
Oct-22	5	315	1.59%	20	495	4.04%
Nov-22	5	315	1.59%	15	505	2.97%
Dec-22	5	350	1.43%	20	585	3.42%
Jan-23	5	360	1.39%	25	595	4.20%
Feb-23	5	355	1.39%	20	590	3.39%
Mar-23	125	14495	1.39%	155	14175	1.09%
Apr-23	105	13945	1.39%	155	13580	1.14%
May-23	100	13990	1.39%	150	13570	1.11%
Jun-23	100	14055	1.39%	160	13615	1.18%
Jul-23	95	14130	1.39%	160	13585	1.18%
Aug-23	105	14180	1.39%	180	13595	1.32%
Sep-23	120	14250	1.39%	205	13665	1.50%
Oct-23	135	14540	1.39%	230	13810	1.67%
Nov-23	150	14725	1.39%	250	14015	1.78%
Dec-23	170	14850	1.39%	265	14035	1.89%
Jan-24	180	14925	1.39%	275	14070	1.95%
Feb-24	195	14575	1.39%	275	13985	1.97%
Mar-24	Unavailable	Unavailable	N/A	Unavailable	Unavailable	N/A

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**Figure 8:
Indicator 1H**

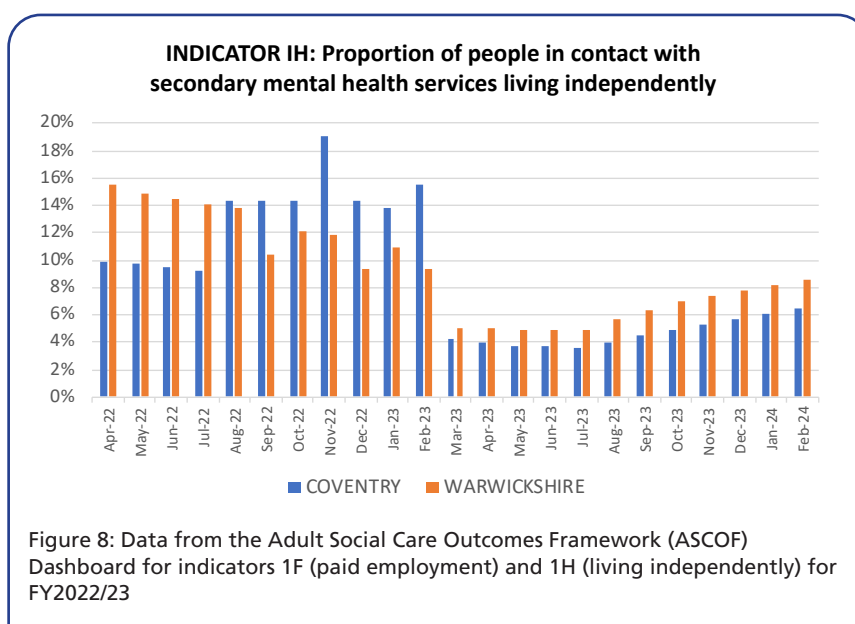


Table 13: People in contact with secondary MH services in paid employment

	COVENTRY			WARWICKSHIRE		
	No. people in employment	No. in contact with MH Services	Percentage	No. people in employment	No. in contact with MH Services	Percentage
Apr-22	1150	11620	9.90%	1485	9575	15.51%
May-22	1160	11905	9.74%	1450	9775	14.83%
Jun-22	1140	11960	9.53%	1420	9810	14.48%
Jul-22	1125	12115	9.29%	1390	9855	14.10%
Aug-22	45	315	14.29%	70	505	13.86%
Sep-22	50	350	14.29%	55	525	10.48%
Oct-22	45	315	14.29%	60	495	12.12%
Nov-22	60	315	19.05%	60	505	11.88%
Dec-22	50	350	14.29%	55	585	9.40%
Jan-23	50	360	13.89%	65	595	10.92%
Feb-23	55	355	15.49%	55	590	9.32%
Mar-23	615	14495	4.24%	720	14175	5.08%
Apr-23	560	13945	4.02%	680	13580	5.01%
May-23	530	13990	3.79%	660	13570	4.86%
Jun-23	520	14055	3.70%	670	13615	4.92%
Jul-23	515	14130	3.64%	675	13585	4.97%
Aug-23	570	14180	4.02%	770	13595	5.66%
Sep-23	635	14250	4.46%	860	13665	6.29%
Oct-23	720	14540	4.95%	960	13810	6.95%
Nov-23	785	14725	5.33%	1040	14015	7.42%
Dec-23	850	14850	5.72%	1095	14035	7.80%
Jan-24	905	14925	6.06%	1160	14070	8.24%
Feb-24	940	14575	6.45%	1195	13985	8.54%
Mar-24	Unavailable	Unavailable	N/A	Unavailable	Unavailable	N/A

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Workforce Data

Information on the Section 75 workforce is held on three different systems that are operated by each of the partner organisations. Workforce reports are produced from each organisation and these are collated to provide an overall picture of workforce performance. A summary of information for FY2023/24 is provided in Tables 14, 15 and 16 below.

