

# **Social Care and Health Overview and Scrutiny Committee**

## **Mental Health – Overview**

24<sup>th</sup> January 2024



# Introduction

## Lead Provider Approach



# Black Country MH/LDA Lead Provider – A whole pathway approach

## Case for change



Addressing unwarranted variation in access and outcomes driven by legacy of fragmented commissioning and provision



Achieving a more coordinated approach to strategic plans in a complex architecture



Platform to achieve national ambitions e.g. Transforming Care and Long Term Plan – benefitting from scale



Incentivising the front line e.g. elimination of inappropriate out-of-area placements



Breaking down artificial barriers between partners / agencies – making best use of collective strengths



Advancing health equalities through stronger voice/influence and accountability – ensuring needs of under-served communities considered across whole pathway



Workforce development and expansion through collaboration - a one-workforce approach

## Benefits



Better experiences and outcomes for the people we support



Opportunity to develop a shared vision and strategy for services, driving more integrated pathways of care



More engagement and co-production with people with lived experience, communities and the voluntary sector



A direct and mutually beneficial working relationship with partners across health and care, including local authorities and the voluntary sector



More involvement for professionals, managers and teams in driving change for the benefit of our communities





**Our ambition** is to provide outstanding quality specialist mental health, learning disability, and community healthcare services that support people to live their best lives as part of their community.

**Our story** is not just about services and supporting people when they are unwell. As a lead provider for mental health, learning disabilities and autism, we know we can do much more to help people to stay well.

**Our voice and influence**, and our approach to **working in partnership** will help improve the social, economic and environmental conditions in our communities, impacting people's health and wellbeing and reducing health inequalities.

**Our purpose** is to be a force for good for our Black Country communities; to listen, learn, work in partnership, challenge where needed, remove barriers, speak-up for all, and proactively create health equity.

We believe that achieving **health equity** for our communities is critical

**Our overall ambition is to be an anchor institution for our Black Country communities.**  
**Anchor institutions** are large organisations that have a significant stake in their local area and large assets that can be used to support their local community's health and well-being and tackle health inequalities.



# Black Country MH/LDA – A flavour of what we have been doing

New maternal mental health service launched	Older adult in-reach to care homes service launched	First primary care mental health practitioners appointed; co-located in Primary Care Networks	Black Country community rehabilitation model under development	Recovery College expanded across the Black Country	Older adults therapeutic service launched	Ambulance control rooms – mental health nurses within the 999/111 service
Community inclusion worker model introduced as part of journey to advance health equalities	Admiral Nurse service launched	Eating disorders in-reach into primary care model developed and being piloted	Improving support for 18-25 year olds' transition from child and adolescent to adult mental health services	Progressing a physical health model of care for people with severe mental illness	Black Country all-age eating disorder service recognised as one of the highest performers in the country	Alternative ambulance response model under development
Single Black Country Child and Adolescent Mental Health Services (CAMHS) core model implemented	Single CAMHS crisis model across Black Country developed to ensure consistent support in all areas	Further expanded and embedded mental health support teams across educational settings including schools	Early Intervention in Psychosis model that meets NCAP standards developed and being implemented	Expanding employment support across the Black Country and wider region – recognised as an exemplar service	Crisis sanctuaries set up across all four localities	24/7 helpline for urgent mental health support for all ages across the Black Country
Inpatient transformation plan under development across the Black Country in collaboration with a range of agencies	Learning disabilities successful key worker pilot embedded; autism framework developed	Welfare rights project developed to tackle health inequalities	Transforming core CAMHS service and crisis support, including inpatient mental health beds for children and young people	Successful pilot of keyworkers for children and young people to work with service users who are inpatients or at risk of being admitted to hospital	Continuing to strengthen psychiatric liaison support in line with core 24 standards, ongoing development of crisis home treatment model	Agreeing clear pathways between CAMHS and acute services to reduce variation and provide a quicker, improved response for children and young people
Pilot of Barnados keyworkers, working with acute hospital and local authority	Improving support for children in care, care leavers and young people in the justice system	Embedding CAMHS strategy and I-Thrive model				



# BCHFT - Services we provide and/or commission

Inpatient and Urgent Care	Specialist/Children and Young People	Community
<b>Crisis and Urgent Care</b> Crisis Resolution/Home Treatment Teams	<b>Specialist</b> Adult ADHD and Autism Service Early Intervention in Psychosis (EIP) Services Community Perinatal Services Maternal Mental Health Service Liaison and Diversion, and Criminal Justice Team	<b>Adults</b> Community Mental Health Teams
<b>Mental Health Liaison Service</b>		<b>Older Adults</b> Enhanced Older Adults Community Mental Health Teams
<b>Inpatient - Adult Wards</b> Bushey Fields Hospital (Dudley) Dorothy Pattison Hospital (Walsall) Hallam Street Hospital (Sandwell) Penn Hospital (Wolverhampton)	<b>Children and Young People</b> Community CAMHS/Learning Disability CAMHS Teams CAMHS Crisis Eating Disorders (Community) Children in Care Positive Steps (Dudley and Walsall)	<b>Specialist Community</b> Improving Access to Psychological Therapies Services (Talking Therapies)  Primary Care Mental Health Services (Sandwell and Wolverhampton in development)  Rehab/Complex Recovery Team Services (Walsall only)  Learning Disability and Autism Teams
<b>Inpatient - Older Adults Wards</b> Bloxwich Hospital (Walsall) Bushey Fields Hospital (Dudley) Edward Street Hospital (Sandwell) Penn Hospital (Wolverhampton)	<b>Community Eating Disorders (all age)</b>	
<b>Psychiatric Intensive Care Unit</b> Heath Lane Hospital - male only (Sandwell)		<b>Outpatients</b> Older Adults Therapeutic Services  Memory Assessment Services
<b>Learning Disabilities</b> Low Secure Assessment and Treatment Unit		<b>Community Inclusion, Engagement and Advocacy</b> For example: Recovery College, Mental Health First Aid, Employment Services

