



Walsall Council



Walsall Clinical Commissioning Group

Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2020

October 2017 Refresh

The Vision

We want children and young people in Walsall to enjoy a happy, confident, childhood.

We will work to improve the mental health and wellbeing of children and young people in Walsall by supporting individuals and communities.

We will support children and young people in Walsall to build resilience to be able to manage their mental health and wellbeing.



Foreword

It is with pleasure that I write this foreword for Walsall CCG's CYP transformation plan refresh. As the GP lead for mental health services in Walsall I have seen much improvement to service delivery since the original strategy was approved. I know how critical it is that mental health services provide support to meet the needs of young people in our borough given that 50% of lifetime cases of mental illness begin by the age of 14 and 75% by the age 24 (1).

Our Children and Young People Emotional Wellbeing and Mental Health Children needs assessment was completed in 2015 and gave us a clear understanding of what our young people's Walsall's needs were and what services were providing to meet those needs. As well as identifying areas for development. Walsall was ranked 29th most deprived local authority area in England from the Index of multiple deprivations (2010). Child poverty variation in Walsall, ranging 39.2% of children living in poverty in North Walsall area partnership to 12% in Aldridge & Beacon.

Since then we have been working hard to meet national and local expectations for children and young people's services. Striving to implement aims specified in the Five Year Forward View for Mental Health over the coming years to 2020/21. Aims include a significant expansion in access to high-quality mental health care for children and young people, developing new and innovative alternatives to in-patient admissions and developing new services for children and young people for a range of conditions.

We have been working closely with colleagues in the Council, public health, schools, primary care, other NHS organisations as well as children young people and their families to develop services and implement changes to existing provision. We have developed new services and increased the workforce available to support young people. There is a single point of access for referrals, waiting times have reduced for services and support children and young people are more effective by providing the right care and support sooner. We have created a new crisis support service (ICAMHS) to reduce hospital admissions, length of stays and support young people in the community. Also, our eating disorders service is now fully operational and responding appropriately to the national key performance indicators.

There is also a changing wider landscape for commissioning of services as STP's (Strategic Transformation Plans) progress, with the aim of developing services that remove variation in service delivery, outcomes, access, quality and efficiency. Furthermore, plans will seek to develop new specialist services that require a wider footprint due to economies of scale and specialist resources.

1 Merikangas KR et al. 2010. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study. Adolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry. Oct;49(10):980-989

We hope that this refreshed plan demonstrates we are moving closer to the service envisaged by children and young people delivering choice, access and personalised care as their key components. By continuing to invest in services for children and young people, we are making measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes for the citizens of Walsall.

Dr Sandeep Kaul

GP Lead Mental Health, Walsall CCG

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1. Introduction

Supporting children and young people to have good mental health and wellbeing is important in Walsall. We recognise the difference this can make in daily life and how it supports them to achieve a successful future. This strategy has been produced to confirm our priorities and actions needed to achieve them.

The intention of this strategy is to identify the advice, and help needed to support mental health and wellbeing and how this will be provided by the right people, at the right time, at the right place.

In 2015 Walsall Clinical Commissioning Group (CCG), Walsall Metropolitan Borough Council (MBC), Partners and Providers developed the Walsall Mental Health and Emotional Wellbeing needs Assessment, Strategy and local Transformation Plan for Children and Young People with feedback and input from children and young people, families and carers.

The final version gained approval from the Health and Wellbeing Board, The Children and Young People's Partnership Board and the Mental Health programme Board by December 2015.

The 2015 Strategy and action plan URL link:.

<https://cmispublic.walsall.gov.uk/CMIS/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoSHgo=E2nf7Cwr0qvJQ81pdvfwFeAlc9Yve0AqkmTmgJYz%2Bg5V0WRdtY44BA%3D%3D&rUzwRPf%2BZ3zd4E7lkn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWctPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSffXsDGW9IXnlg%3D%3D=hFfIUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFfIUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJff55vVA%3D&FgPIIEJYlotS%2BYGoBi5oIA%3D%3D=NHdURQburHA%3D&d9QjiOag1Pd993jsyOJqFvmyB7X0CSQK=ctNJff55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60IaVYmz=ctNJff55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJff55vVA%3D>

The needs assessment, transformation strategy, and transformation action plan received assurance from NHS England in November 2015. Additional transformation funding was available from December 2015.

The Strategy refresh was approved by NHSE in October 2016 and is available on the link below.

The Strategy refresh October 2016 URL link:.

<https://walsallccg.nhs.uk/publications/corporate/corporate-2/1400-walsall-mental-health-and-wellbeing-strategy-children-and-young-people-2016-2020/file>

Children and Young People Emotional Wellbeing and Mental Health needs assessment URL link:

<http://www.walsallintelligence.org.uk/WI/publications/Emotional%20Wellbeing%20and%20Mental%20Health%20Needs%20Assessment%20v1.0.pdf>

This document describes our achievements to date having commenced implementing the plan and strategy in January 2016 with funding available to support transformation from December 2015. This document confirms how we have utilised the additional resources to accelerate the transformation of our local mental health and emotional wellbeing service in future years.

The transformation action plan was refreshed in November 2016, with a subsequent refresh in October 2017, the strategy outcomes and areas for development align with the operational delivery plan and will continue to be regularly reviewed.

This document along with the transformation action plan will be shared on Walsall CCG website and partners' websites subject to NHSE.

The scope of strategy is for all children and young people who are residents in Walsall from birth to 18 years old.

Views of children and young people should inform the development of the strategy and services.

Make sure delivery of mental health and wellbeing is everybody's responsibility, with people from different organisations and sectors working in partnership, to coordinate services which ensure mental health and wellbeing needs are met, by responding in a timely manner, adopting the approach of 'right time, right place and right service/people'.

Combat stigma by strengthening our focus on social inclusion by tackling stigma and discrimination with regard to emotional wellbeing and mental ill health.

Develop and support people who work with children and young people to have awareness and understand mental health and wellbeing needs.

Have a clear pathway in place, confirming mental health and wellbeing support and services for children and young people to access.

Priority 1:

Ensure the delivery of mental health and emotional wellbeing is everybody's responsibility

Priority 2:

Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing

Priority 3:

Improve prevention, early help, earlier recognition and intervention

Walsall Mental Health and Wellbeing Strategy for Children and Young People 2016 - 2020

Vision: We want children and young people in Walsall to enjoy a happy, confident, childhood.

We will work to improve the mental health and wellbeing of children and young people by supporting individuals and communities.

We will support children and young people in Walsall to build resilience to be able to manage their mental health and wellbeing.

World Health Organisation – Mental Health a state of well-being (August 2015)

'Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

National Institute for Clinical Excellence - Public Health Guidance Promoting Social and Emotional Wellbeing in Education 2009

'happiness, confidence and not feeling depressed, a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others, the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying'.

Support children and young people from all cultures to develop and have positive and accepting attitudes to people with emotional and mental health problems.

Have a focus on prevention and early help by building resilience, to help children and young people to manage daily life.

Recognise the need to prevent as well as treat emotional and mental health problems and promote emotional wellbeing and good mental health.

Ensure all the services and type of support we provide, through all partners, are proven to help (based on evidence), and are high quality, safe and good value for money.

Improve access to services; remove barriers and make it easy for children and young people and their families who need a service to access one

A commitment of robust monitoring and review, with clear outcomes

Promote equality and address health inequality

Priority 4:

Improve access to evidenced based, high quality services

Priority 5:

Ensure we meet the needs of vulnerable children and young people

Priority 6:

Ensure we are accountable and transparent

2. Strategic direction

A Walsall Children and Young People's Mental Health and Wellbeing Strategy Transformation Action Plan for 2016-2021 has been produced to accompany this five year transformation strategy. It includes actions to support the 6 agreed priorities in the transformation strategy. This will ensure we achieve the outcomes needed to transform mental health and emotional wellbeing for children and young people in Walsall.

It will deliver the recommendations for future commissioning and provision of mental health and wellbeing services for children and young people, as laid out in the following documents:

1. Five Year Forward View for Mental Health,
2. Future in Mind, Promoting, protecting and improving our children and young people's mental health and wellbeing'.

It was developed in partnership with Walsall CCG, Walsall Council, Children's Services, Education, Public Health and current Providers and reflects feedback from children and young people about what they would like to see in place to help them with their mental health and wellbeing needs.

The Walsall Children and Young People's Mental Health and Wellbeing Strategy Transformation Implementation Group will be accountable to the Board of Walsall CCG, Walsall Children and Young People's Partnership Board and Walsall Health and Wellbeing Board. Progress against the delivery and implementation of the strategy transformation plan will be reported regularly to these boards and annually shared with children, young people, parents/carers and stakeholders.

The strategy, outcomes and accompanying implementation plan are regularly reviewed, with a refresh October 2017 undertaken. Transformation will be delivered within current financial resources available, we will work with partners to develop jointly funded and joined up commissioning plans.

What do we mean by mental health and emotional wellbeing?

World Health Organisation – Mental Health a State of Wellbeing (August 2015)

'Mental health is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

National Institute for Clinical Excellence – Public Health Guidance Promoting Social and Emotional Wellbeing in Education 2009

'happiness, confidence and not feeling depressed, a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others, the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying'.

3. Principles underpinning strategy development

The following values have been integral to help develop this strategic direction:

- The views of children and young people should inform the development of the strategy and services.
- Make sure delivery of mental health and wellbeing is everybody's responsibility, with people from different organisations and sectors working in partnership, to coordinate services which ensure mental health and wellbeing needs are met, by responding in a timely manner, adopting the approach of 'right time, right place and right service/people'.
- Combat stigma by strengthening our focus on social inclusion by tackling stigma and discrimination with regard to emotional wellbeing and mental ill health.
- Support children and young people from all cultures to develop and have positive and accepting attitudes to people with emotional and mental health problems.
- Promote equality and address health inequality
- Have a focus on prevention and early help by building resilience, to help children and young people to manage daily life.
- Recognise the need to prevent as well as treat emotional and mental health problems and promote emotional wellbeing and good mental health.
- Improve access to services; removing barriers and making it easy for children and young people and their families who need a service to access one.
- To have a clear pathway in place, confirming mental health and wellbeing support and services for children and young people to access.
- Ensure all the services and type of support we provide, through all partners, are proven to help (based on evidence), and are high quality, safe and good value for money.
- Make sure we meet the needs of vulnerable children and young people.
- Develop and support people who work with children and young people to have awareness and understand mental health and wellbeing needs.
- A commitment of robust monitoring and review, with clear outcomes.

4. Why do we need a strategy for children and young people's mental health and wellbeing?

'Health is the basis for a good quality of life and mental health is of overriding importance in this' – **Article 24 of the United Nations Convention on the Rights of the Child**

The most recent **UNICEF study (2013)** placed the UK at number 16 out of 29 of the world's richest countries in a league table of child wellbeing.

The **2014 report 'Health for the World's Adolescents'** by the **World Health Organisation** highlights mental health in adolescents as an emerging public health priority.