CWPT has worked with local authority staff to compile and maintain lists of seconded staff

working in the integrated teams. This has included transferring details of the secondees onto the Trust's workforce system (ESR), to facilitate reporting of workforce information and to provide readily accessible contact details to support on-call arrangements. Information is checked at intervals throughout the year to help maintain accurate records.

Tables 14, 15 and 16: Overall picture of workforce performance:

**Table 14:
Appraisals**

		Appraisals		
		Time period	Target	Performance
Health Staff	CWPT (Coventry and Warwickshire integrated teams)	As at end Quarter 4 FY2023/24	85%	74.02%
	Coventry City Council	% Completed in appraisal window – Quarter 1 FY2023/24	100%	93%
Social Care Staff	Warwickshire County Council (Mental Health Team)	As at end Quarter 4 FY2023/24	>75%	39% (rolling 12 months)



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**Table 15:
Sickness**

		Sickness		
		Time period	Target	Performance
Health Staff	CWPT (Coventry and Warwickshire integrated teams)	As at end Quarter 4 FY2023/24	4.65%	4.90%
Social Care Staff	Coventry City Council	Average for FY2023/24	N/A	7.9%
	Warwickshire County Council* (Mental Health Team)	As of May 2024	8 days per FTE (+/- 1 day)	14.85 days per FTE

*This increase from last year's report is because the sickness information provided last year was for Warwickshire County Council as a whole rather than Mental Health specifically.

Within Mental Health the following teams have the highest sickness days per FTE Carers Countywide, Deprivation of Liberties Safeguarding, Older People Countywide which are all above 20 days per FTE.

**Table 16:
Turnover**

		Turnover		
		Time period	Target	Performance
Health Staff	CWPT (Coventry and Warwickshire integrated teams)	As at end Quarter 4 FY2023/24	N/A	12.72%
Social Care Staff	Coventry City Council	FY2023/24	N/A	12.0%
	Warwickshire County Council* (Mental Health Team)	Quarter 4, FY2023/24	Retention rate is 87%	15.8%

Compliments and Complaints

The tables 17, 18 and 19 below provide a summary of the number of compliments and complaints pertaining to the integrated teams which have been received by each of the Section 75 partners. The Trust co-ordinates the handling all complaints issues on behalf of the integrated teams, acting as the first point of contact for complaints received, and as such, receives most of the feedback from members of the public.

During FY2023/24, the three organisations received a total of 42 complaints, a slight reduction on the previous year's total of 45 complaints. Themes that appeared most frequently across all three organisations were communications, patient treatment, and values/behaviours. Where the outcomes of these complaints are known, most were either withdrawn, dealt with informally or not upheld. Action plans are developed for all areas of learning from complaints and these are managed on an on-going basis through the partners' respective feedback processes.

In contrast, there were 86 compliments recorded across all partners (all logged by Coventry and Warwickshire Partnership NHS Trust), a slightly lower figure than the 93 recorded in FY2022/23.

The Section 75 Performance Sub-Group oversees complaints and compliments data on behalf of the Section 75 Partnership. The sub-group will continue to review this information closely, advising the Section 75 Operational Group and Strategic Board on any actions that may be required.



Table 17: Coventry City Council

	Quarter 1:	Quarter 2:	Quarter 3:	Quarter 4:
Number of Complaints received	2	2	1	3
Annual total complaints	8			
Themes of Complaints	Information unavailable	Information unavailable	Information unavailable	1 x Values / behaviours 1 x other
Complaint Outcomes	1 - Resolved informally 1 - Partially Upheld	1 - Not upheld 1 - Withdrawn	1 - Ongoing	1 - Resolved informally. 1 - On hold 1 - Ongoing
Number of Compliments	0	0	0	0
Annual total of compliments	0			

Performance update



Table 18: Warwickshire County Council

	Quarter 1:	Quarter 2:	Quarter 3:	Quarter 4:
Number of Complaints received	1	1	1	0
Annual total complaints	3			
Themes of Complaints	1 - Communication	1- Financial issues	1 - Communication	N/A
Complaint Outcomes	Information unavailable	Information unavailable	Information unavailable	Information unavailable
Number of Compliments	Information unavailable	Information unavailable	0	0
Annual total of compliments	Information unavailable			



Table 19: Coventry and Warwickshire Partnership NHS Trust

	Quarter 1:	Quarter 2:	Quarter 3:	Quarter 4:
Number of Complaints received	10	6	4	11
Annual total complaints	31			
Themes of Complaints	3 - Patient care 2 - Access to treatment or drugs 2 - Communications 1 - Clinical treatment 1 - Appointments 1 - Prescribing	2 - Communications 1 - Patient care 1 - Values and behaviours (Staff) 1 - Trust admin/policies/procedures including patient 1 - Clinical treatment	2 - Communications 1 - Values and behaviours (Staff) 1 - Patient care	7 - Patient care 1 - Appointments 1 - Communications 2 - Values and behaviours (Staff)
Complaint Outcomes	2 - Not upheld 4 - Upheld 4 - Withdrawn/abandoned/transferred	1 - Not upheld 2 - Withdrawn/abandoned/transferred 3 - Upheld	2 - On-going/suspended 2 - Withdrawn/abandoned/transferred	1 -Upheld 1 - Not upheld 9 - On-going/suspended
Number of Compliments	25	31	21	9
Annual total of compliments	Information unavailable			