Services provided across all localities (Dudley, Sandwell, Walsall and Wolverhampton) unless specified otherwise



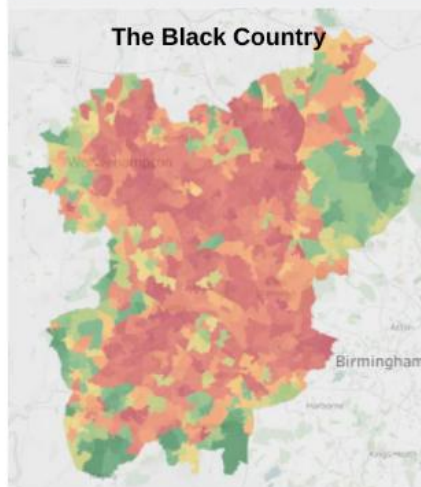
Perinatal peer support    Community outreach    Addressing health inequalities    Train the trainer    24/7 helpline  
 Community wellbeing    Sanctuary hubs    ADHD assessment    Crisis support    Education  
 Rehabilitation    CAMHS waiting list support    Autism employment support    Emergency response    CAMHS support  
 \* Childrens emotional health and wellbeing    Counselling    Dementia inpatient    Suicide bereavement support  
 Peer support    Talking therapies    Primary care mental health workers    Online childrens counselling  
 Digital mental health support    CAMHS eating disorder early discharge / admission avoidance    Inpatient beds  
 Residential mental health support    Dementia support workers    Community wellbeing    Homeless crisis support



# Black Country - proud and resourceful communities... ...but not without challenges



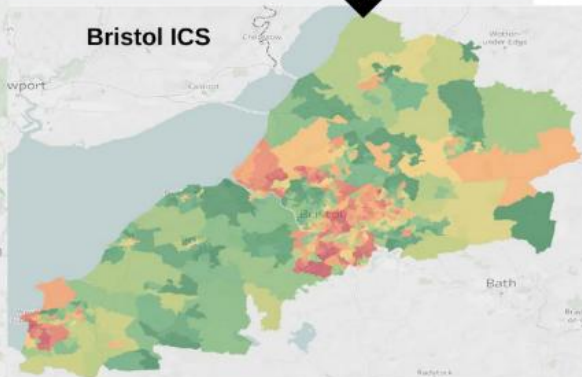
Over 50% of the Black Country population live in the most deprived neighbourhoods in England



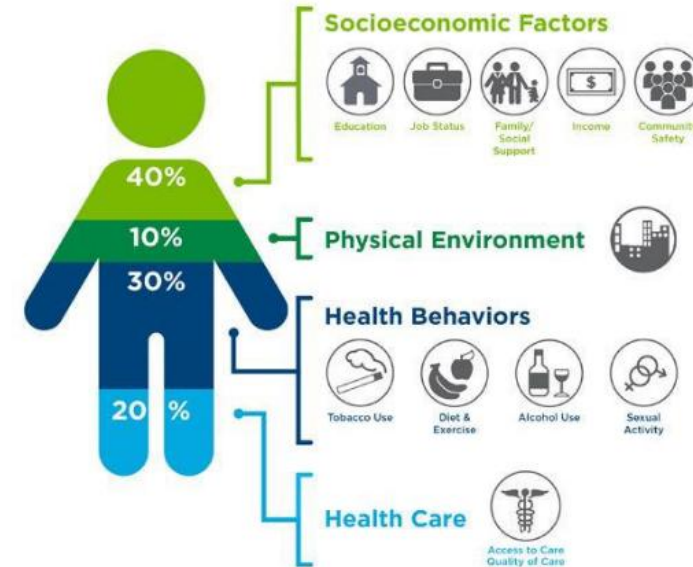
The "Bostin" Black Country

These maps show income deprivation. Red represents most deprived and green least deprived.