Young Minds Website – September 2015

- Roughly 725,000 people in the UK suffer from Eating Disorders, 86% of these will have shown symptoms before the age of 19.^[1]
- One in 10 deliberately harm themselves regularly^[2] (and 15,000 of them are hospitalised each year because of this^[3])
- Nearly 80,000 children and young people suffer from severe depression^[4]
- Half of all lifetime cases of mental illness begin by age 14.^[5]
- 45% of children in care have a mental health disorder - these are some of the most vulnerable people in our society^[6]
- Nearly 300,000 young people in Britain have an anxiety disorder.^[7]
- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder.^[8]

[1] The Costs of Eating Disorders, B-EAT, 2014(http://www.b-eat.co.uk/assets/000/000/302/The_costs_of_eating_disorders_Final_original.pdf?1424694814)

[2] Managing self-harm in young people, Royal College of Psychiatrists (CR192) (<http://bit.ly/10REJNK>)

[3] Parliamentary Question (18/11/14) <http://bit.ly/1gCRx2e>

[4] Mental Health of Children and Young People in the UK, Office of National Statistics, 2004(<http://www.hscic.gov.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf>)

[5] National Comorbidity Survey Replication, NIMH, 2005 (<http://1.usa.gov/1hzshe2>)

[6] Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households, Ford et al.. (2007)*British Journal of Psychiatry*, 190, 319– 325 [7] RCPsych website <http://bit.ly/10PIOLu>

[8] Psychiatric Morbidity of Young Offenders, Lader et al (1997), Office of National Statistics

5. Walsall Needs Assessment – what it told us

Walsall completed a needs assessment in 2015 which brought together all available information about the current and future needs of children and young people in Walsall for their mental health and wellbeing. The needs analysis can be found: <http://www.walsallintelligence.org.uk/WI/publications/Emotional%20Wellbeing%20and%20Mental%20Health%20Needs%20Assessment%20v1.0.pdf>

Local facts and figures about children and young people in Walsall

- Just under a third of Walsall population is under 25's (87,995) and this is projected to increase by 1.6% over the next 10 years.
- 21% of the Walsall population is from Black Minority Ethnic groups and is forecasted to grow.
- Walsall is ranked 29th most deprived local authority area in England from the Index of multiple deprivations (2010). Child poverty variation in Walsall, ranging 39.2% of children living in poverty in North Walsall area partnership to 12% in Aldridge & Beacon.
- 54% of children overall have a good level of development by age 5, compared with the national average of 60% at the early years foundation stage.
- Children with mental health disorders have higher proportion of school absences compared with children with no disorders. School absences in Walsall (5.8%) are slightly lower than national average of 5.9%.
- In Walsall, 38.7% of fixed period exclusions were for persistent disruptive behaviour. This is higher than the national average (38.7%).
- Young people (aged 11 -16), with mental health disorders were more likely to smoke, drink and use drugs than other children. The alcohol admission specific rates (under 18's) in Walsall have increased slightly over recent years and are above Black Country, regional and national averages.
- In March 2015, there were 612 Looked After Children in Walsall
- 14.9% (or 7,442) of Walsall children were considered to have special educational needs (SEN) and 5.8% (or 2,845) of Walsall children are on the disability register.
- The rates of Walsall young offenders (aged 16-18) in the criminal justice system are higher than the West Midlands and England.
- Children from refugee families are more likely to be bullied and increased risk of emotional health and wellbeing issues. In 2013-14 there were 64 asylum seeker families in Walsall with some dependent children.
- Teenage pregnancy rates in Walsall (36.8 per 1,000 births) are above national averages (24.3 per 1,000 births).
- Women are more likely experience depression (12% of women) and anxiety (13% of women) during pregnancy and the year after labour (15 to 20% of women). There are about 3800 births in Walsall each year.
- In Walsall, 103 families were known to local authority classified as homeless. Homeless persons are more likely to suffer with mental health issues and are often unable to access health services.

- An estimated 6.4% of 16-18 year olds on average were not in education, employment or training (NEET = 630) in May 2012. The proportion of NEET's has nearly halved over the last 6 years.
- Children who live with domestic violence are at an increased risk of behavioural problems and emotional trauma and mental health difficulties. In 2014/15, 767 young people (aged 14-24 years) were referred to the DART (Domestic Abuse Response Team) as victims of abuse.
- In Walsall 2.8% (or 2,428) of children and young people provide some level of unpaid care to family members.

The emotional wellbeing and mental health of children and young people in Walsall

- The youth of Walsall survey reported that 1 in 10 young people had experience some form of bullying and girls were more likely to experience emotional bullying whereas boys were more likely to have a physical experience.
- An estimated 9.6% or around 4,380 children aged between 5-16 overall are estimated to have an emotional health and wellbeing problem, of which 3.3% are likely to have an anxiety disorder; 0.9% depression, 5.8% conduct disorder and 1.5% a severe hyperkinetic condition.
- In Walsall, the estimated pre-school aged children likely to have mental health disorder is 2,970 which cover disorders such as Attention deficit hyperactivity disorders, oppositional defiant and conduct disorders, anxiety disorders and depressive disorders.
- Boys are more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%).
- Hospital admissions as a result of self-harm in Walsall have increased in recent years, especially in young women.
- Between 2006 and 2011, there were 10 suicides in Walsall residents (aged 14-24 years).
- In 2014-15, 1946 referrals were made to child and adolescent mental health services (CAMHS) with 80% accepted into the service.
- In 2014-15, there were 61 referrals to the Eating Disorder service which is above expected estimates.

Needs Assessment Recommendations:

Emotional wellbeing and mental health in younger children

- Increase support for younger children under 11
- Set direct 1:1 counselling in place for children under age of 11

Emotional wellbeing and mental health services for older children and young people

- Offer support to partners around assessing and referring young people appropriately.
- Ensure alternative provision for support for young people is available both in and out of office hours to reduce the number of inappropriate referrals.

- Establish and publicise the provision of talking therapies for young people experiencing mental health issues, particularly in groups with low uptake such as males and ethnic minority groups.

Services at the point of transition

- Develop a transition service for young people based upon the expressed needs of young people; explore the feasibility of developing a 16-25 service.
- Set joint protocols in place so that young people within the transition age group are managed by both CAMHS and AMHS, so they can both provide joint assessment and services to young people with depression and other needs.
- Set a robust transition pathway into place for young people moving into AMHS.

Maternal mental health

- Ensure that the mental health of women is assessed at every visit during pregnancy and in the postnatal period.
- Develop a robust maternal mental health pathway for all women experiencing mental health issues in pregnancy with services available to meet varying needs.

Services for children in care

- Assess children who are in care, leaving care and those on the cusp or entering care for what support might be required around their emotional health and wellbeing.
- Offer appropriate emotional wellbeing and mental health support those children who are in care, leaving care and those on the cusp or entering care.

Suicide and self-harm

- Support for young people who self-harm should be set in place to reduce the number of young people who self-harm in Walsall.
- Establish training for staff to recognise and support young people who self-harm; consider widespread STORM training as part of practitioner training.
- Develop out of hours services for young people who self-harm.

The role of schools and other youth settings in promoting emotional wellbeing and mental health

- To offer support to schools and Early Help providers to promote the emotional health and wellbeing of children and young people.
- To provide schools and other settings with support to develop activities
 - to help children develop social and emotional skills and wellbeing, and
 - to help parents develop their parenting skills.
- Offer support to schools and other venues where young people meet to provide an emotionally secure environment that prevents bullying, encourages young people's sense of self-worth, promotes positive behaviour, and provides help and support for children (and their families) who may have problems.

- Integrate a programme in schools and youth settings to help develop all children's emotional wellbeing and mental health into all aspects of the curriculum, tailored to the developmental needs of children and young people.
- Consider the development of school-based support groups to meet the needs of parents, using peer support, underpinned by school professional input.
- Ensure school staff have the knowledge, understanding and skills they need to develop young people's emotional wellbeing and mental health.
- Ensure teachers and other staff are trained to identify when children at school show signs of anxiety or social and emotional problems and how best to discuss the problems with parents and carers and develop a plan to deal with them, involving specialists where needed.
- Ensure that educational establishments have access to the specialist skills, advice.

Early intervention for emotional wellbeing and mental health

- Strengthen early intervention services for children and young people at the tier 1 level and ensure that awareness of services is raised in the community.
- Support workers in the community and primary care to assess and support individuals and their families experiencing conduct disorders and antisocial behaviour.
- To provide early help support around conduct disorders and antisocial behaviour.
- Ensure consistency across schools, early years settings and youth settings in the support offered to children and young people.

Specialised services for emotional wellbeing and mental health

- Investigate a single point of access for all emotional wellbeing and mental health needs.
- Investigate how the delays in reaching assessment stage at tier 3 might be reduced
- Strengthen alternatives to inpatient care on an intensive outreach basis – for instance, Tier 3+ support to be investigated outside of the current hours of provision. Work with
- Consider increasing access to consultant support at tier 3.
- Investigate a pathway at tier 4 to reduce need for inpatient stay/ reduce length of stay.

Workforce Development

- Staff in the frontline children's workforce require support to enable them to understand their role in promotion, prevention and early intervention (esp. GPs and teacher) to support them to recognise problems and know how to support or refer onwards.
- Offer Mental Health first aid training more widely.
- Ensure consistency across schools and early years settings in the training offered to staff in supporting emotional health and wellbeing.

Access to specialist help and referral routes

- All children should be offered clearly signposted routes to specialist help, and timely access to this.
- Frontline services need access to information and advice about what services are available, including the systems in place to access specialist support. There is a need to ensure that advice and information disseminated is both current and appropriate.
- Provide an up-to-date directory of services to support referral; within the proposed directory to provide a clearer referral process (to CAMHS and other services.)
- It is recommended that all services make the availability of services more transparent, setting out their commitment in terms of waiting times for initial assessments and expected service standards with regard to staffing and communication mechanisms.
- Ensure feedback from agencies about referrals once a referral has been made.
- Ensure referrals processes are clear to reduce children being referred back and forward between different professional groups. In addition referral pathways need to take account of feedback from children, young people and their families.
- Investigate how long waiting lists e.g. in Educational Psychology team core service can be reduced.
- Offer providers a common understanding of different levels of need and categorisation of thresholds in order to support identification of need and appropriate referrals.

Areas for further investigation

- Identify the reasons for the high referrals rates from the paediatric team. Set mechanisms in place to support this team.
- Identify the reason for the relatively low number of referrals in 15-17 age group, increasing access to support.
- Identify reasons for low referrals from Asian communities to CAMHS and set measures in place to reduce barriers to access from these communities.
- Identify reasons for low use of Tier 2 counselling services in BME communities and in males and set measures in place to reduce barriers to access from these communities
- Ensure services at all tiers for 15-17 year olds are publicised and accessible to this age group.