Safeguarding

The Coventry and Warwickshire Partnership NHS Trust (CWPT) Safeguarding Team provide advice, guidance and policies, supervision, and training to all staff in the integrated teams around safeguarding adults and children concerns. Much of their work spans the whole of the Trust and is not limited to adult and older adult mental health teams. This year they have undertaken a range of activities that helped to raise awareness of safeguarding and improve staff skills and competencies in this area, including:

- Reviewing and updating the suite of policies held by the Safeguarding team
- Ongoing monitoring of level 3 safeguarding training monthly
- Offering supervision using a strength-based approach to all staff who meet the criteria
- Supporting their Champions group, who meet virtually on a quarterly basis to embed safeguarding messages across the trust; a Champions briefing of all newsletters, updated legislation, training and policy is shared on a weekly basis.

Agreements are in place between CWPT, Warwickshire County Council, and Coventry City Council under Section 75 arrangements. CWPT has a statutory responsibility under the Care Act (2014) to ensure effective collaboration with local Safeguarding/Partnership Boards to work together to keep adults safe. Both local authorities are joint signatories to separate Multi-Agency Memorandums of Understanding and Terms of reference for their respective Safeguarding Adults Partnership Boards.

The S75 Agreements place responsibility on the Trust to conduct safeguarding concerns and enquiries, investigation and formulate safeguarding plans for individuals within its mental health services and for individuals within older people's mental health services. CWPT has a quarterly reporting and governance structure in place via the Section 75 Operational Group which reports into the Section 75 Strategic Board.

Section 75 Safeguarding data

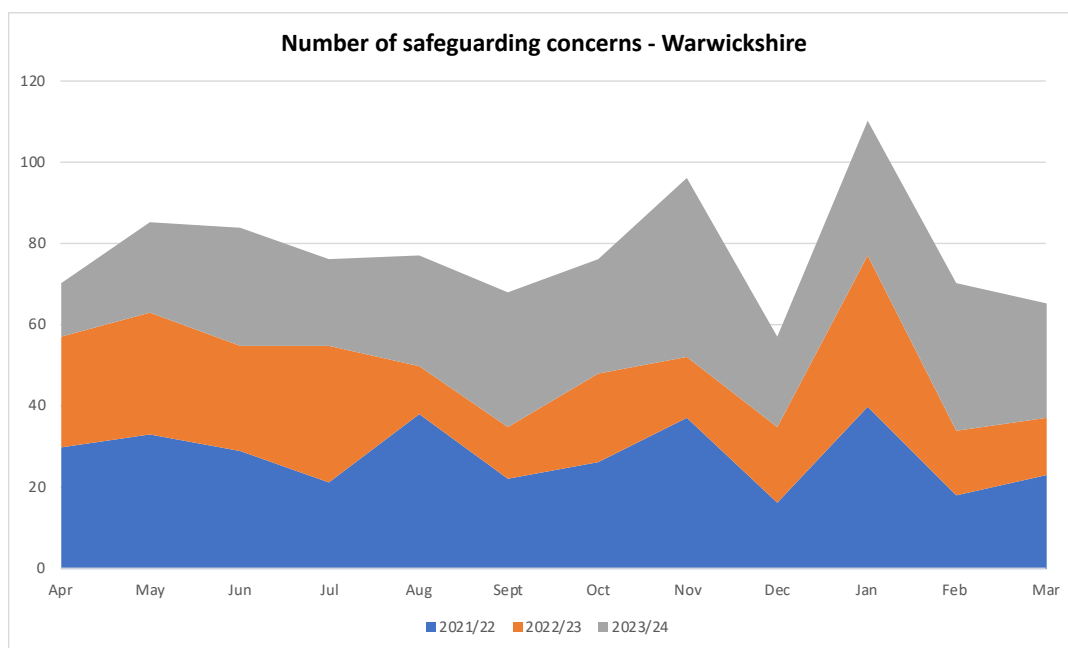
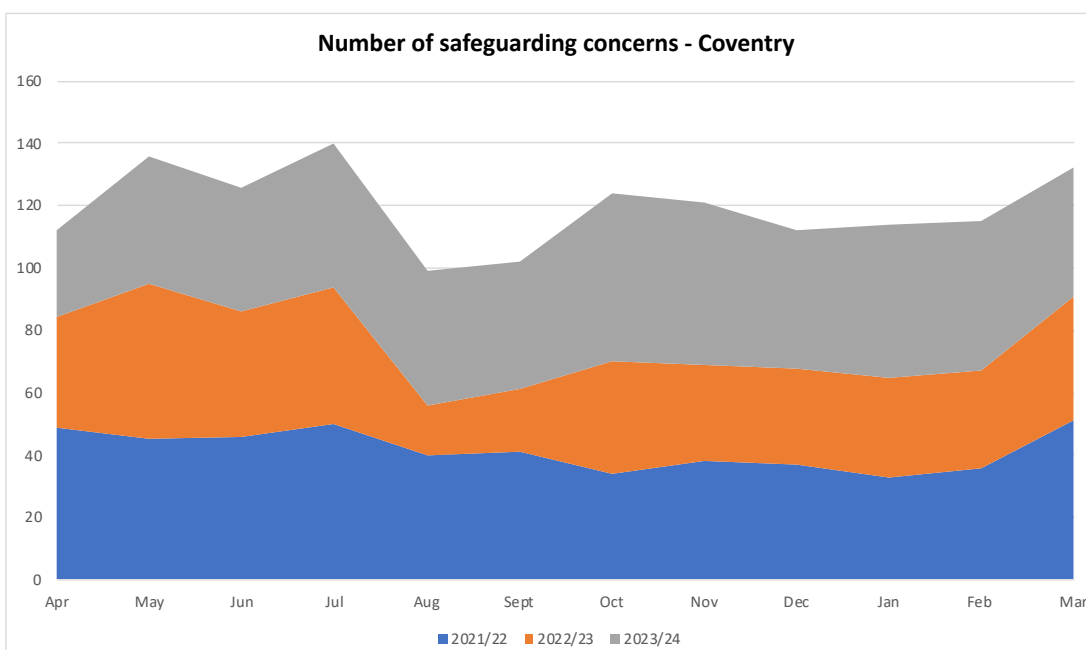
The national data collection for adults/ Safeguarding Adults Collection (SAC) has been reviewed and the new reporting requirements have been put in place to ensure that a management decision is entered within four days, and that safeguarding enquiries are closed when complete when a safeguarding concern is raised. This work has included the Safeguarding Team commencing specific training to all Mental Health Team Managers and their deputies.