Here is Bristol Integrated Care System (ICS) map as a comparison



## What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

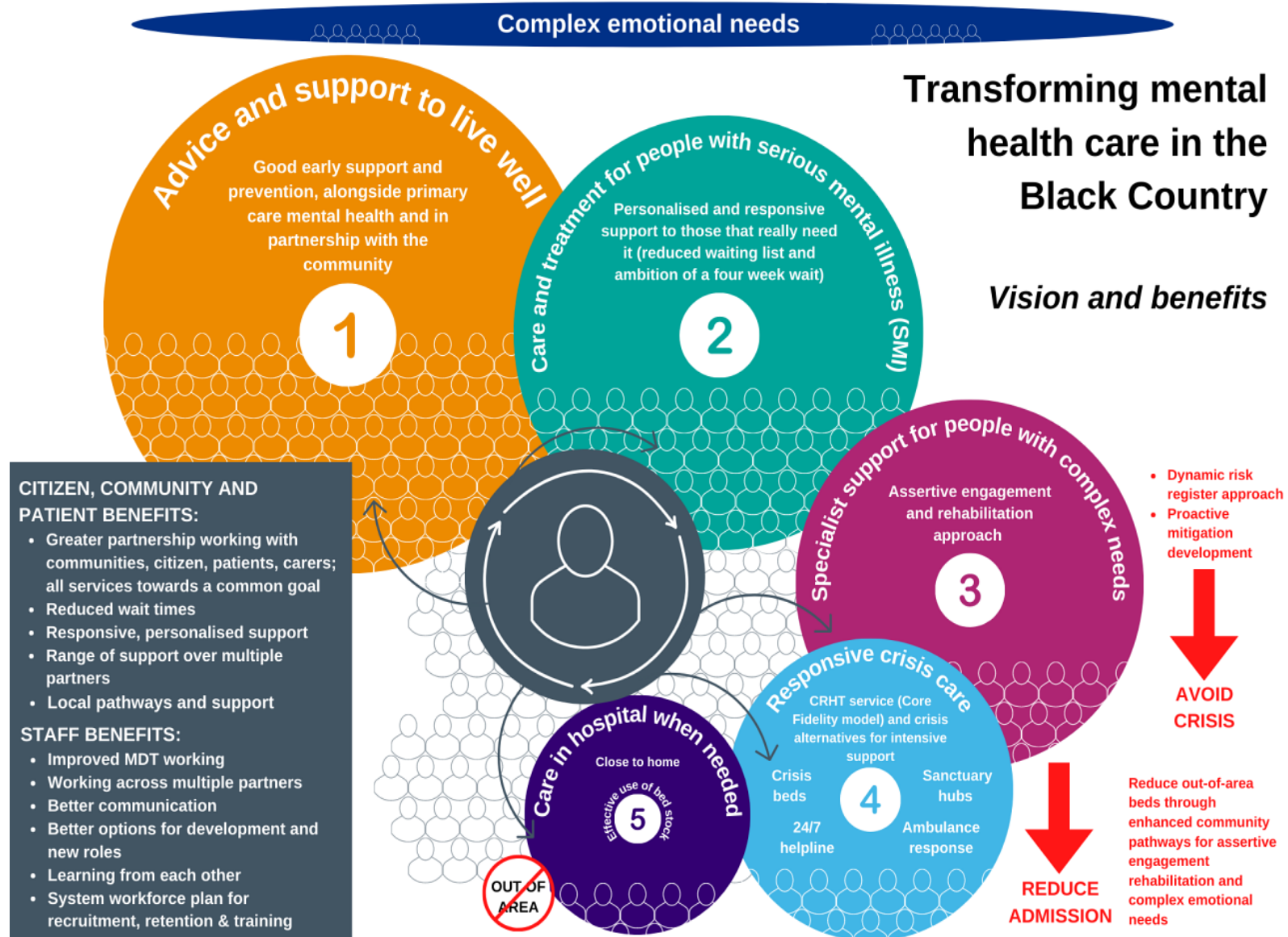


# A new way of working and collaborating





# Black Country Mental health model - overview





# Tier 1 – Health Equity & Recovery Services



# Tier 1 – Health Equity & Recovery Services





# Tier 1 - Recovery College

- Open to anyone aged 18+ living in or has a GP in the Black Country
- Mental health “Recovery through learning” focusing on strengths and skills
- Aim to help people build lives beyond services
- Programme of courses and activities
- Digital, classroom and outdoor
- Operate on adult education principles
- Founded on coproduction
- CHIME (Connectedness, hope and optimism, identity, meaning, empowerment)

[www.therecoverycollege.co.uk](http://www.therecoverycollege.co.uk)  
[info@therecoverycollege.co.uk](mailto:info@therecoverycollege.co.uk)



The Recovery College  
FOR THE BLACK COUNTRY





Hope. Opportunity. Choice.

NHS  
Black Country Healthcare  
NHS Foundation Trust

**Black Country**  
Mental Health, Learning  
Disabilities and Autism



# Tier 1 – Employment services

	Thrive into Work	Thrive into Work Specialist Service	IPS Employment	IPS Retention	Projects (Bridges, Let's Talk, Wellness at Work)
<b>Support with</b> 	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Retention Support</li> </ul>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Retention Support</li> <li>• Specialist Support</li> </ul>	<ul style="list-style-type: none"> <li>• Employment</li> </ul>	<ul style="list-style-type: none"> <li>• Retention Support</li> </ul>	<ul style="list-style-type: none"> <li>• Loneliness &amp; isolation</li> <li>• Employment</li> <li>• Wellbeing</li> <li>• Training</li> <li>• Development</li> </ul>
<b>Area covered</b> 	GP in Black Country <ul style="list-style-type: none"> <li>• Dudley</li> <li>• Walsall</li> </ul>	GP in West Midlands <ul style="list-style-type: none"> <li>• Black Country</li> <li>• Birmingham</li> <li>• Solihull</li> <li>• Coventry</li> </ul>	Black Country <ul style="list-style-type: none"> <li>• Dudley</li> <li>• Sandwell</li> <li>• Walsall</li> <li>• Wolverhampton</li> </ul>	Black Country <ul style="list-style-type: none"> <li>• Dudley</li> <li>• Sandwell</li> <li>• Walsall</li> <li>• Wolverhampton</li> </ul>	Black Country <ul style="list-style-type: none"> <li>• Dudley</li> <li>• Sandwell</li> <li>• Walsall</li> <li>• Wolverhampton</li> </ul>
<b>Eligibility*</b> 	<ul style="list-style-type: none"> <li>• 18+</li> <li>• Primary Care</li> <li>• Physical or mental health condition</li> </ul>	<ul style="list-style-type: none"> <li>• As per 'Throve'</li> </ul> AND <ul style="list-style-type: none"> <li>• Risk of Homelessness</li> <li>• Neuro-developmental condition or learning disability / difficulty</li> <li>• Contact with Criminal Justice</li> </ul>	<ul style="list-style-type: none"> <li>• 18+</li> <li>• Secondary Care</li> <li>• Wants to gain paid employment</li> </ul>	<ul style="list-style-type: none"> <li>• 18+</li> <li>• Secondary Care</li> <li>• At risk of losing employment and/or;</li> <li>• Off sick</li> </ul>	Various
<b>Referral**</b> 	<ul style="list-style-type: none"> <li>• Self referral</li> <li>• Friends &amp; Family</li> <li>• GP</li> <li>• IAPT</li> <li>• Job Centres</li> <li>• Other professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Self referral</li> <li>• Friends &amp; Family</li> <li>• GP</li> <li>• IAPT</li> <li>• Job Centres</li> <li>• Other professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Self referral</li> <li>• Clinicians (secondary care)</li> <li>• Other professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Self referral</li> <li>• Employers</li> <li>• Clinicians (secondary care)</li> <li>• Other professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Self referral</li> <li>• Friends &amp; Family</li> <li>• Clinicians (primary or secondary care)</li> <li>• Job centres</li> <li>• Other professionals</li> </ul>