6. Governance arrangements

Diagram 1 CYP governance

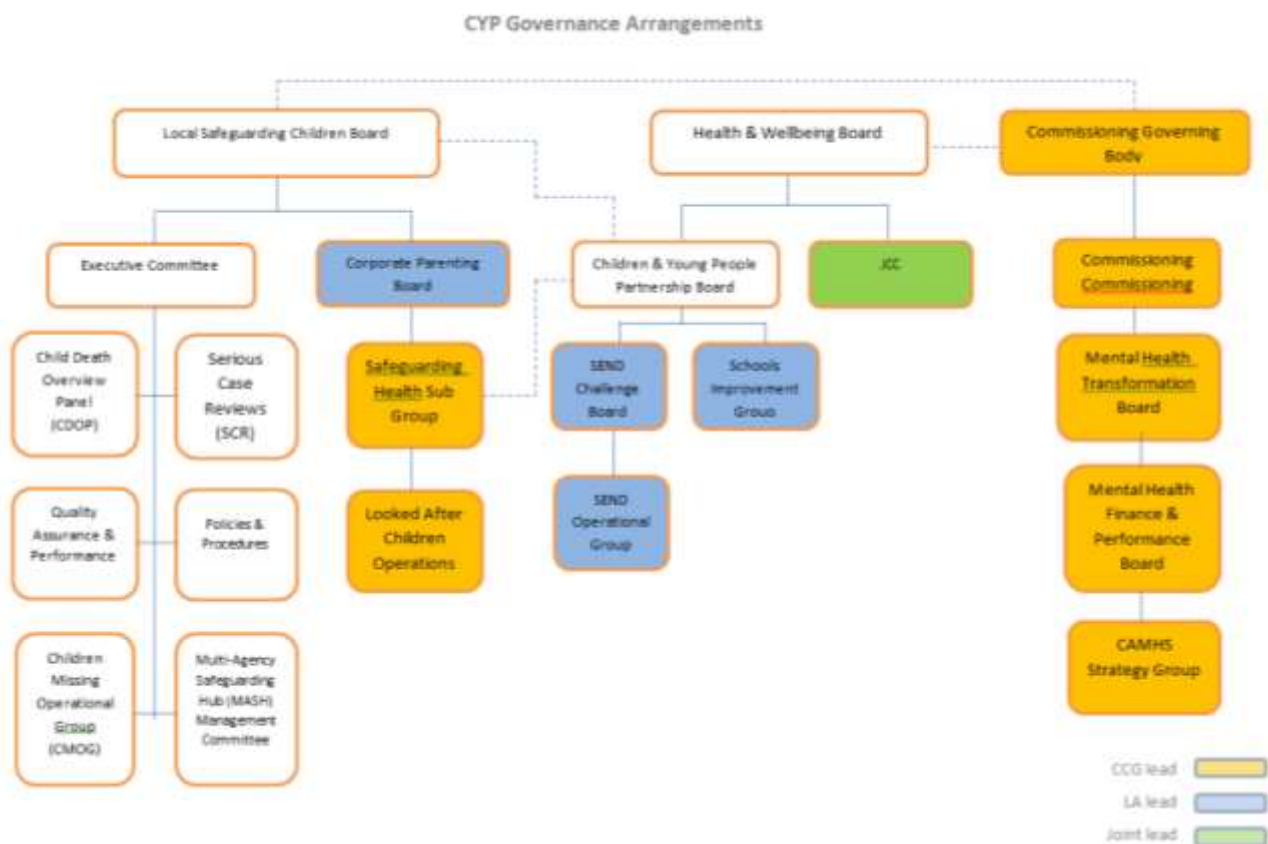


Diagram 1 above illustrates all the groups and boards that govern and interact on all issues for children and young people in Walsall. It highlights which meetings are held jointly between LA and CCG as well as those held independently.

This governance structure ensures that CYP needs are identified and addressed through partnership working arrangements with joint responsibilities.

Regular reporting arrangements are in place through local CCG arrangements, this is via quarterly reporting to CCG Commissioning Committee and then through to Governing Body.

Quarterly update reports with regards implementation of the strategy and accompanying action plan are provided to Children and Young people's Partnership Board. The CYPPB reports directly through to HWBB and is represented by the local Director of Children's Services on behalf of the partnership.

There is executive director oversight of the Children's and Young people's agenda within the CCG provided by the Chief Nurse; Director for Quality, this role also supports the CYPPB, CCG Commissioning Committee and LSCB. A dedicated commissioning officer supports the agenda for health and works collaboratively with other statutory partners with regards the delivery of this agenda, the CAMHS strategy group is chaired by the CCG commissioning officer currently but membership and oversight of this group is currently being reviewed.

The review will look to strengthen governance and leadership/oversight arrangements and a revised chair will be proposed.

7. Sustainability and Transformation Plan (STP)

STP's were originally announced in the NHS planning guidance (2015) and later referenced in the five Year Forward View for Mental Health (2016), and the CCG improvement and Assessment Framework (2016). They describe NHS England's detailed improvement blueprint for mental health to 2020 which has been developed in partnership with patient groups, clinicians and NHS organisations.

As STP regions will identify and share service areas that benefit from collaborative working, areas plans will become more aligned, reducing variation across the country and deliver improved service delivery and outcomes nationally.

NHS organisations and local authorities in the Black Country and West Birmingham local region have come together to develop 'place-based plans' for the future of health and care services in the area. By collaborating across the Black Country and West Birmingham footprint, organisations can work together to improve 'parity of esteem' for mental health, in terms of accessing required care and treatment, equity of measurement for service outcomes, as well as equity of funding and investment for mental health. STP's are also able to attract additional funding for new services delivered across the region. As the organisations work more closely together, further opportunities will arise to reduce access and service delivery variation, and improve outcomes for users.

NHS England's mental health transformation programme presents challenges but, also great opportunities for the Black Country & West Birmingham STP (BC&WB STP) CCGs with key improvements and benefits for our registered populations.

By working 'as one commissioner' across the region, the four CCG's have identified the following service areas to collaboratively commission within CAMHS provision:

- Eating disorders
- 'Core CAMHS'
- Crisis services

This collaboration will transform service models and seek to improve outcome targets. Each CAMHS commissioner across the STP footprint has agreed to lead on a work-stream. Meetings have commenced to ensure that service specifications are drafted by October 2017.

Additionally, partners have also agreed to develop a 'suite' of Recovery Outcome Measures (ROMs) for all CAMHS provision across the region. ROMs will be initially piloted in both the ED & Crisis service. The goal for CAMHS commissioning across the STP, is that we will in future 'commission for outcomes', and that the ROMs used will be pathway focused.

8. Finance and workforce information

Future in Mind through the transformation funding has supported both the expansion and development of specialist CAMHS workforce. The development of a capable and competent workforce is necessary to modernise and expand evidence-based services across the whole CAMHS pathway.

Walsall CCG have invested funds into the provider trust, to build the workforce within specialist areas of CAMHS; This will hopefully support core CAMHS in delivering on the increase in access to mental health services, and has also supported the identification and delivery of specific training to meet local skills gaps.

The new model of care ensures evidence based treatment interventions and a pathways approach and has allowed further consideration to be given for consideration of skill mix.

The financial table below summarizes how Walsall CCG has allocated its additional CYP transformation financial resources on various service areas, from 2016/17 to 2020/21. These funds have predominantly been allocated within the Dudley Walsall Mental Health Trust contract. A

As Table 1 shows, the majority of the additional funding has been allocated to primary care CAMHS, along with enhancing the capacity to access and meet users' needs in other CAMHS services.

Table 1- Walsall CYP transformation investment

	2016-17 £	2017-18 £	2018-19 £
CYP Transformation National Investment	119,000,000	140,000,000	170,000,000
% increase		18	21
Walsall Allocation	593,371	698,084	847,673
Additional resources		104,713	149,589
Commitments			
DWMHPT Contract	204,633	204,838	204,838
DWMHPT Primary Care triage	46,014	92,342	92,342
DWMHPT Primary Care	76,952	307,808	307,808
Contribution to CAMHS Tier 3+	239,216		
WPH Additional Sessions	28,160		
Additional cost Intensive Support Team		13,605	13,605
Change in base budget for placements		15,491	15,491
Over performance KOOTH non-recurring		34,000	
DWMHPT Waiting Lists			100,000
ICAMHS			67,000
KOOTH			18,000
YOS CAMHS top up			17,000
CYED Network			1,000
CYP IAPT		41,033	97,746
			203,000
Balance remaining			-10,589

Table 2 below, demonstrates how resources have been allocated to increase the workforce across primary care CAMHS, the Intensive Support Team and Eating Disorder service.

Table 2 CAMHS additional workforce 2016/17 onwards

		Primary Care CAMHS Model			Intensive Support Team			Eating Disorders			TOTAL		
		wte	Budget £	Actual £	wte	Budget £	Actual £	wte	Budget £	Actual £	Budget	Actual £	Slippage £
Medical Staff Grade								1.00	53,534	53,534	53,534	53,534	0
Nurse Band 7	01/03/2017	1.00	45,803	45,803				1.00	21,996	21,996	67,799	67,799	0
Nurse Band 6	03/07/2017	1.00	38,175	28,631				0.80	17,179	17,179	55,354	45,810	-9,544
Nurse Band 6	10/07/2017	1.00	38,175	28,631							38,175	28,631	-9,544
Nurse Band 6	31/07/2017	1.00	38,175	25,450							38,175	25,450	-12,725
Nurse Band 6	03/07/2017	0.50	19,088	14,316							19,088	14,316	-4,772
Nurse Band 6	18/09/2017	0.50	19,088	10,339							19,088	10,339	-8,748
Psychologist Band 8a											0	0	0
Psychologist Band 7								0.60	34,048	34,048	34,048	34,048	0
Psychotherapist Band 8a											0	0	0
Psychotherapist Band 7	04/09/2017				1.00	45,803	26,718				45,803	26,718	-19,085
Occupational Therapist Band 6											0	0	0
Family Therapist Band 7	04/09/2017				1.00	45,803	26,718				45,803	26,718	-19,085
Band 4		1.00	26,128	0							26,128	0	-26,128
Medical secretary Band 3	03/07/2017							1.00	11,957	11,957	11,957	11,957	0

		Primary Care CAMHS Model			Intensive Support Team			Eating Disorders			TOTAL		
Band 3	04/09/2017	1.00	22,373	16,780	0.60	13,424	7,831	1.00	10,744	10,744	46,541	35,354	-11,187
		7.00	247,004	169,950	2.60	105,030	61,267		149,458	149,458	501,492	380,675	-120,816
Overheads			47,037	32,290		13,238	7,722				60,275	40,013	-20,262
CQUIN			7,351	5,056		2,957	1,725		3,736	3,736	14,044	10,517	-3,527
FUNDING REQUIRED		7.00	301,392	207,296	2.60	121,224	70,714	5.40	153,194	153,194	575,811	431,205	-144,606
FUNDING ALLOCATED			307,808	307,808		121,225	121,225		153,744	153,744	582,776	582,776	0
SLIPPAGE			-6,416	-100,511		0	-50,510		-550	-550	-6,965	-151,571	

Workforce has been reviewed to provide wider access points for children and young people and ensure timely response times, ensuring the right capacity and capability within the CAMHS workforce to support. As a result, waiting times have reduced and more children are being accepted and supported by the service.

Recruitment since 31st August 2017 in CAMHS

Recruitment of posts for IST (Redruth Residential Home)

1wte Band 7 Psychotherapist – recruited and now in post
1wte Band 7 Family Therapist – recruited and now in post
0.6wte Band 3 Administrator – recruited and now in post

Recruitment of posts for Primary Care CAMHS (Positive Steps - Tier 2)

1wte Band 7 Nurse (In post)
4wte Band 6 Mental Health Practitioners (recruited and now in post)
1wte Band 4 Support Worker (recruited and now in post)
1wte Band 3 Administrator (recruited and now in post)

The eating disorders service is now fully operational and responding appropriately to the national key performance indicators. The eating disorders clinicians are attending training in Bristol on a monthly basis and membership to the network is currently being explored.

The following key performance indicators have been issued by NHS England:

- A CYP referred with an eating disorder needs to be contacted the same day
- A CYP deemed an urgent case must be seen within one week of referral
- A CYP deemed a routine case must be seen within four weeks of referral

We can confirm that as of 31st August 2017 there has been 100% achievement of these targets.