Open concerns and enquiries are sent out weekly to managers by a Safety and Quality Data Analyst with a request that they review and enter decisions as necessary. This piece of work has oversight from the CWPT Chief Nurse.

Briefings reminding staff of their responsibilities in relation to Section 75 safeguarding have been produced by the Safeguarding Team and circulated to teams.



Safeguarding



Figures 9 and 10: Comparison of safeguarding concerns raised between the months of April–March (FY2021/22, FY2022/23 and FY2023/24):

Summarised below is a comparison of yearly combined totals and totals in each area for safeguarding concerns raised in the last three financial years (Figures 9 and 10 and Tables 20 and 21):

Financial year	Coventry	Warwickshire	Total
FY2021/22	500	333	833
FY2022/23	407	265	672
FY2023/24	527	336	863

Table 20: comparison of yearly combined totals and totals in each area for safeguarding concerns raised in the last three financial years.

Safeguarding

Comparison of yearly combined totals and totals in each area of safeguarding enquiries raised in the last three financial years is as follows:

Financial year	Coventry	Warwickshire	Total
FY2021/22	53	46	99
FY2022/23	42	60	102
FY2023/24	72	71	143

Table 21: Comparison of yearly combined totals and totals in each area of safeguarding enquiries raised in the last three financial years.

During the Carenotes outage between August 2022 and March 2023 some safeguarding data was not captured electronically, this was reflected in the 2022/23 end of year data which indicated a reduction in the number of safeguarding concerns raised by staff during this period.

FY2023/24 data indicates that the number of safeguarding concerns raised were restored to pre-Carenotes outage levels, increasing by 3.6% (833 to 863). Despite a reduction in the number of safeguarding concerns recorded in FY2022/23 (672), the percentage of concerns progressing to a Section 42 Enquiry increased year on year, from 11.9% in FY2021/22 to 15.2% in FY2022/23 and 16.6% in FY2023/24. Data relating to themes and trends in Section 75 safeguarding in Coventry and Warwickshire is reflected in the quarterly reports which are produced by the Safeguarding Team and presented at Section 75 Board, Operational Group, and Safeguarding Operational Group.

Improving Safeguarding Compliance Across the Integrated Teams

In 2023/24, the local authorities highlighted improvement opportunities for the oversight and management of safeguarding processes within the mental health integrated teams. The Section 75 Strategic Board held a targeted safeguarding discussion to:

- consider current approaches to safeguarding practice
- ensure partners could evidence timely and accurate recording of safeguarding activity
- take steps to bring consistency in processes across all teams.

Following discussion, the group concluded there were three key areas where additional work is required:

- a. safeguarding activity – information coming in, and enquiries going out, open safeguarding concerns and open enquiries.
- b. Safeguarding quality – are we getting the basics right and is the core work happening day-to-day?
- c. Safeguarding experience – understand people’s experience of the process and safeguarding outcomes.

An action plan was drafted and this will be implemented in 24/25, including further awareness raising among managers and staff within the integrated teams, communications from senior managers to support the action plan, and additional supervision and training where required. This will be monitored closely over the coming months to provide assurance to the Section 75 Strategic Board on the progress being made.

Service developments:

Community Mental Health Transformation Evaluation

Since April 2021, all integrated care systems (ICSs) received transformation funding to deliver new and integrated models of primary and community mental health care. The focus was to build on the strengths of integrated health and social care delivery with ambitions to remove boundaries between Primary and Secondary care.