\* More eligibility criteria may apply, visit website or see contact details for more info

\*\* Referral pathways are examples only - including, but not limited to the above



# The BRIDGE Project

Together with you to achieve  
**healthier, happier lives**

**NHS**  
**Black Country Healthcare**  
NHS Foundation Trust

## The BRIDGE Project

The Bridge Project is a service that offers one to one, individually tailored employment and vocational support to adults aged 18 and over, who are currently affected by their mental health and are struggling with unemployment, risk of redundancy or are economically inactive.\*

### How can the service help me?

We can support you in many ways, such as:

- Identify your needs and develop an action plan
- Support you with accessing education, training, volunteering and employment opportunities
- Help develop a CV, job application support and interview preparation
- Confidence building
- Group activity sessions
- Help and support to access other services



**Build Recover Inclusive Diverse Goals Empower**

\*Not currently employed and not currently job searching

Together with you to achieve  
**healthier, happier lives**

**NHS**  
**Black Country Healthcare**  
NHS Foundation Trust

### Who is eligible for this service?

The Bridge Project aims to support people experiencing mental health problems who are:

- Aged 18 years or over
- Unemployed or economically inactive\*
- Living in Sandwell, Dudley, Walsall, or Wolverhampton



### Getting in touch

If you would like to find out more about The Bridge Project, or are looking to self-refer, you can contact us by:

01922 608500

bchft.bridgeproject@nhs.net

blackcountryjobssupport.com

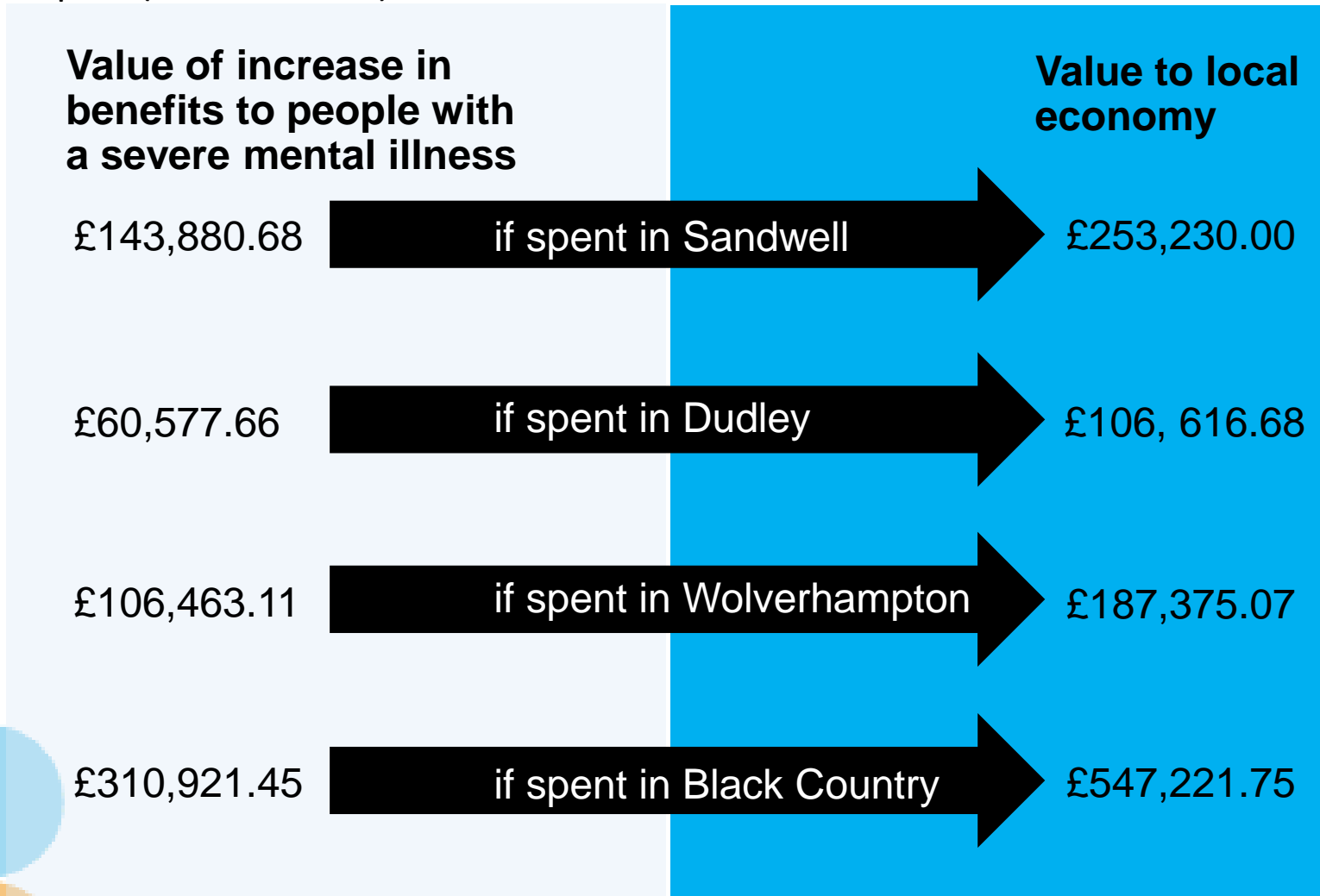
You can also follow our BCHFT Job Support Page on our social media pages:

Search: BCHFT Job Support



# Building access to Resources - Welfare Rights

impact (Jan–Jun 2023)



*Sandwell project started in Q4 22/23.*

*Wolverhampton and Dudley projects started in Q1 23/24*

Every £1 spent locally is worth £1.76 to the local economy

Every £1 spent outside the area is worth £0.36 to the local economy

\*Impact Measurement Ltd



# Building access to Resources - Bus passes

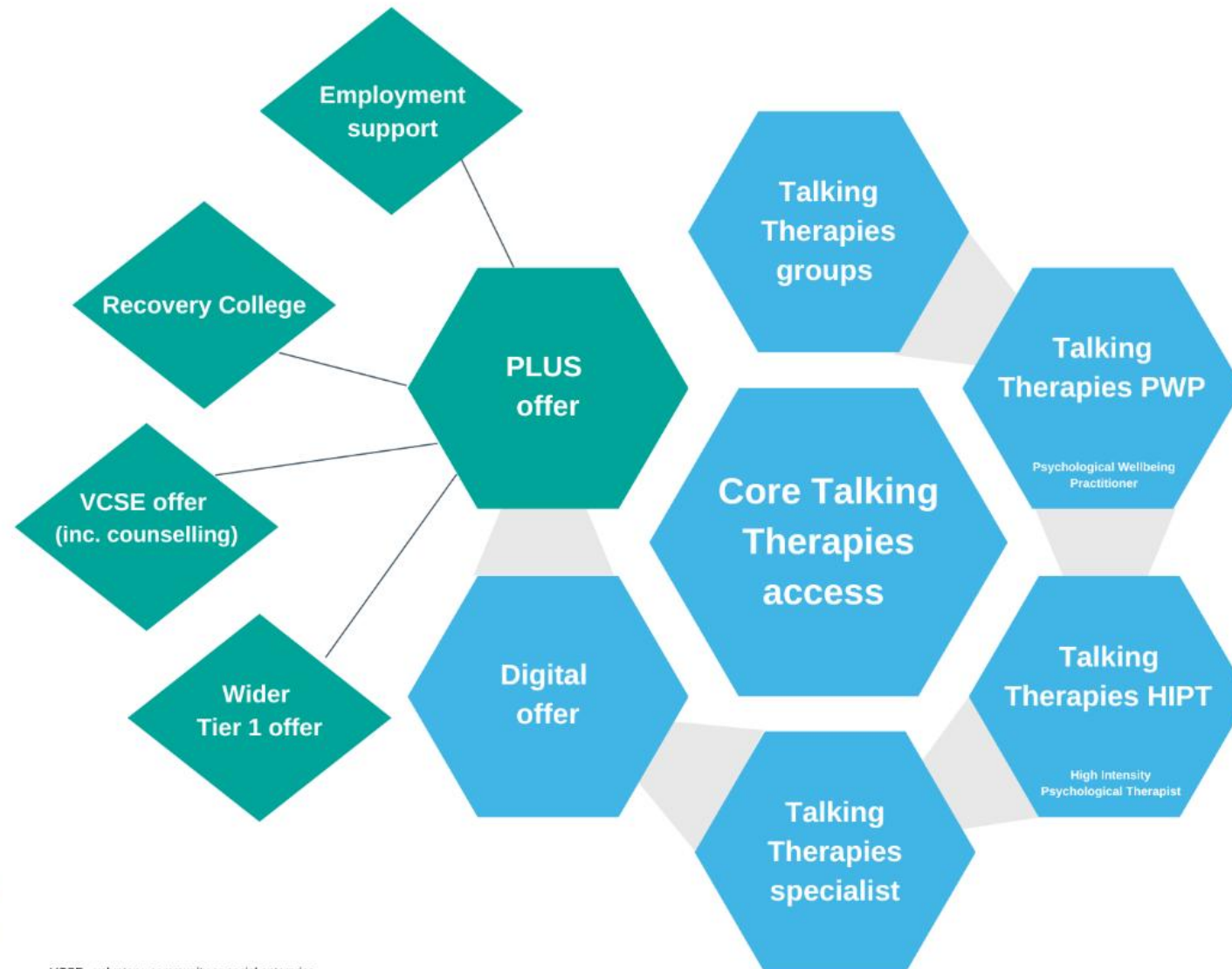




# **Tier 1 – Talking Therapies Plus & Primary Care Mental Health**



# Reframing our offer to communities – Developing a Black Country model for Talking Therapies



VCSE - voluntary, community or social enterprise

Provides a more person-centred and needs-led model that includes support for wider determinants and social issues which would aid recovery rate.

Allows for workforce development across VCSE and NHS - improve recruitment of trainees from diverse communities through links with VCSE organisations.

Offers choice for individuals that include potentially more culturally appropriate offer through VCSE. This would support waiting times.

Includes links to 'what next' - so people can be linked into post-Talking Therapies support.

Harmonise the model across the Black Country.



# Primary care mental health model for the Black Country

## Clinical benefits

- Evidence based practice – EI STEPPS and Structured Clinical Management
- Aligns to complex emotional needs pathway and Improving Access to Psychological Therapies (IAPT)
- Meets unmet need between IAPT and secondary care
- Meets unmet need between traditional secondary care and GP
- MDT – right care, right place, right time by the right person
- Having assessment and intervention at a primary care level has a beneficial impact on primary care access and secondary care intervention.
- Black Country wide interventions delivered locally where needed

## The Model

**The Hub** will have both assessment and intervention functions. Referrals from the 24/7 access or GPs/PCNs will be managed in the Hub and allocated to appropriate clinicians for an assessment and formulation session. Online and Group interventions will also be offered through the Hub, giving people the option to choose intervention outside of their locality.