Approaches taken to address the workforce training needs across all of these areas have included:

- Extensive training for psychological therapies including CBT, RO DBT, DBT, EMDR, DDP and ADOS since 2016 onwards.
- Developed training programmes delivered to schools, both teaching and non-teaching staff, including ASD and mental health awareness.
- Mental health first aid training is also delivered across a range of partner agencies
- Engagement in a Walsall local partnership to join the Midlands C&YP IAPT collaborative and attend leadership and clinical training modules and clinical supervision
- Ensuring the CAMHS leadership team undertake the C&YP IAPT Leadership and Transformation training
- Accessing the C&YP IAPT outreach training sessions
- Exploring skills and competencies gaps within specialist CAMHS and providing locally based competencies training to meet local skills gaps for particular evidence-based treatments or diagnostic categories
- Accessing the national Eating Disorder training days

9. Data collection

Actions to Reduce waiting times

The NHSE non-recurrent funding provided in October 2016 targeted CAMHS teams in reducing waiting times into the service. As a result, locum practitioners were employed to work alongside CAMHS practitioners to focus directly on working with children and young people who were on the partnership waiting list. Additional activities included:

1. The partnership waiting list was reviewed to determine if services were still required. In some cases circumstances had changed and CAMHS was no longer required, these cases were removed from the list and discharged.
2. A comprehensive caseload audit and review was carried out and where appropriate a plan was put in place with the Child/young person/relative/carer and practitioner to work towards effective discharge.
3. Additional locum practitioners to help with reducing the waiting time were appointed.

Table 3 – Waiting time for CYP services

	31/12/16	31/03/17	30/06/17	31/08/2017
Priority Choice	No wait	No wait	No wait	No wait
Choice	6 weeks	5 weeks	7 weeks	12 Week
Partnership	110 waiting – Longest wait = 172 days/Shortest wait = 7 days/ average wait = 95 days	68 waiting – Longest wait = 116 days/Shortest wait = 7 days/average wait = 66 days	104 waiting – Longest wait = 127 days/Shortest wait = 7 days/average wait = 71 days	114 Waiting Longest Wait = 173 days/Shortest Wait = 7 days/average wait = 84 days
Medic	7 weeks	2 weeks	7 Weeks	13 Weeks
Psychology	11 weeks	2 weeks	7 Weeks	8 Week
Psychotherapy	5 weeks	3 weeks	No Wait	No wait
Family Therapy	21 weeks	17 weeks	11 Weeks	14 Week
Occupational Therapy	17 weeks	14 weeks	No Wait	No wait
ADHD	5 weeks	8 weeks	8 weeks	8 weeks
ASD	5 weeks	7 weeks	1 week	No wait

Constant manipulation of the CAPA model within the CAMHS service has seen an increase in waiting times in some areas. As partnership waiting times rise the initial assessment process is slowed in order to allocate more cases for treatment. It is however important to note that if a young person were to present in crisis there would be no waiting time associated with this pathway. This is supported through a priority assessment slot being made available every day to ensure that the young person's mental health condition does not escalate.

The waiting time for the medics is likely to decrease in the very near future due to the recruitment of the crisis/eating disorder psychiatrist and also whilst there is

acknowledgement of the increase in waits for family therapy, CAMHS are experiencing difficulties in recruitment of an additional family therapist, this is being progressed.

Table 4 Referral data - received by CAMHS during April 2017 to August 2017.

Description	Number/percentage
Referrals (CAMHS, ICAMHS, LD, FLASH)	935
Referrals accepted (after screening)	769 (82%)
DNA's	8.4%
Discharges	464
Caseloads 1275	CAMHS Walsall - 1020 ICAMHS - 35 CAMHS LD Walsall – 113 FLASH – 107 POSITIVE STEPS - 70

*Appendix 1 provides further detail into referral statistics on gender, ethnic group and referral sources.

Walsall CAMHS **positive steps** is a multi-disciplinary team, who work with children and young people who have low level or emerging mental health difficulties.

Positive Steps has been fully functional since 1st September 2017 although the team had been seeing children prior to this date. The agreed outcome measures are documented below:

Data from service to date

Referrals received	Referrals discharged
	35

Referral source	Number
Internal CAMHS	73
Children with Disabilities Team	1
Panel Meeting	1
GP	68
School Nurses	18

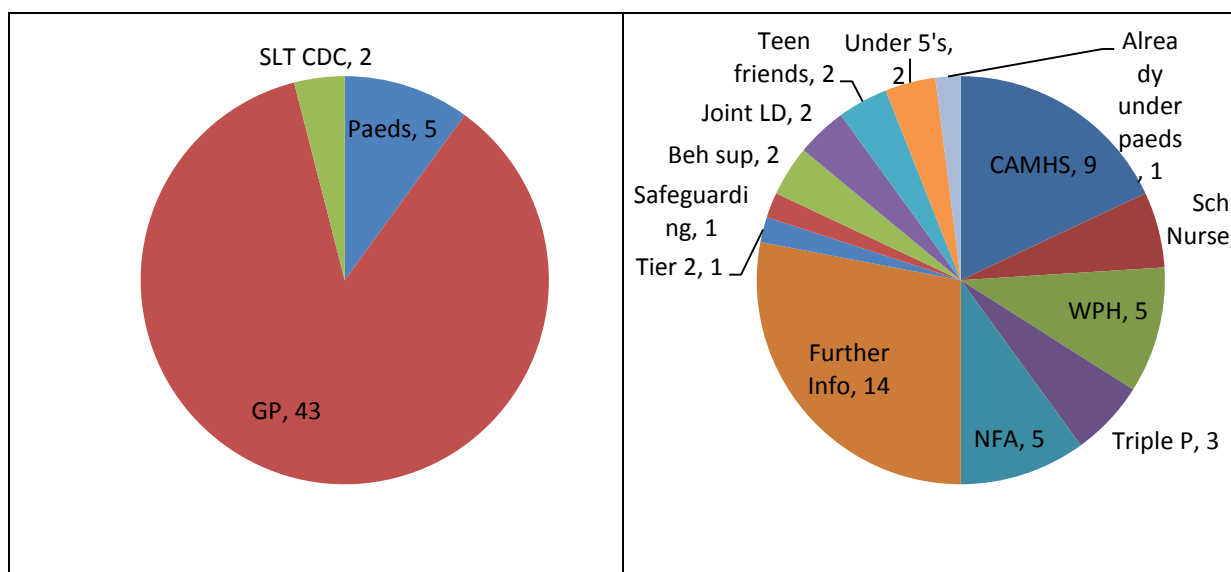
Referral reason	Number
Anger issues	16
Anxiety issues	67
Query ASD	2
Behavioural issues	25
Communication & social interaction issues	1
Coping strategies	2
Depression	2
Sleep Issues	3
Emotional issues	15
Facial TICS	1
Hearing voices	2
Hyperactivity	4
Low mood	4
Lack of social awareness	1
Low self esteem	2
OCD	3
Self harm strategies	1
Simulating sex	1
Social interaction issues	1
Stress	1
Query ADHD	1
Toileting	1
Vulnerabilities	1
Withdrawal symptoms	1

This service demonstrates how it is now meeting previous unmet need in the field of anxiety, behavior, anger and emotional regulation issues. It is anticipated the referral rate may increase as the service becomes more established, the current capacity will require regular review.

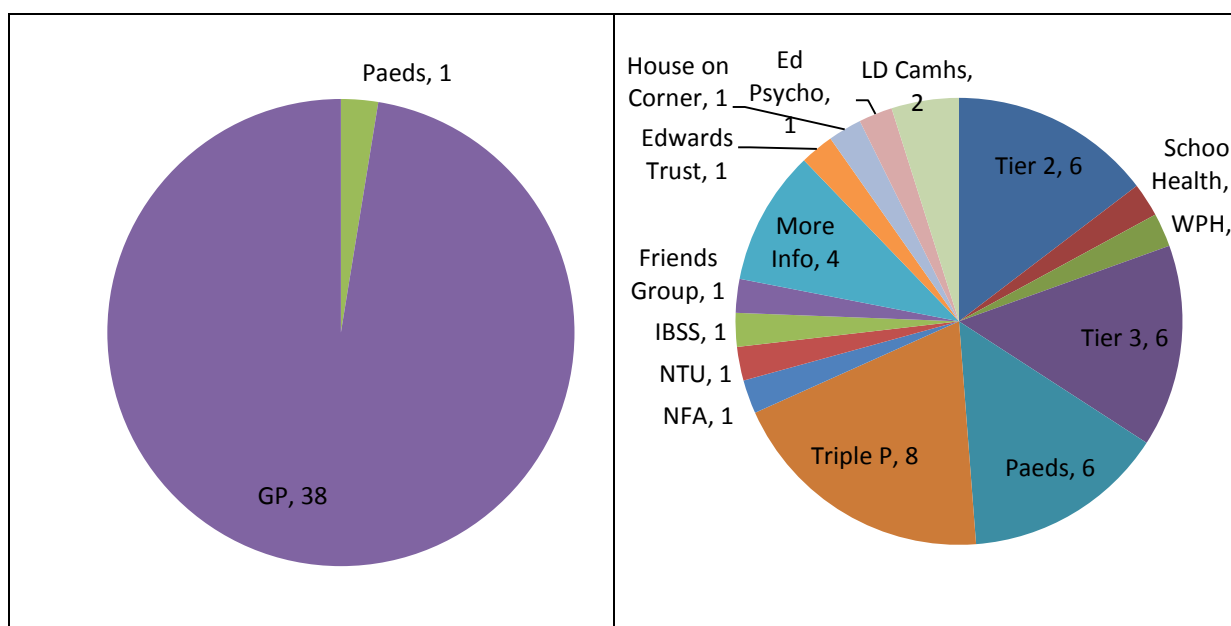
A local primary school developed the information leaflet promoting the service and ensuring it was child friendly and met the needs of the targeted client user group. This has evaluated positively.

GP Liaison service

April 2017 – 50 referrals were discussed at paediatric panel and allocated:



August 2017 – 39 referrals were discussed at paediatric panel and allocated:



Referral Allocation

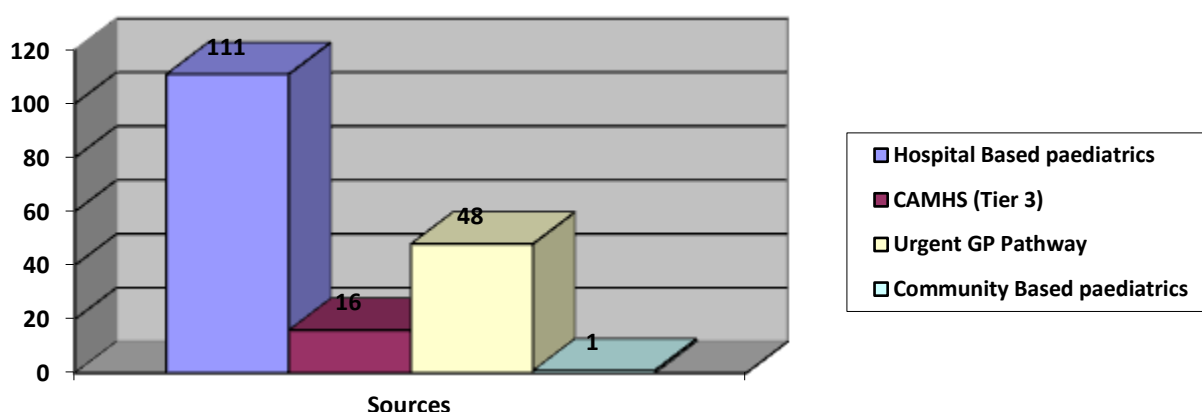
Since April 2017 all referrals have been allocated to a CYP service within Walsall borough. Every service is contacted to inform of the decision from the CAMHS service and if applicable the reason for reallocation to a more appropriate service to meet needs. Other organisational referrals are seamless and are re-directed through the paediatric panel straight to CAMHS.