As a result, new care models, new assessment processes, and strengthened partnership with external agencies have been created, using the principles of embedding trauma informed practice, working with Experts by Experience as equals, and building specialist pathways. The Section 75 agreement and new ways of working with Primary Care enabled system partners to collaborate to improve the outcomes for adults and older adults experiencing mental ill health across the Integrated Care System (ICS).

The Community Mental Health Transformation Evaluation was therefore compiled by the team to highlight achievements from this 3-year Community Mental Health Transformation.

Key facts:

93% of roles have been filled in Community Mental Health.

Mentalisation-based treatment (MBT) is available in all localities.

Over 200 colleagues have accessed Dissociative Disorder online training.

Over 20 clinicians have been trained to conduct dissociative identity disorder assessments using SCID-D.

New pathways include: Personality and Complex Trauma (PACT), Eating Disorders Offer, and The Enablement Pathway.

Community Mental Health waits: During FY2023/24 the Mental Health Directorate worked to improve its understanding of waiting times across all services. The directorate worked closely with the Trust's Information Technology Collaborative (ITC) team to develop

a new waiting list tool to improve services ability to monitor and amend waiting times data held in Carenotes. This work assisted the Directorate to resolve data quality issues with the result that significant progress was made in reducing the longest waits. Teams will continue to use the new waiting list tool going forwards.

Voluntary Community and Social Enterprise (VCSE) investment: In 2022 £296,054 was released through the Innovation Fund for VCSEs and then a further £359,659 in 2023, including microgrants of under £3000 to support smaller grassroots organisations. The impact of VCSE investment means individuals are having greater access to mental health support from a wider network of organisations all working together, in a truly integrated and collaborative culture.



[Community Mental Health Evaluation summary document](#)

Service developments



Staff views, Primary Care referrer views, and Service User feedback, Adult Social Care reflections, and research findings have been obtained. Positive findings as well as themes for areas of improvement have been triangulated to produce recommendations necessary to address further development and interconnectivity of the transformation.

What next?

There is now on-going work to embed the changes and realise the benefits of the 3-year programme.

In FY2024/25 key areas of focus will be:

- Focusing on transitions and increasing integrated working between Community Mental Health, Urgent Care, and In-patients.
- Building Multiple Professional Teams and expanding new roles into Mental Health Services.
- Recruitment retention (particularly for core teams).
- Training for clinicians to be up-skilled across patient cohorts of Personality Disorder and Psychosis.
- Protecting best practice of Flexible Assertive Community Treatment (FACT model) for individuals with psychosis.
- Quality Improvement Plan to support moving towards the national average in the following areas (Table 22). Work is underway to improve the data quality of information used to assess performance against these metrics.

Table 22: National average in the following areas.

Community Mental Health Caseload Indicators	National Average
1. CMHT activity as % of total caseload	29.1%
2. CMHT new referrals	19%
3. Discharges from Community Mental Health Team	9.3%
4. Discharges following once care contact	406
5. Median referral to discharge days	55
6. Open caseload	335

MH Community Eating Disorders - CMHT

“My life has been saved repeatedly over the last 20 years by the doctors and nurses at the Aspen centre, St. Mary’s Lodge and St. Michael’s hospital. I am incredibly grateful for their endless patience and care, and their expert help at every stage of my illness and recovery.”

Assessment and Care Planning within Mental Health – My Care Record.

Claire Potts, Head of Place/Interim General Manager – Community Mental Health, Talking Therapies and Primary Care, Coventry and Warwickshire Partnership NHS Trust

Toni Ruck, Transformation Lead, Adult Mental Health, Coventry and Warwickshire Partnership NHS Trust

Deborah Sumal, Transformation Lead, Community Services, Adult Mental Health, Coventry and Warwickshire Partnership NHS Trust

As part of the Community Mental Health Transformation Programme, NHS England gave the directive to move away from the arbitrary Care Programme Approach (CPA). The core principles of care planning and multi-disciplinary working still needed to be upheld with its revamp, therefore this co-produced quality improvement project was launched to use the mandated DIALOG and DIALOG+ (an outcome measure with two elements to it) to be used in the assessment and care planning process. The DIALOG questions in the assessment feed into the DIALOG+ element, which helps to identify areas of improvement, these then feed into the care planning process.



More about DIALOG/DIALOG+:

- It is a therapeutic intervention to make the communication between service user and clinician more effective.
- It is a structured assessment of service users' concerns, combined with a solution-focused approach to initiate change. DIALOG+ uses the DIALOG scores and a 4-step approach based on solution-focused therapy.
- It is a validated patient reported outcome measure (PROM) to support structured and meaningful conversation between service users and clinicians, focusing on the service users' views of quality of life, needs of care, and treatment satisfaction.

In February 2024, the new My Care Record was newly developed which is a reformed assessment used within the care planning process from an integrated care perspective, with a focus on what matters to the service user. The content has the DIALOG outcome measure and its questions built into the assessment process, facilitating the opportunity for service users to share their story only once. It is strengths-based, trauma informed, focuses on the holistic service users' needs, and is fully co-produced with the service user and carer/s. Leaflets have also been developed for information prior to assessment to help service users with what to expect.