**The locality offer** will include multi-disciplinary teams (MDTs) in PCNs and Tier 2 with a shared clinical group. Tier 1 1:1 interventions and tier 2 psychological and medical interventions will also be delivered in localities.

Recovery College, complex emotional needs, 18 – 25 and physical health in severe mental illness interventions will also be delivered on a Black Country footprint with local nuanced offers.

## Workforce

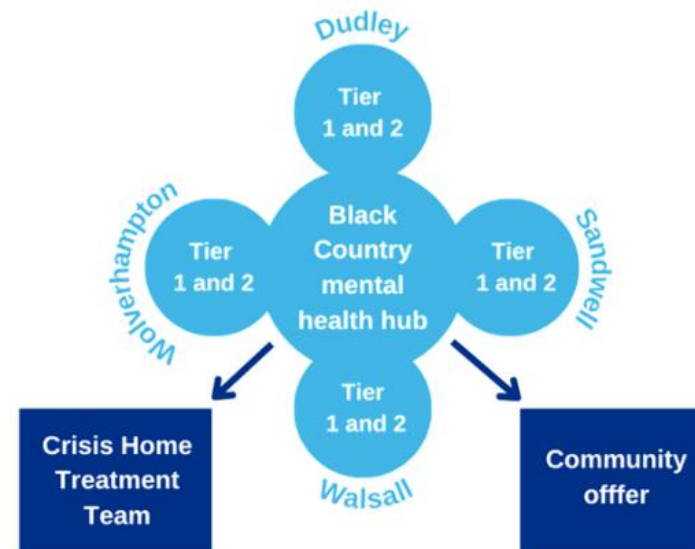
**Hub:** Specialist elements including dual diagnosis workers, community inclusion workers, older adult support to tier 1, advanced clinical practitioners, complex emotional needs practitioners, 18 – 25 workers.

**Locality:** Core MDT including responsible clinicians, psychologists, allied health professionals and mental health workers in tier 1 & 2.

## Workforce benefits

- Options for development
- A workforce that can flex to meet demand
- Clinical training
- Supervision and reflective practice
- Partnership working
- All of which improve wellbeing and retention

*Note – Implementation of model in Dudley locality still to be determined, as currently a distinct service commissioned/ provided by DIHC*

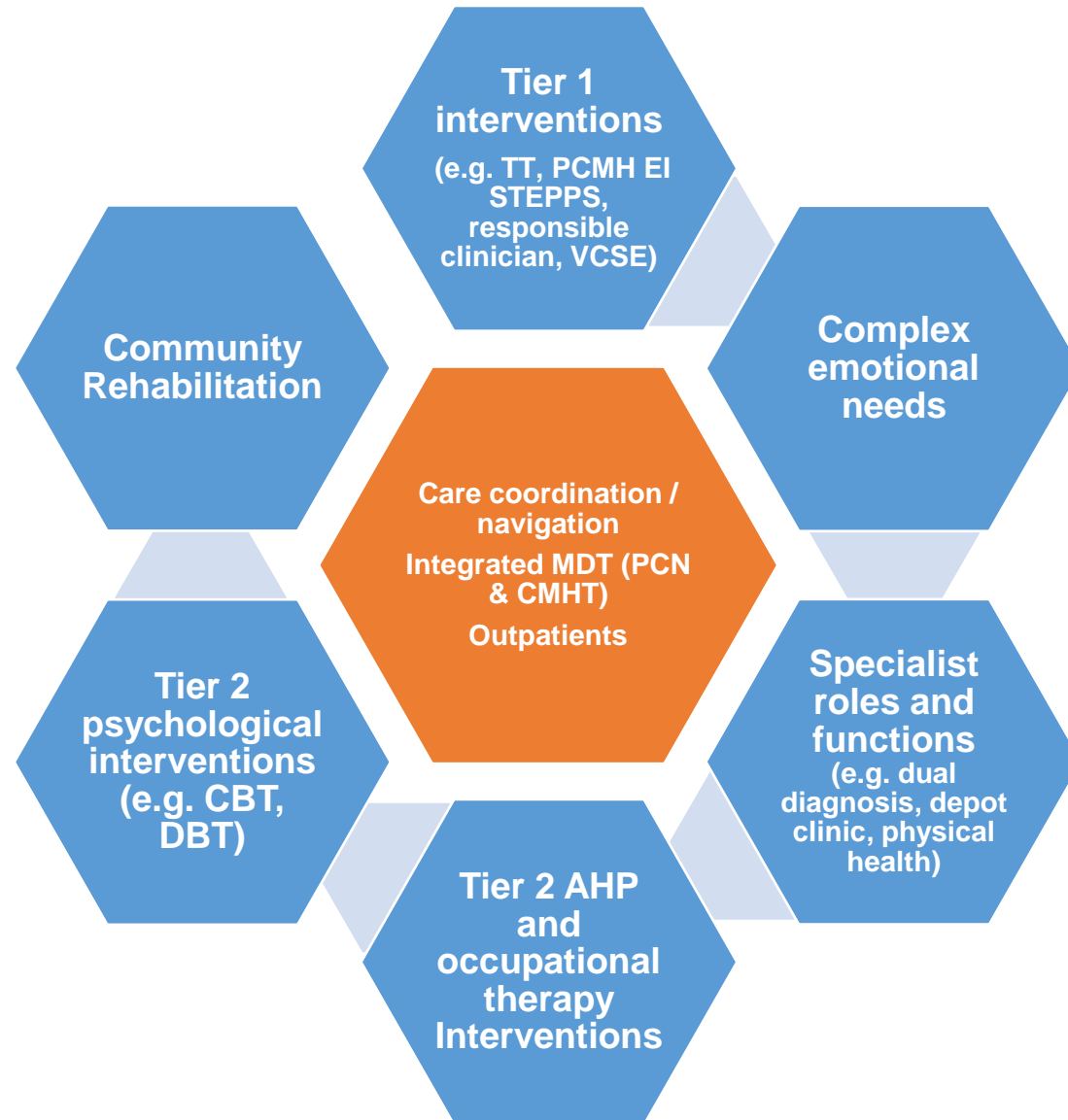




# **Tier 2 & 3 – Core Mental Health and Specialist Services**



# Black Country - Core offer



TT – Talking Therapies

VCSE - voluntary, community and social enterprise

AHP – allied health professional

CBT – cognitive behavioral therapy

DBT - dialectical behavior therapy

EIP – early intervention in psychosis



# Specialist Support

## Perinatal mental health team

Specialises in assessment, diagnosis and short-term treatment of women affected by a moderate to severe mental health illness in the preconception, antenatal and postnatal period.