Walsall ICAMHS

Deliberate Self harm referrals received						
Apr	May	June	July	Aug	Sept	Oct
19	42	37	33	22	24	12

Total = 190

The below chart illustrates the referral sources:



The chart shows that the GP urgent referral pathway is very successful and to date has prevented 28% of young people from presenting directly to A&E at Manor Hospital. It is expected that as primary care embed the utilisation of this service fewer CYP will present at A&E with DSH.

Tier 4

Since April 2017 there have been three appropriate referrals into a Tier 4 placement. Since its inception in January 2015 the iCAMHS service has reduced PAU admissions by 72% on previous year activity. In addition the impact on PAU ward environment and reduction in risk and increased length of stays has also dramatically reduced.

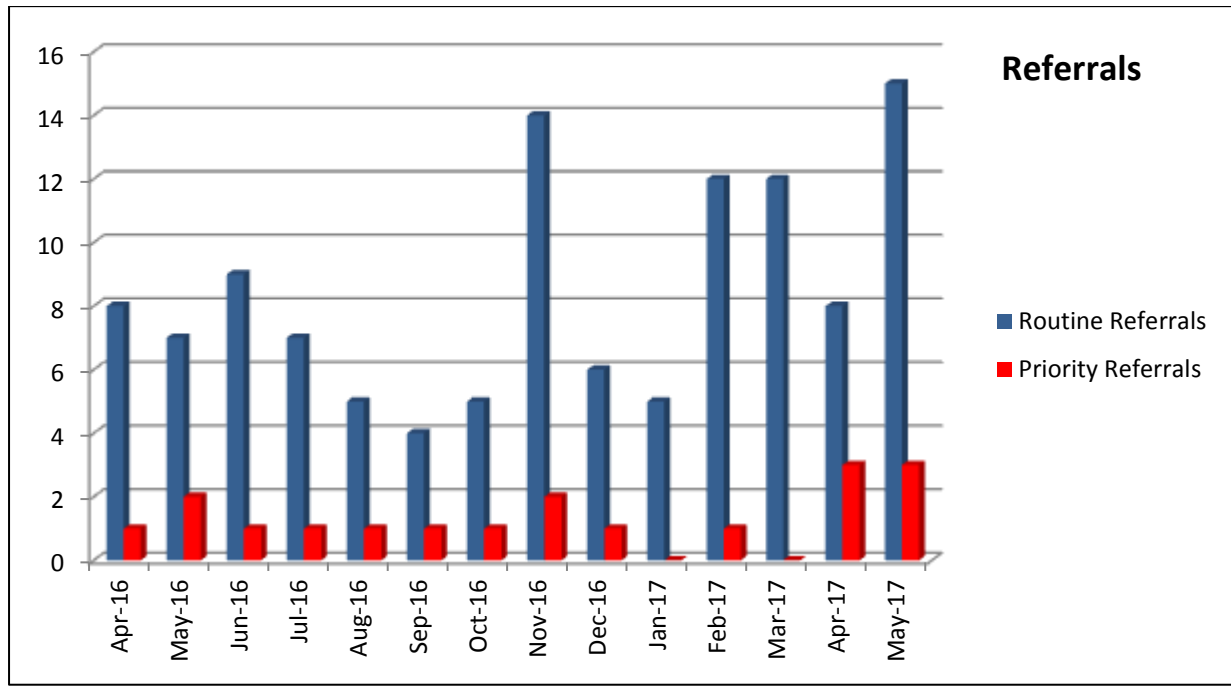
Caseload

ICAMHS have a 'team' caseload which currently cares for 54 young people.

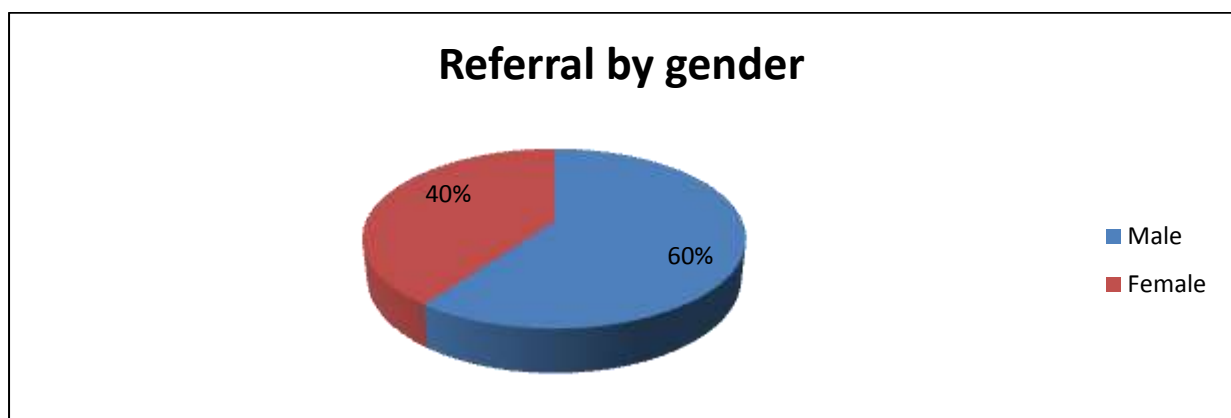
FLASH Service report April - 31st May (Qtr 1 plus May 2017)

The FLASH service has been experiencing varying levels of referrals since February 2017. Towards the end of May 2017 the service received the highest number of referrals to date. There have also been a number of priority referrals throughout April and May 2017. The referrals numbers are shown below:

	2016							2017						
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Referrals	8	7	9	7	5	4	5	14	6	5	12	12	8	15
Priority	1	2	1	1	1	1	1	2	1	0	1	0	3	3
TOTAL	9	9	10	8	6	5	6	16	7	5	13	12	11	18

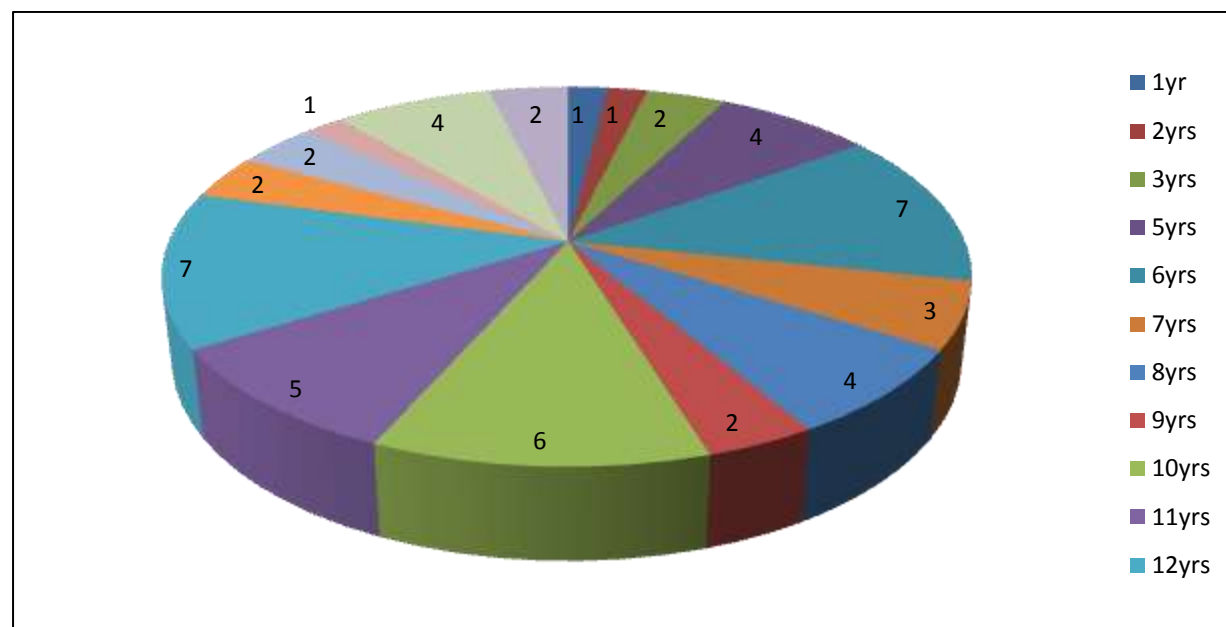


FLASH referral Information



The ratio of male to female referrals received by FLASH has been fairly consistent throughout the last twelve months with male referrals consistently making up approximately 60% of the total referrals received.

Age of child related to FLASH referral



The above graph demonstrates the wide range of ages that the FLASH service has received referrals for however it is clearly identifiable that referrals for 6 and 12 year old children were of a greater number.

Discharges

The FLASH team has discharged 34 cases between 1st February and 31st May 2017. On average the children/young people that were accessing support from FLASH that have since been discharged were open for 26 weeks (referral to discharge).

Caseloads

The current caseload for the FLASH service is 116.

Placement Information

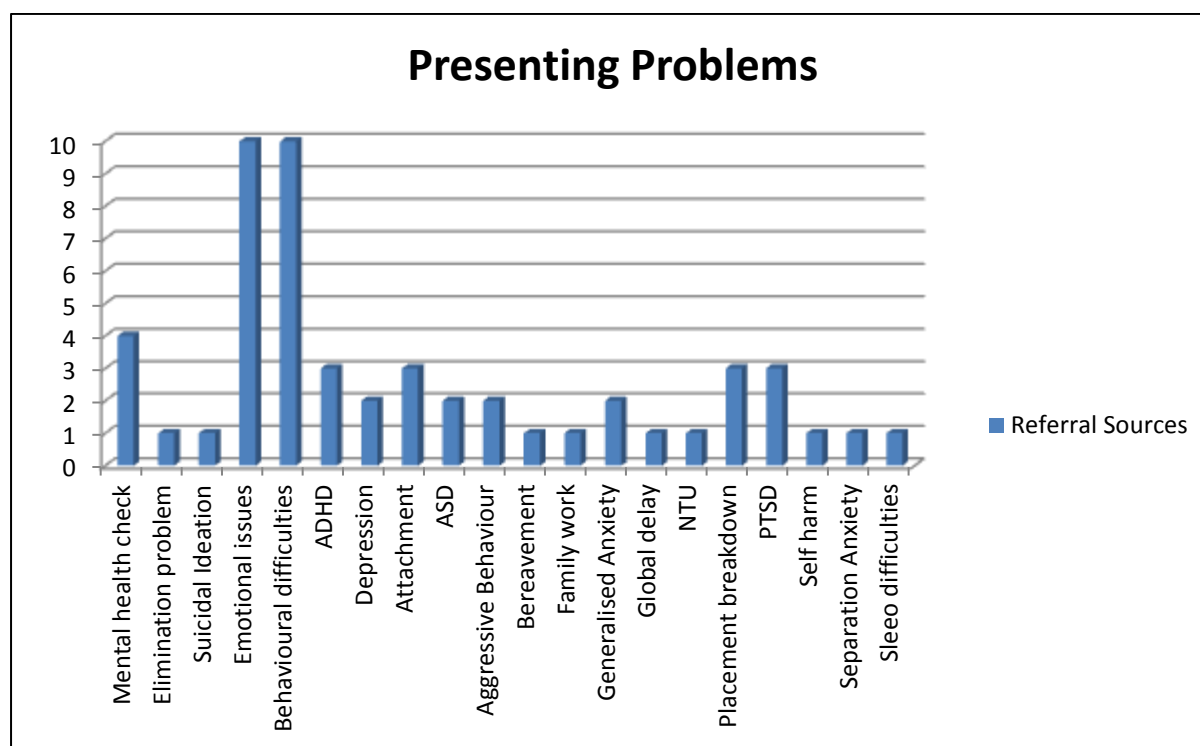
All children & young people currently on the FLASH caseload belong to Walsall borough however there are a proportion of children/young people that was in placements outside of Walsall and are currently residing in the following districts:

Birmingham Crosscity	15
Sandwell & West Birmingham	11
Dudley	5
Cannock Chase	4

Stafford & Surrounds	4
Wolverhampton	20
Llandudno (one off appt agreed with children's services)	1

Presenting Problems

Presenting problems have been captured for those cases that are currently open on the FLASH team caseload. Although, the majority of children/young people are referred to CAMHS due to placement breakdown once in therapy it becomes apparent their underlying issues relate significantly to past life events or trauma therefore it is clear to see from the chart below that the greatest proportion of referrals are for children/young people with behaviour or emotional issues. The proportion of children referred with behaviour issues for the reported period of time is similar to that evidenced throughout previous FLASH reports and tends to be symptomatic of those underlying mental health issues.