What next?

Staff are currently being trained in the new process and there are plans for phased implementation roll out of My Care Record from June 2024 onwards, starting with Community Mental Health, followed by In-patients and Urgent Care.

The Strengths-based Social Care Assessment.

Josh Sklar, Service Manager, Adult Mental Health, Social Care and Support

People Group, Warwickshire County Council

A critical string in the social care bow is our strengths-based approach to assessing and supporting our residents. An important part of this was helping develop the new Core Assessment, which is needed as mental health services move away from the Care Programme Approach (CPA), and to make it as strengths based as possible. We also recognised the need to have our own Social Care Strengths-based assessment housed within CWPT's Mental Health recording system so that social workers and social care workers can complete and record Care Act compliant assessments on this system when a person's needs don't require a funded package of care (which instead entails completing assessments and support plans on our respective local authority systems).

The strengths-based assessment is a fundamental shift of focus on what people can't do to instead look at the skills, abilities and experiences that people already have, and those they wish to acquire or develop. It helps to build a unique and full picture of that person, identifying what they have achieved and enjoyed previously (what has worked in the past); what qualities and resources they have in place (what is working for them now); and what their priorities are (what they want in the future). Although still in a testing phase, we foresee the Core Assessment and Social Care Strengths-based assessment changing the culture of how we work with people and helping us to move steadily away from a deficit-based model.

My Strengths-Based Assessment and Plan

[NOTE: all demographic information is already captured on Carenotes & the Core Assessment so is not being requested in this document]

Information sharing

The information you provide as part of this process may need to be shared with other people and partner organisations providing services or with your family members/support network to ensure you have the required support. You can tell us which people and partner organisations you do NOT want us to share your personal information with and we will only share your information with those people necessary for your services. Please bear in mind that there may be some people or organisations we may need to share your personal information with if we are required by the law, it is in the public interest, or we feel it is necessary to safeguard you or another person.

We have explained to you how we use your information and how it will help to assess your needs and plan your support. We also explained this information may need to be shared with other people and partner organisations providing services.

Purpose of the visit / assessment:

Support Network

Who do I have around me, supporting me (e.g. friends, family, pets, groups or clubs I attend)? What help am I getting at the moment?

Right Care Right Person (RCRP)

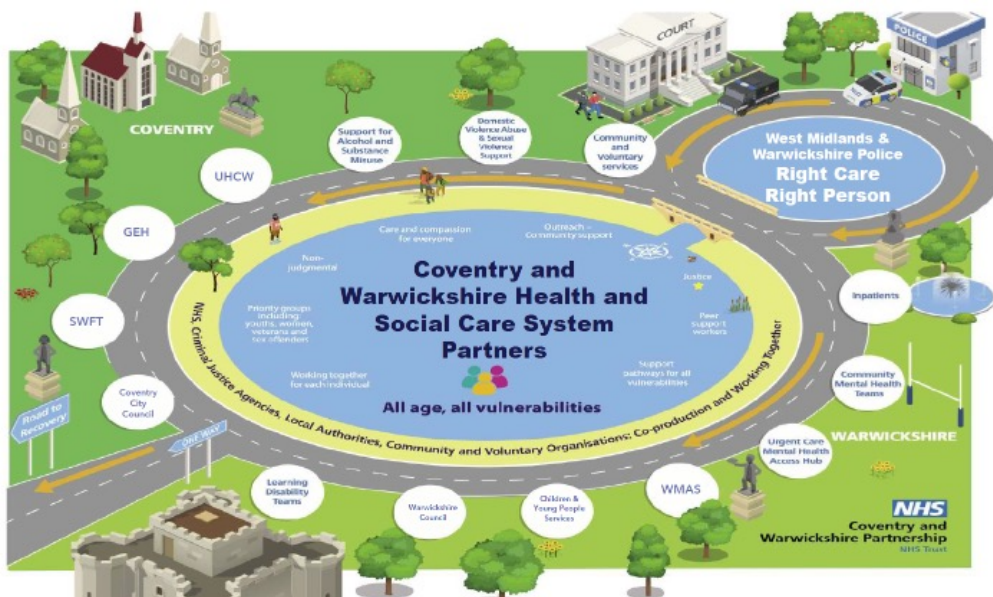
Urgent Care Team

Right Care, Right Person (RCRP) is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

The nationally mandated Right Care Right Person agreement sets out a collective commitment from the Home Office, Department of Health & Social Care, the

National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs.

In September 2023, a workshop was held with Warwickshire and West Midlands Police and system partners about the potential RCRP impact and how best to make sure that we continue to work together in the most effective ways to support all people who use our services to maintain everyone's safety during the RCRP implementation period.



RCRP involves 4 phases of project work to reach shared understanding between system partners. A weekly workgroup focusing on the 4 phases of RCRP was set up to prepare the RCRP implementation in Coventry and Warwickshire.

Social Care have been a part of the internal and external working groups for RCRP procedures, policies, and communications, with inputs and feedback from social care obtained throughout.