Promotes wellbeing during pregnancy, prevention of relapse and assists with birth planning, working with women who have a previous history of serious mental health difficulties and women who are experiencing mental health difficulties for the first time.

The multidisciplinary team support women whose needs cannot be met by primary care professionals.

## Maternal mental health service

Provides psychological assessment and intervention for individuals experiencing moderate to severe mental health difficulties as a result of perinatal loss (for example miscarriage, foetal death, stillbirth, neonatal death).

Also provides advice and assistance in the form of consultation and reflective practice to maternity services and other partner agencies where appropriate.

## Liaison and diversion, and criminal justice team

Provides a single integrated offer to the whole Black Country population. The team comprises of qualified nursing staff trained in a variety of assessment and treatment options who provide short to mid length engagement for specified individualised plans of care.

The team work with other agencies (police, probation, prison, youth justice) providing advice, guidance and support.

## Adult ADHD/autism

Adult ADHD and autism services (AAAS) consisting of diagnostic assessment for autism and ADHD, and offer ongoing management for ADHD if the person has previously been diagnosed by the NHS.

## Early intervention in psychosis (EIP) services

A specialist community mental health team which works with young people and adults in the three years following a first episode of psychosis or those who are deemed at risk of developing psychosis (ARMS).

They adopt an assertive outreach approach and provide individualised, comprehensive, evidence based interventions to optimise recovery, prevent relapse and help individuals and their families to cope with their experiences. In doing so, they aim to improve social, physical, psychological and vocational functioning and reduce the short and long term impact of psychosis.



# Older adults

- Launched Older Adults Therapeutic Service across the Black Country and working in partnership with The Recovery College
- Launched In-Reach to Care Homes Service across the Black Country
- Launched Admiral Nurse Service across the Black Country
- Developments in Memory Assessment and Enhanced Community Mental Health Team for Older Adults
- Investment in improving hospital facilities for older adults (Edward Street Hospital refurbishment and new purpose-built facility at Dorothy Pattison Hospital in Walsall)
- Training and learning for staff in older adults suicide prevention



# Older Adult Inpatient developments

We are building a new older adult mental health hospital within the Dorothy Pattison grounds in Walsall as part of our eradicating dormitory wards project.

The plans will see the two wards currently based at Bloxwich Hospital move over to the new build in Summer 2024.

The new build accommodates two OA MH wards – 10 bedded dementia and 15 bedded functional with a central area providing staff facilities, ADL kitchen, visitors rooms and patient laundry.

Some of the benefits of these plans includes:

- Patient accommodation will all en-suite and on the ground floor
- Patients will have access to other facilities on the site such as a gym, canteen and multi-faith rooms
- Near to Walsall Manor Hospital and Dorothy Pattison Hospital
- Will meet same sex accommodation requirements
- More flexible space for therapeutic care
- Car parking available
- Close to Walsall town centre and transport links







# Tier 4 and 5 – Urgent care and inpatients

## 24/7 helpline

**Free 24/7 helpline for people in the Black country** (Dudley, Wolverhampton, Sandwell and Walsall) who require urgent mental health support. Trained mental health support staff tailor their response to each caller's situation including:

- Listening and guidance
- Practical support ideas
- De-escalation of crisis
- Encouragement to explore self-help options
- Community-based resources
- Onward referrals and a follow-up call if required

The aim is to try to avoid the need for a clinical intervention where possible; however, they work alongside NHS clinical staff who can support or take ownership of calls where needed.

**Support is available to people of any age living in the Black Country and experiencing urgent mental health difficulties or concerns.**

**0800 008 6516 or send a text to 07860 025 281**

The service provides a **direct number for WMAS colleagues to call the 24/7 supervisor and discuss any immediate concerns for a patient** and obtain information or advice in order to help avoid ambulance deployment, or conveyance to hospital where possible.

A relatively small percentage of patients are known to generate a disproportionately high percentage of emergency department attendances and hospital admissions, placing immense demand on these services. The **High Intensity User (HIU) Service** helps reduce high intensity user activity by offering around 60 patients per year an individualised outreach support, focused on health coaching to support an individual to improve their quality of life.

They work closely with people in their own homes using an approach focused on emotional wellbeing and recovery, and with the emergency department and clinicians to identify and respond to individuals. They offer training and support to colleagues, and attend forums and meetings for collaborative joint working including physical health specialities, and mental health and addiction services. The approach is person-centred and non-punitive; individuals are treated with care and compassion and are never told to not attend the hospital or call 999. The service has achieved consistent significant reductions and improved outcome for a very vulnerable group.

## Sanctuary Hubs

For those who need to access face-to-face support out of usual mental health service hours they can visit the **Sanctuary Hubs, available within each Black Country borough.**

No referral is required, but people must be aged 18+ and live in or be registered with a GP in Dudley, Sandwell, Walsall or Wolverhampton.

The Sanctuary Hubs can provide emotional support to those in distress, in need of reassurance or at times when people need to be listened to most.