Waiting Times

Referrals for the FLASH service tend to remain for an average of twenty six weeks therefore throughput is challenged with the increase of referrals into the service the supply and demand is under consideration.

Foster Carer Forums & FLASH Consultations

The consultation clinic has moved to one day every 2 weeks during term time. It is very well attended and FLASH are seeing new adopters and foster carers via this route, social workers and wider professionals also attend, and they have evaluation forms completed at the end of each visit. The outcomes are very positive (feedback will be provided bi-annual).

Evaluation of current service

Evidence collected to date demonstrates that demand for the service far outstrips the current capacity. The service has demonstrated that it provides excellent outcomes for its users. This has resulted in additional referrals from other parents and carers due to previous success.

A review of demand will consider how the service increases its capacity to meet user needs as per LTP ambitions for the future.

FLASH Case Study

Young child

This child was referred for unmanageable aggressive behaviour and experience of neglect. Psychotherapist; working with the foster carers for over a year.

The carer came to the first session and was not sure if she and her husband could continue looking after the child (4yrs at the time). The team met with the foster carers on a fortnightly basis to offer psychotherapeutic informed indirect work (and not seeing the child).

The relationships in the family gradually improved to an extent that there was no longer the uncertainty regarding the child staying with the carers.

Psychotherapy support was also provided for the child who attended once weekly and the foster carers. The child is doing well at school and home life is more settled.

Foster carers are now considering permanent residence for the child.

Pubescent child

Child referred for self-harming and lack of concentration.

Experience of severe neglect, physical, and emotional abuse (possibly sexual abuse). He has received intensive psychoanalytic psychotherapy and is continuing therapy twice weekly. He has now transitioned to senior school and has been able to make friends. He has been able to use language to express complex emotions and thoughts.

The independent and voluntary sector services below offer a self or professional referral service for CYP.

Xenzone – KOOTH online service

For the last 3 years Walsall CCG have commissioned Xenzone, an online counselling services, to give children and young people (CYP) access to professional mental health counsellors through its online Kooth service, including provision 'out of hours'. Performance data is provided quarterly, which enables CAMHS professionals and other partners to better understand local need, and respond proactively.

In August 2017-18 there were 31 new registrations, 752 views; which included messages, forums and articles, with 94% of users returning to the site for further information and support.

The accessing age range is from 11-25 with the majority of users being in the 12-17 age group with 74% of all users being female.

Walsall Psychological Help (WPH) Counselling & Education Service

WPH is British Association for Counseling and Psychotherapy (BACP) accredited service, providing a face to face counseling service for young people in Walsall.

SEPTEMBER 2017								
ID	Counsellor	Date	Gender	Age	Surgery	Other	Visits	Generic
2692	CW	7	F	14	1004		4	5/9
2887	KC	15	F	15	1010		2	5/7
3141	KC	28	M	11	1014		2	NOT READY
2711	BA	7	M	13	1015		1	NOT READY
3057	KC	26	F	14	1017		6	4/8
2845	CW	14	F	11	1616		3	ISSUE AD'RESSD
2988	DQ	7	F	13	1626		3	6/9
2725	KC	8	M	16	1639		2	7/8
3035	MG	22	M	7	1655	Family Therapy	3	1/10
3034	MG	22	F	35	1655	Family Therapy	3	1/10
10 Clients	Mean Average Start/Recovery 7 Clients							4.1/8.7

September's monitoring indicates that 10 clients completed therapy and improved their generic mean recovery score on average from 4.1 to 8.7.

10. Engagement and consultation

Engagement events have enabled us to capture a variety of opinions with regards the strategy detail and have informed the needs assessment, service planning and delivery, treatment and supervision to shape future service delivery.

Refer to Appendix 2

Ongoing engagement and feedback

A session was facilitated by Walsall Public Health and Walsall CCG. Over 90 people attended and included children and young people, parents, care-leavers and a wide range of stakeholders/professionals (including the voluntary sector) who work to support children and young people in Walsall.

Additional one to one sessions were held with key stakeholders who hadn't given feedback in relation to the strategy.

In addition, to the external consultation around the strategy and needs assessment there has been local engagement events hosted by the CAMHS team. Young people and their families were invited to service user engagement events to encourage their views around the service and documentation/feedback strategies they currently use within their practice. The sessions were well attended and feedback has since been collated and actions have appropriately been addressed.

CAMHS have also hosted Open Door Events in which all professionals, service users, families and the Mayor of Walsall were invited. The events have provided opportunity for the service to showcase and encourage feedback; this has enabled a wider understanding of CAMHS services and promoted more effective multi agency working.

There is a CAMHS Expert by Experience who co-hosts CAMHS events and encourages young people to be involved in the shaping of CAMHS services by telling her own story, she is a real champion of the service and feedback has been very positive with regards this approach.

Sharing of the refreshed strategy and action plan

The LTP will be published on local websites for statutory agencies, including the CCG. It will be provided in easier and accessible formats for children and young people, parents, carers those with a learning disability and those from sectors and services beyond health, with all key investment and performance information from all commissioners and providers within the area.

11. Findings of Care Quality Commission thematic review of CYP services

The Care Quality Commission undertook in September 2017 a 'Joint CYP thematic Review of mental health services' which included a review of multi-agency working in Walsall.

A formal response is awaited; Initial feedback from the team highlighted the following:

- Walsall is clearly focussed on its CYP journey,
- Clear plan and communication Strategy
- Strong Evidence of good commissioning
- Schools very positive about change they have seen
- Clear passion and commitment to do the right thing from everyone they have met
- Evidence of services going above and beyond

Areas of particular interest and good practice:

- FLASH (Fostering Looked After Adopted Support Hub). This service was established in 2015 and has demonstrated excellent links with LA,

The team found the service to be an exemplary example for multi-agency working supporting foster and adoptive preventing and reducing placement breakdown.

- iCAMHs (intensive CAMHS) This service was established in 2015 and supports GP's the Paediatric Assessment Unit at Manor Hospital to either prevent hospital admission or repatriate CYP in community settings.
- The team feedback that the impact of the service was very positive. Service users and carers were quoted as stating 'The service was fantastic'.
- Positive steps, Behaviour Support Team, and GP Liaison service, provided evidence of supporting needs and examples of good practice.

12. Urgent and emergency crisis care

The local transformation plan provides support for the development of a comprehensive care model to support young people in a mental health crisis.

Our model supports crisis presentations at the acute hospital whether admitted to the Paediatric Assessment Unit (PAU) or presenting at A+E and accessing psychiatric liaison (if aged over 17) when required, as well as within the community or PAU via ICAMHS. The team also provides treatment in the community for those presenting with greatest risk or who are unable to attend other services. Home treatment is also provided to young people who present with eating disorders and support for any young person requiring mental health act assessment in a place of safety.

These provisions ensure that there is a swift and comprehensive assessment of the nature of the crisis.

Our model is based on:

- Working through a crisis until it is resolved.
- Successful service user engagement
- Therapeutic alliance with the service user and CAMHS Clinician
- The team takes a systemic approach, looking at all the factors involved in the crisis, including biological, psychological and social issues and the context in which that young person lives, using a range of interventions to address these. #
- Crisis staff will approach work with by drawing on the innate strengths of service users in order to support them.
- Providing crisis management and educating service users and carers to acquire coping skills will form a significant part of the crisis work. The team will assist the service user and their carers to acquire/learn behaviours to improve maintain their mental health. The approach should be one of collaboration with the service user and/or their family by “doing work with them”, so as to promote their “ownership” of the crisis.
- As far as is reasonably practicable, the team will work in a way that demonstrates regard for the present, past wishes and feelings of the person receiving services and their cares and/or legal guardian.

The current objectives of the service are:

- Assess CYP in crisis and avoid hospital admission where possible, by providing an intensive support community service.
- Develop their care plan and ascertain if there is a need for hospital admission and co-ordinate the admission if required
- To provide emergency (Same Day Assessments)
- Provide an extended level of support in conjunction with Core CAMHS/CAMHS ED to support young people at home and avoid hospital admission.

- Provide urgent assessment and intervention to young people who are not known to CAMHS.
- Support young people with stepping down from a hospital admission back into the community.
- Advice and signposting to other agencies regarding appropriate responses and pathways into services.
- Managing and responding to the Black Country CAMHS 136 suite.
- Gatekeeping of inpatient beds with CAMHS Consultant psychiatrists.

The Crisis/Triage car

The availability of a Black Country 'crisis car' meeting the needs of those with a mental health related crisis provides additional options locally. It is mostly called by 999 to assist in an emergency, data demonstrates that there are a number of younger adults and children accessing this service which aims to prevent hospital admissions and provide support in community (unless the child requires inpatient care) A number of case studies shared have evidenced that this type of support has and will continue to save lives given the fast response (mostly under one hour, the police powers to access property, the paramedic with the skills to provide essential first aid and the CPN providing the psychiatric support.

132 referrals were received by those aged under 20 between April and September 2017.

13. Collaborative and place based commissioning

Black Country mental health commissioners have established working relationships and engaged to develop a more collaborative approach to commissioning, making it easier for commissioners to work together to better align pathways, and service models across all systems, resulting in a more holistic and integrated approach to improve healthcare for the diverse local populations served, and improve outcomes. This work has progressed amongst mental health commissioners.

Aims of collaborative commissioning:

- Improve pathway integrity for service users, helping to ensure that care is commissioned as part of a single pathway;
- Enable better allocation or investment decisions, giving CCGs and their partners the ability to invest in prevention or more effective services;
- Improve financial incentives over the longer term, reducing demand, where appropriate, and unwarranted variation, and increasing value for money
- Ensure providers can be effectively held to account, ensuring clearer links between services, commissioners, referrers and providers.
- A better patient experience through more joined up services;
- Improved equitable access to high quality sustainable services.

Local 'Place-based Commissioning' ensures that providers of services are working together to improve health care for CYP in Walsall. Our partnership working arrangements advocate that all partner organisations collaborate to manage the common resources available to them utilising each other's expertise to deliver improved outcomes for users. Local placed based approaches will be supported through the 'Walsall Together' partnership across the local health and care system.

Walsall's LTP enabled all partners to have a shared vision and shared aims & objectives, tailored to the needs of the population, reflecting the challenges that exist and the level of ambition necessary. The plan built on work done previously by commissioners and the health and wellbeing board in understanding the needs of the local population, as well as providers' knowledge of local services.