Overall, this has allowed partnerships to strengthen across the system. Collaborative forums to discuss and raise issues with the police, and long-term problem areas to improve response to pathways has been hugely successful.

In February 2024 AWOL for both Warwickshire Police and West Midlands Police went live.

In February 2024 Welfare Concern went live for West Midlands Police. Warwickshire Police plan to go live with Welfare Concern in June 2024.

What next?

Mental Health transport and Section 135/136 will be rolled out in October 2024 and a work programme for this is underway and on-going.

Data collection across the partnerships has been one of the key challenges so there is a workstream set up to tackle this.

NHS 111.

Urgent Care Team

People ringing NHS 111 now have a Mental Health option to select. Coventry and Warwickshire Partnership NHS Trust (CWPT) are part of a 24/7 provision of direct access to a team of mental health professionals who offer information, advice, brief psychological interventions, and a Crisis response where needed. As a result, many people who use our services and their carers are being supported, thus their needs prevented from escalating, therefore reducing A&E attendance or needing a blue light response from ambulance or police.

CWPT also provides a 24/7 mental health pathway available for self-referral. The service aims to improve safety and detect early traits of mental illness and relapse, allowing early referral and treatment.

In FY2023/24 the team implemented the new NHS 111 Mental Health option ('option 2') system which has been rolled out nationally

across Mental Health Trusts. Those who select the option are now diverted to more appropriate call handlers. The team have also been working towards implementing the new system Ring Central with the 999 telephone service. Other preparation work included recruitment to the new team responding to the calls.

What next?

Following its successful Go-live on 25th April 2024, analysis of the incoming data will be a focus throughout.

Active promotion of the service will be phased in from April 2024, in preparation for the winter months. This is expected to coincide with other national winter campaign activities, to increase awareness and utilisation of the 111 service nationally.

The team is also preparing for the texting service which aims to be in place by March 2025.

Urgent Care quotes from I Want Great Care:

“Feeling more hopeful with impact from the HTT, thoughts more clearer now and looking forward to the future.”

“Staff were very kind, so thoughtful. Felt bright and cheerful seeing them. Lots of kindness given to me.”

“Staff were very informative, kind natured and understanding. They listened to me and were not judgemental and made me feel at ease.”

“I would like to give thanks and praise for contribution to help with housing and benefits.”

“MHAH was able to guide me into referring myself to RETHINK, get back my confidence, access other services in Community, Recovery Academy, Safe Haven, thank you. ”

Quality Improvement:

The integrated teams have been involved in a number of Quality Improvement Projects throughout FY2023/24. Completed projects in FY2023/24 by our Urgent Care and Community Mental Health teams include:

1. Arden Mental Health Acute Team
George Eliot Hospital (AMHAT GEH)
Delirium QI Project
2. AMHAT GEH Referral Pathway QI Project
3. Supporting patients in the EI team following a diagnosis of Autism
4. Implementation of Family Work (BFT) in the Perinatal Team
5. To improve Junior Doctor Induction
6. Improve Knowledge of Dissociative Disorder

Spotlight on a quality improvement project that has been launched in FY2023/24:

Quality Improvement Collaborative Demand Capacity and Flow in Community Mental Health

Core project team:

Suzanne Madle-Williams, Operational Manager South Warwickshire, Adult Community Mental Health, Coventry & Warwickshire Partnership NHS Trust

Robin, Expert by Experience

Adele de Bono, Quality Improvement Coach, Royal College of Psychiatrists

Jodie Shepherd, Health of Place, South Warwickshire, Coventry & Warwickshire Partnership NHS Trust

Hannah Ryde Rogers, Admin Lead South Warwickshire Community Mental Health

In 2021, the Community Health Teams embarked on a 3 year Community Transformation Programme which ended in

April 2024. With a limited capacity and an increasing demand, the flow of patients was not equitable to the needs of those needing support. This quality improvement project was therefore launched. Out of the three localities, South Warwickshire was chosen as it felt that focus on one area could maximise the initial results and replication could follow thereafter.

People needing the team's support were waiting up to 16 weeks for an appointment, therefore the areas the team wanted to focus on were waits for assessment and the large number of appointments that service users did not attend (DNAs). As part of the project, Experts by Experience (EBEs) were engaged as part of the co-production in implementing the change initiatives.

The chosen change initiatives were:

- Updating the appointment letter.
- Short notice assessment bookings.
- Increase in assessment slots.
- More frequent multi-disciplinary team (MDT) meetings to produce referrals.
- Temporary out-of-hours assessments to reduce the backlog of waits whilst the changes were implemented.

After the change initiatives were made, the waiting time for assessment went from 16 weeks in September 2023 to 6 weeks by April 2024 (sustained since November 2023 with no significant change common cause variation).