**Monday – Friday, 6 – 11pm**  
**Saturday and Sunday, 12noon – 11pm**

**Dudley** - DY1 Community Centre, Stafford Street, Dudley DY1 1SA

**Sandwell** - Hope Place, 321 High Street, West Bromwich B70 8LU

**Walsall** - 1 Queen's Parade, Bloxwich, Walsall WS3 2E

**Wolverhampton** - Base 25, 29-31 Temple Street. Wolverhampton WV2 4AN

## Wolverhampton High Intensity User Service (HIUS)

## Crisis and step-down beds

We have **three services providing community crisis and step down beds**. Cooperage Court in Tipton, Lonsdale House in Walsall and Victoria Court in Wolverhampton.

These services take MDT referrals in order to avoid a hospital admission for those experiencing a mental health crisis. They are short term and the aim is to return the service user back to their community within a week (although the service is for six weeks if needed).

They provide support for patients who can be discharged from an acute mental health hospital but, require ongoing 24 hour support in a residential support service. This service ensures patients are not unnecessarily occupying acute bed services whilst allowing them a greater opportunity to regain skills in order to live more independently.

## Crisis resolution and home treatment service

The **Crisis Resolution and Home Treatment Service** offer assessments, care, and treatment for people experiencing severe mental health problems and possibly being considered for hospital admission.

Home treatment offers an alternative to hospital admission in the person's own environment aiming to reduce disruption to the person's life and offering choice in their care.

The service will make a care plan with the person or help refer them to a more appropriate team if this is needed. They only rule out community support, from themselves or another team, when there is a clear need for someone to go into hospital.



# Urgent Care transformation

## Rationale for the priority

A number of out of area patients find themselves in Black Country acute hospital emergency departments either as a self-presenter or under Section 136 of the Mental Health Act.

Young people can wait a significant amount of time to be placed in a Tier 4 bed. This usually means the young person is waiting in an acute hospital setting until a bed becomes available from the CYP Provider Collaborative responsible for administering the beds on behalf of NHSE.

The Black Country attracts a number of out of area people on placements. However, there is currently no system in place to track the service users or know what level of support they require, should the placement break down.

A number of patients placed on the mental health pathway on entering emergency departments have substance and alcohol misuse issues which can impact their mental health. There is not a current defined pathway or services across the Black Country for these patients, who may come into emergency departments via Section 136 of the Mental Health Act.

Mental health liaison teams are currently located outside of emergency departments and sometimes outside of the acute trust which can lead to delays in the mental health liaison service accessing mental health patients in crisis in emergency departments.

## Proposed action required

Develop a memorandum of understanding (MOU) with partners across the West Midlands to deal with out-of-area patients presenting in emergency departments.

Work with the CYP Provider Collaborative on access to T4 beds for Black Country patients and develop better pathways for young people whilst they are waiting.

Develop an MOU with local authority partners to share information regarding people placed in the Black Country on placement and develop an escalation process for providing appropriate support from the originating organisation.

Develop a Black Country-wide strategy around drug and alcohol support including support pathways and integrated ways of working.

Work with all four acute trusts on co-location of mental health liaison services to support a more responsive Mental Health Liaison Service.

## Expected result

A reduction in out-of-area self-presenting mental health patients and frequent OOA users becoming stuck in Black Country emergency departments for long lengths of time.

Reduction in the time young people are waiting for T4 beds, more options available to support once a decision to admit has been made.

Service user needs would be more appropriately managed and responsibility would be with the placing organisation, to ensure continuity of care for the patient.

A mapped Black Country-wide pathway for mental health substance and alcohol misuse services that can be used by agencies and organisations to support alternatives to discharging Section 136 of the Mental Health Act.

A more responsive Mental Health Liaison Service that will be better supported to undertake assessments in line with national standards.



# Black Country Ambulance resource model

True Single Point of Access (SPA) dedicated for 2 hour crisis response / call before you convey – WMAS / care homes / GPs.  
Dedicated line for WMAS.

For SPA to have access to the WMAS stack for patients in cat 3, 4 and 5 in order to proactively identify and address need which does not need an ambulance response at all.

Clinical conversation with WMAS colleagues before a vehicle is dispatched in agreed circumstances 'call before you convey'.

Where an urgent response is required, existing mental health crisis services to be bolstered to enable a 2-hour community response, similar to the NHSE SDF funded mandated 2 hour physical health service. As a phase 2, upskilling of community staff within the 2 hour crisis response team for self harm wounds that could be treated without a need to go to A&E. Joint response with physical health where needed.

HISU model replicated and funded across all four locality areas.

Training model and support to be implemented.



# Children and Young Peoples Mental Health



# Children and young people's mental health

- An increase in referrals for children and young people presenting with severe anxiety, anxiety with school refusal and parental concerns around if their child has a disorder on the autistic spectrum continuum
- Many families have said there have been many positives about spending time together during the pandemic; they feel they have got to know their children better and in some cases family functioning has improved
- Parent's concern has been a loss of richness of information they share with referring professionals, such as GPs - currently exploring how to enable families to share information at point of referral to support triage and signposting
- Remote assessment and treatment has been positive and offers an improvement in access, but there is a need for a balanced approach and individual choice in deciding remote technology or in person or a mix
- Consider how digital poverty impacts on access for some young people who are part of silent groups in Dudley
- CAMHS have continued to meet the urgent needs of families and to deliver routine treatment
- Increasing demand in young people who are having their challenges and difficulties understood through the lens of mental ill health as the first approach
- Availability of other wellbeing/support services and early help
- Children are being referred for mental health support when they don't even have their basic needs met and there appears to be an absence of services addressing the environmental factors impacting on a child's wellbeing or families are failing to access these services



# CAMHS transformation





# Transforming Children and Young People's mental health across the Black Country







# Thank you

*General queries re service developments: [bchft.pmo@nhs.net](mailto:bchft.pmo@nhs.net)*