Walsall CCG and LA commissioners participate in all NHSE in-patient commissioning decisions. All decisions to place in acute settings are made with both sets of commissioners, and CTR reviews also undertaken with local commissioners along with NHSE colleagues to ensure discharge can be realised when appropriate and care and support can be provided in local community setting.

Collaboration with LA/Youth Offending

The LTP recognised the need to identify specific resources to support young offenders. Working collaboratively has resulted in the following provision:

A Full-time 'Primary Mental Health worker with role split between CAMHS and YOT has supported the efforts of a variety of criminal justice partner organisations in building stronger community links to preventing crime and anti-social behaviour.

Part-time support from a SALT therapist (2 days per week) to identify communication issues, especially in relation to undiagnosed ASD, resulting in timely intervention from specialist CAMHS, supporting the most complex cases in CAMHS.

Special Educational Needs and Disability (SEND)

Walsall's plan on a page is illustrated below and identifies the vision, priorities, objectives and outcomes required in 2017/18.

Significant progress has been made in respect of joint working between the CCG and Council with regards SEND local offer and strategy. A revised strategy is under development with all health elements of the strategy revisited and refreshed within the past twelve months. As a result of this refresh a revised and strengthened health component to this agenda is now in place. The formal joint commissioning arrangements for CYP have been dismantled over the past twelve months, following an independent review of arrangements. However revised collaborative commissioning arrangements are being developed and a clearer way forward is progressing.

The reform requires that commissioning activity is based on reliable evidence of local need for children and young people with SEND. Public health have supported leads to identify the most appropriate method for data collection and monitoring in respect of health activity relating to EHCP's. A SEND needs assessment is planned for December 2017.

In September 2017, the SEND health group developed a SEND plan on a page as a supportive appendage to the council SEND & Inclusion strategy (2016-20) and which is provided in **Appendix 3** of this report

Significant work has been undertaken by the DMO and Head of Therapy Services to develop the necessary pathways and processes to improve the quality and performance of the health component of the EHCP. The Council reported its position in respect of nationally defined timescales and targets for transferring all children and young people with old statements of educational need onto the new Education Health & Care plans (EHCP) by 31st March 2018. The Council report that overall, the statutory 20 week timescales for EHCPs is running at 60% and 82% within the 6 week timescale.

The SENDI Challenge board shared information of a 38% increase in requests for statutory assessments since SEND reform implementation. This fits with the national NHSE picture of a growing population of children and young people with disabilities.

To ensure greater scrutiny and monitoring of all cases where children have either a complex health need **or** where there may be dispute about health provision at any point of the assessment process, the DMO SEND and Complex Cases Commissioner have set up a complex cases panel which will provide the necessary rigour that has been previously missing for this cohort of children and young people.

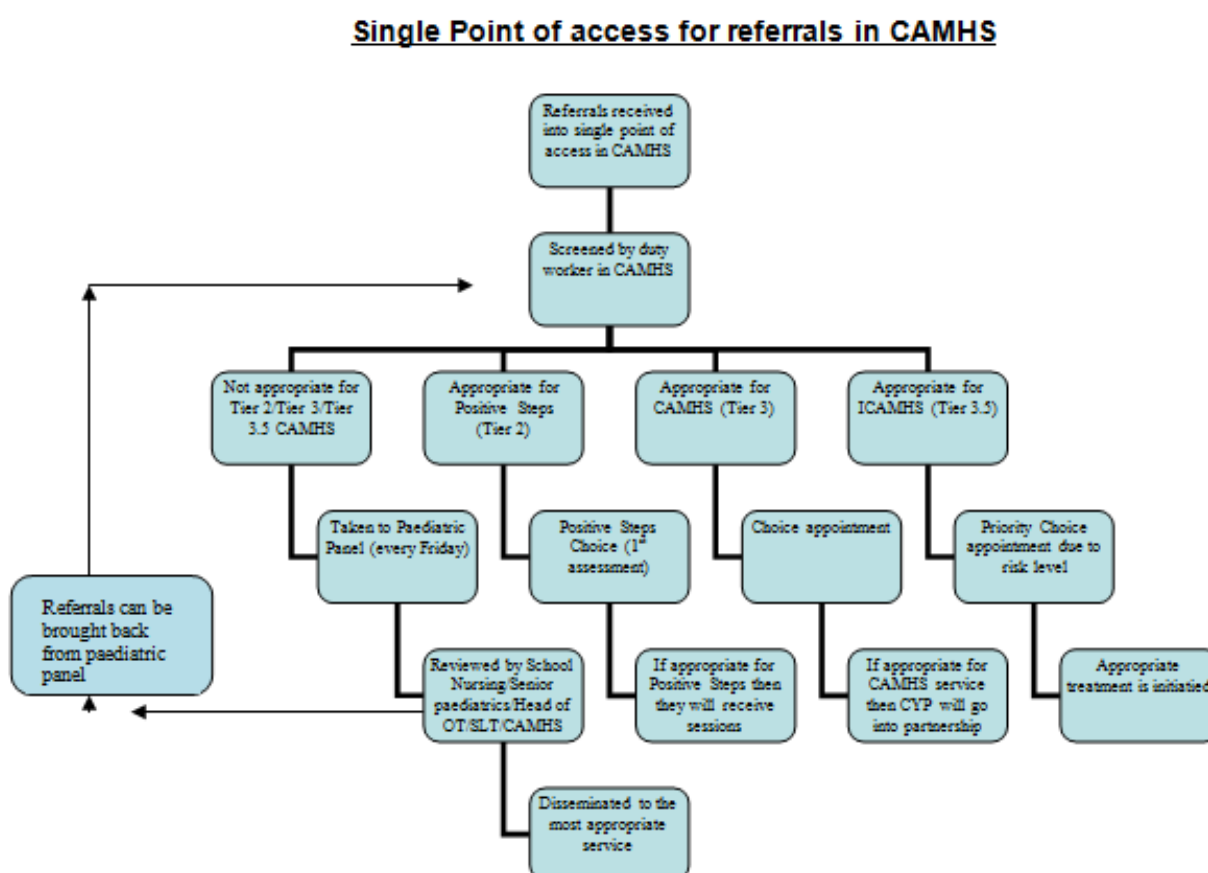
14. LTP Ambition

By 2020 the partnership aims to fulfil its original ambition, which includes a commitment to ensure that provision is in line with expectations outlined within the Five Year Forward View. Sustainability of the work stream beyond 2020 is under discussion. The partnership is committed to ensuring that provision is maintained, and robustly monitored to ensure that capacity issues are addressed.

The ambition beyond 2020 is to ensure that funding is aligned to areas where impact will be greatest and outcomes evident. Government policy has called for a shift in focus of services from crisis intervention to one of early intervention and prevention. A key principle is that **all** professionals working with and on behalf of children, young people and their families accept their full responsibility for ensuring that everything possible is done to prevent the unnecessary escalation of issues and difficulties and that a positive focus is maintained on ensuring the best outcomes.

Walsall CAMHS operates from a single point of access. This enables referrals to be signposted to the most appropriate CAMHS service and ensures that no referral is ever rejected.

The Single Point of Access is shown in the pathway flow chart below.



Key objectives of the additional funding, supported by Walsall partners are:

- Build capacity and capability across the system so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;
- Ensure IAPT principles are rolled out across all CYP and adolescent services
- Develop evidence based community Eating Disorder services for children and young people that work in parallel with the CAMHS crisis service
- Improve perinatal care. There is a strong link between parental (particularly maternal) mental health and children's mental health.

Since the implementation of the Emotional Health and Wellbeing Service (Positive Steps) there has been evidence of improvement in:

- Promoting resilience through self-management
- Early Intervention which ensures young people do not escalate in to crisis
- The provision of outreach mental health services
- Training and advice support for universal services
- The delivery of a full range of psycho social therapeutic interventions based on the young person's need
- Community based services that include school based interventions
- Timely access and support
- Building on the relationship with GP liaison, further improving the existing pathway

Future service developments include:

- Post diagnostic neurodevelopmental service meeting existing unmet needs
- CSE pathway development to be put into place for those at risk
- Enhance YOS pathway
- Developing a Black Country Perinatal service
- All CAMHS clinicians are now trained on SEND and EHCP's and support and contribute to EHCP's.
- Monitor the requirements of additional demand for unaccompanied asylum seeking children & young people with a view to further investment.

2018/19 Outcome/Objective	Future intentions	Measurement and performance
Increase access for CYP and reduce waiting times.	Identify further resource requirements if capacity is an issue. Expand SPA provision to include self-referral.	Review current SPA (Single Point of Access) effectiveness for users. Budget decisions. Self-referral pathway.
Strategic Direction Implement the year on year trajectories for workforce and access as outlined in FYFV and FiM.	Continue to work with the IAPT collaborative. Develop further training programmes, based on needs of the service.	Numbers trained. Review pathways fully to ensure continued compliance against NICE recommendations.
In patient Care Reduce admissions, LOS, by extending the choice of treatments to support patients remaining in community treatment, as close to home as possible.	Further build relationships with NHSE Case workers ensuring liaison on cases as soon as possible. Ensure monitoring of community risk stratification (risk register). Community CTR's. Expand menu of service options to avoid admissions and crisis.	Monitor use of tier 4 admission and length of stays. Develop new provider care service specification.
CYP Mental Health Continue to monitor the Walsall demographics, regarding change in population including asylum seekers, traveller families and BMEs etc.	Continue to monitor CAMHS MHSDS submissions to determine newly identified needs.	Improved access for CYP for vulnerable CYP.
STP Continue to work collaboratively across the STP footprint, to achieve the 1 commissioner model.	Develop single service specs plan implementation. Support providers with new model of working. Set timeframe for formal review.	Service Specification, fully implemented. Service fully functioning. KPI's monitored.
CYP IAPT To roll out training across all CAMHS services. Agree suite of ROMs across all provision across all 4 STP NHS organisations.	CAMHS staff to be IAPT trained. IAPT delivery to be rolled out across CAMHS. Outcome focused ROMs captured.	Measure outcomes against agreed ROM's and report.

2018/19 Outcome/Objective	Future intentions	Measurement and performance
LAC support– FLASH service Engages with foster/ adoptive parents to support and avoid placement breakdown. Demand far outstrips capacity for this service.	Provide evidence of further unmet need in Walsall. Potential expansion of service.	Monitored via joint CAMHS and LA strategy meetings.
Full review of LD CAMHS To evaluate scope of service delivery in the community to reduce inpatient bed usage.	Establish a robust LD CAMHS offer that meets needs of Walsall population and supports those in the community so as to avoid tier 4 bed admissions.	Monitor community risk registers, tier 4 usage and work with partners to support those in community settings at risk of admission.
Implement a multi-agency CYP website. Providing a directory of services from tier 1 to tier 4 local services.	It will capture information toolkits, and a list of services to support CYP, parents carers and professionals in community. It will enable preventative service delivery at the earliest opportunity as well promoting wellbeing and building mental health resilience.	User feedback will be captured from users of the website as well as access rates.
CAMHS transitions CQUIN Transition from children's to adult services.	To improve arrangements leading to a smooth transition from children to adult services. Gather information to improve transition arrangements.	Completion of pre and post transition questionnaires.

2019/2020 Outcome/Objective	Future intentions	Measurement and performance
Move toward implementing 0-25 pathway for CAMHS service,	Map demand and activity for post 17 year old requiring mental health support. Review of budget and service specifications.	Monitor progress through CCG CAMHS Strategy Group Finance and performance achievement.
Mental health workforce are skilled to support the needs of all CYP in Walsall	Develop a long term Workforce/training strategy agreed across all partners.	Monitor workforce retention and training plans.
CAMHS transitions CQUIN Transition from children's to adult services (2 nd year of CQUIN).	To improve arrangements leading to a smooth transition from children to adult services. Gather information to improve transition arrangements.	Completion of pre and post transition questionnaires.