Quality Improvement:

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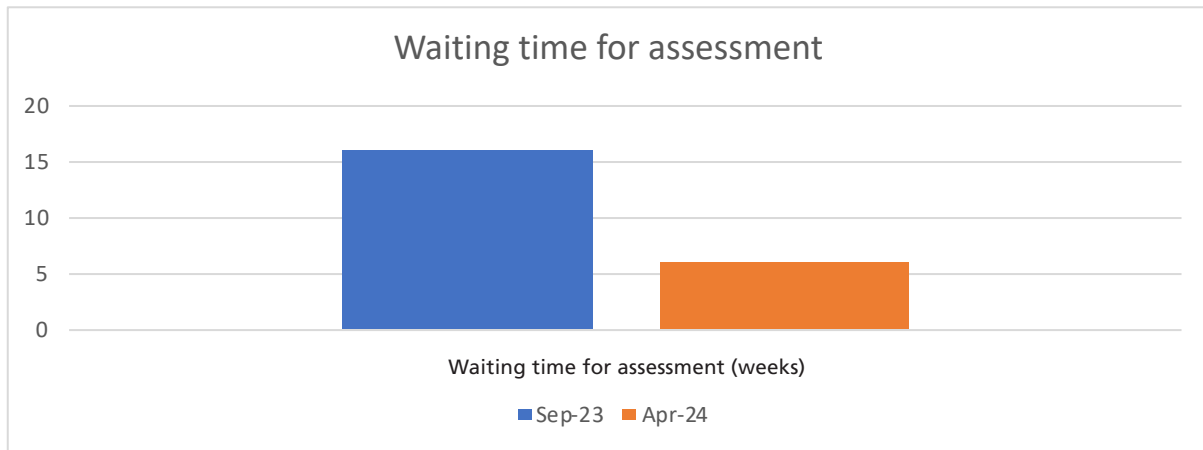


Figure 11: QI project: waiting time for assessment

“There were long waits, people getting lost in the system and letters that weren’t the most inviting. Our waits are down from 4 months to six weeks for assessments – we are outcoming appointments, agreeing interventions within 7 days, we’ve come a long way in a short space of time.”

“In the face of so much change and overwhelm, we’ve brought two teams together to form the new South Warwickshire Community Mental Health Team as well as driving forward these Quality Improvements and feel a real sense of pride at what we’ve achieved.”

South Warwickshire Community Mental Health Team, Coventry
and Warwickshire Partnership NHS Trust.

The team have also received positive feedback from Experts by Experience following a revamp to appointment letters:

“Maps – very useful and staff agreed they would like this when they receive letters as you can sometimes wonder if you are in the right place or which door to go in and where to park.”

Quality Improvement:

What next?

The Community Mental Health Team are now working towards a target of 4-week waiting time from referral to intervention. From FY2024/25 Community Mental Health Teams have taken back routine triage of referrals meaning that people should receive the right intervention, in the right place, at the right time. In the spirit of this, they ensure that assessments are booked in with the most appropriate professional depending on their reason for referral. They therefore have developed psychology, nurse prescribing, and social work assessment slots alongside the slots offered by health staff and medical colleagues. This stops patients having to go through multiple assessments and saves valuable clinical hours.



Summary

This year we have seen many successes - the introduction of a new Social Care Offer, conclusion of the Community Mental Health Transformation Programme, a range of quality improvement projects and continued progress towards reducing health inequalities. We have implemented revised ways of working and specialist pathways across both health and social care community services and worked collaboratively across the system to improve the mental health urgent care offer, continuing our efforts to reduce unnecessary admissions to hospital. Coupled with investment into local Voluntary and Community sector organisations through a new Innovation Fund, transformation is enabling greater access to mental health support from a wider network of organisations across our patch.

Drivers for change have included the introduction of national initiatives such as NHS 111 “Option 2” and the ‘Right Care, Right Person’ models, which have changed the role of mental health providers and the emergency services in responding to calls for urgent mental health support. Locally, significant resource has been allocated to preparing for and implementing the changes which the new ways of working require. Yet this has also helped forge much stronger working relationships with the police and others, affording greater opportunity to focus on long-standing issues common to all partners and to find solutions together.

Co-production has been a key component of the Community Mental Health Transformation Programme, and we recognise the value that lived experience has brought to designing services that can better meet people’s needs. This report incorporates some encouraging examples of the positive feedback received from residents, helping to demonstrate that for most of the time, we appear to be getting things right.

We know there is more to do, and we are not complacent in the need to address issues that matter most to those who use our services. We know that accessing some services can be challenging, receiving treatment in a timely manner is of the utmost importance

for achieving the best outcomes, and good communication and feedback mechanisms will be critical as we continue to embed the new service offers. Our staff also require and deserve on-going investment, with training and development opportunities, and support when things go wrong, to retain a highly skilled and qualified workforce for the future.

Our plans for the year ahead focus on finalising the new arrangements and embedding them into everyday practice, so that our staff feel confident to deliver the revised ways of working whilst remaining resilient in the face of increased operational pressures. We will also retain a focus on intervening earlier in people’s journey and improving our response at the ‘front door’, so that we can maximise and sustain our use of resources.

Our achievements this year have only been possible by working in partnership and continuing to work across organisational boundaries rather than in silos. We remain committed to retaining our Section 75 Partnership arrangements while they continue to add value and provide the springboard for continuous improvement to mental health service across our geography.

NHS
Coventry and
Warwickshire Partnership
NHS Trust