15. CYP IAPT

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a change programme delivered by NHS England in partnership with Health Education England.

Walsall's programme aims to work with existing services that deliver mental health care for children and young people (provided by NHS, Local Authority, Voluntary Sector, Youth Justice) and create a culture of collaboration between services and CYP and parents/carers.

As mentioned previously in this strategy transformation funding has been secured for this area and extensive training for psychological therapies has been rolled out since 2016 onwards. Engagement has taken place in a Walsall local partnership to join the Midlands C&YP IAPT collaborative and attend leadership and clinical training modules and clinical supervision. The leadership team have undertaken the C&YP IAPT Leadership and Transformation training. The team have also accessed the C&YP IAPT outreach training sessions

By utilising outcome monitoring and recording on Mental Health Services Data Set we can continue to assess performance We will improve the efficiency of services by training managers and service leads in change, demand and capacity management improving access to evidence-based therapies by training existing CYP MHS staff in in an agreed, standardised curriculum of NICE approved and best evidence-based therapies.

The Midlands collaborative currently comprises the following CAMHS partnerships across the East and West Midlands:

- Leicester, Leicestershire and Rutland
- North Derbyshire
- Lincolnshire and North East Lincolnshire
- Sandwell
- Solihull
- Wolverhampton
- South Derbyshire
- South Staffordshire
- Dudley
- **Walsall**

Training for supervisors commences November 2017, and for trainers in January 2018. Training includes, CBT, SFP, Systemic Family Practice, enhanced evidence Based Practice, Strategic Transformation and Leadership. All training to be completed by October 2018.

16. Eating Disorders

Walsall had a discrete eating disorder service for adolescents and adults however, this did not provide a discrete eating disorder service for children and young people. CAMHS offered a core service for patients with eating disorders that did not meet the thresholds for inpatient admission.

The initial 2015 transformation plan, detailed a number of commitments in respect of delivering a comprehensive eating disorder service, including:

- Developing an eating disorder service, aligned to national guidance that ensures CYP get help, before requiring more help
- Develop and implement waiting time standards for Eating Disorder services
- Accessible service available that increases access for people with eating disorders

An Access and Waiting Time standard has been established, stating that children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care

Standards :

% within 1 week - The percentage of CYP Eating Disorder **urgent** cases started within 1 week of referral.

% within 4 weeks -The percentage of CYP Eating Disorder **routine** cases started within 4 weeks of referral.

The Unify report below for quarter 1 2017/18 shows that Walsall is currently exceeding the national target and meeting the 100% aspirational targets for both indicators.

Eating disorder Service

Qtr 1 2017 data: National target: 95%.....Local (aspirational target) 100%

Children and Young People - Eating Disorders							
Q1 17/18	Routine Referrals < 4 weeks				Urgent Referrals < 1 week		
	95% from April 2020				95% from April 2020		
	Treatment Starts	% within 4 weeks	Plan Q1 17/18		Treatment Starts	% within 1 week	Plan Q1 17/18
Birmingham and Solihull STP	45	68.9%	91.2%		7	85.7%	91.7%
Coventry and Warwickshire STP	29	62.1%	84.0%		1	0.0%	75.0%
Herefordshire and Worcestershire STP	17	88.2%	100.0%		1	0.0%	100.0%
Black Country and West Birmingham STP	45	84.4%	96.2%		7	85.7%	100.0%
West Midlands	136	75.0%	93.5%		16	75.0%	94.7%
NHS Birmingham Crosscity CCG	26	73.1%	96.4%		6	83.3%	100.0%
NHS Birmingham South and Central CCG	11	54.5%	100.0%		0		100.0%
NHS Solihull CCG	8	75.0%	73.3%		1	100.0%	80.0%
NHS Dudley CCG	10	100.0%	95.0%		0		100.0%
NHS Sandwell and West Birmingham CCG	16	75.0%	100.0%		5	80.0%	100.0%
NHS Walsall CCG	9	100.0%	95.0%		1	100.0%	100.0%
NHS Wolverhampton CCG	10	70.0%	100.0%		1	100.0%	100.0%
NHS Coventry and Rugby CCG	17	58.8%	100.0%		1	0.0%	100.0%
NHS South Warwickshire CCG	10	60.0%	60.0%		0		50.0%
NHS Warwickshire North CCG	2	100.0%	100.0%		0		100.0%
NHS Herefordshire CCG	10	100.0%	100.0%		1	0.0%	100.0%
NHS Redditch and Bromsgrove CCG	0		100.0%		0		100.0%
NHS South Worcestershire CCG	5	80.0%	100.0%		0		100.0%
NHS Wyre forest CCG	2	50.0%	100.0%		0		100.0%

Source: Unify2

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Progress to date:

Walsall has an eating disorder service from 12 onwards. Current service limited by capacity of team. Walsall will partner Dudley CCG to develop the CYP CED response

Working with Dudley CCG, we plan to continue to commission an all age Community Eating Disorder (ED) Service. We have been working with D&WMHPT to design this service and a Business Case has been submitted with a projected cost for our total ED funding allocation. The existing eating disorders service already meets the Access and Waiting Time Standard for Children and Young people with and Eating Disorder Commissioning Guidance.

Currently the service does not currently accept referrals for bulimics and binge eaters. The total number of children and young people, up to the age17 referred to the service last year was of which 62 were accepted onto the caseload (77.5% acceptance rate). Of these 47 (78.3%) are between ages 14-16 and the remainder 13 (21.7%) are between ages 10-13. For adult the respective figures were 186 and 65 equating to a 34.9% acceptance rate. Further breakdown of the age range of the adult's caseload demonstrates that of the 65 clients only 17 were between the ages 17-25 (26.2%) and the remainder 48 (73.8%) were older than 25. Walsall also needs to determine what the pathway for people not accepted into the service will be.

17. Early Intervention in Psychosis

Dudley and Walsall Mental Health Trust provide the local Early Interventions in Psychosis service which offers those aged from 14 upwards, treatment if at at risk of developing psychosis or with a recent diagnosis of psychosis. The service provides Intensive interventions aimed at preventing relapse and hospital admission. It aims to promote less traumatic and stigmatising recovery whilst preventing further episodes of psychosis.

The team works with a variety of youth, community and health agencies to assist young people in accessing accommodation, financial support, education, training, work and specialist counselling services.

By formalising the pathway between early access service in adult mental health and CAMHS along with partner agencies, this has strengthened referral routes into EIP. Additionally the service will meet the needs of those with dual diagnosis of mental health with mild learning disability, autism or substance misuse.

The service adheres to NICE guidance and is meeting national targets for access and treatment by meeting 50% target for access to NICE recommended treatment within 2 weeks of referral. All service users are offered a physical assessment on entering the service.

The EIP team manager is the regional lead for this service area and has been instrumental in ensuring the region adopt NICE recommended treatments in targeted time periods and reducing duration of undiagnosed psychosis, reducing relapse and avoiding hospital admissions.

The service has continued to see an increase of referrals over the last 18 months with an increase of over 50% during this time period. This will continue to be monitored to ensure the service is able to meet the population needs of Walsall in the future.

18. Priorities for Walsall going forward – Summary of CYP action plan

1. Ensure the delivery of mental health and emotional wellbeing is everybody's responsibility

We want everyone to understand the factors that influence wellbeing and good mental health and understand who they can help to promote and support wellbeing and good mental health.

We want to remove the stigma associated with poor mental health.

We want to increase the knowledge and awareness of mental health and wellbeing needs with the people who work with children and young people and to improve their understanding of the help and support available and when it is necessary to seek specialist support.

Outcomes:	What will be different:
<ul style="list-style-type: none">▪ Awareness amongst professionals who work with children and young people of why wellbeing and good mental health is important and the factors that influences it in children.	<p>People working with children and young people will demonstrate/have:</p> <ul style="list-style-type: none">• Increased and improved awareness of factors which influence mental health and wellbeing in children and young people.• Increased and improved awareness of why good mental health is important.• Increased confidence to start the conversation with children and young people with additional mental health and wellbeing needs.
<ul style="list-style-type: none">▪ All partners/agencies will work together to:<ul style="list-style-type: none">- Support engagement at a strategic and operational level.- Uphold the values of the strategy and take responsibility for implementing it within their service area.- Support multi-agency commissioning/ collaboration (working together).	<p>Multi- agency strategies that include principles, priorities and action to improve mental health and wellbeing in children and young people are agreed and implemented.</p>
<ul style="list-style-type: none">▪ Children and young people will have the skills they need to stay emotionally healthy.	<p>We will have a population of resilient children and young people who can manage their mental health and wellbeing resulting</p>

	in a reduction in demand for specialist treatment and intervention.
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Successes:

1. FLASH (Foster, Looked After Children Support Hub) offers training to both foster carers, adoptive parents and social workers based on DDP and to address attachment issues.
2. Walsall CAMHS 'Positive steps' now established. A multi-disciplinary team who work with CYP who have low level or emerging mental health needs. Team are community based which enables practitioners to navigate to specialist CAMHS intervention or community support from local services.
3. Clear pathways in place to support School Nursing and teaching staff in school settings
4. Skills analysis completed which informed training package in place and developed – Review of impact and outcomes due early 2018
5. GP Liaison nurse post Supporting other agencies to manage and support CYP in the community and signpost accordingly and apply multi-agency assessments.
6. Work undertaken to ensure the right referrals reach the right professional timely
7. School links pilot now completed, supporting children and teachers in ten schools, learning captured and embedded within behaviour support service
8. Behaviour support team are demonstrating decreased and more appropriate referrals into CAMHs, formal evaluation underway, agreement to extend into senior schools in January 2018.
9. Advice and guidance and input into parenting programmes
10. Additional funding for psychotherapist and family therapist to support local children's residential unit, skilling up staff to manage behaviours and presentations and ensuring local oversight
11. Walsall Healthy schools programme is in development and to be launched January 2018. Schools are encouraged to demonstrate their whole school approach to the promotion of mental health and wellbeing for pupils and staff. As a part of this programme, a resource is being created in conjunction with year 5 children to support KS 2 children in meeting PHSE EHWP outcomes. Training has been delivered to HVs and midwives to support the identification on of mental health issues
12. The School Nursing Service was re-procured in 2015. Within this new specification is the requirement for school nurses to focus particularly on support around pupil emotional health and wellbeing including support to parents

13. Within the new 0-5 Healthy Child Programme (Health Visitor) specification is the requirement for Health Visitors to focus on their high impact areas around Peri-Natal Mental Health and a good transition to parenthood. As a part of this service the new Health in Pregnancy Service identifies and offers support to women during pregnancy who are experiencing mental health issue
14. A tool is being developed for schools and early years settings to identify the actions that can be set in place internally to prevent mental health issues but also to map support in Walsall for onward referral when needed
15. SEND strategy in place, Health SEND review undertaken and SEND plan on a page completed, SEND Challenge board in place.

Areas for development:

The offer of mental health awareness training (Mental Health 1st Aid) is offered through the Children's Services Learning and Development Programme to the children's workforce; however this will be reviewed to ensure consistent take up of the training.

Review of training needs to be completed with partners from Public Health and Children's Services.

The future CYP Primary Mental Health Service will offer training to schools and professionals in the children's workforce.

2. Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing

We want to have a clear pathway in place, confirming mental health and wellbeing support and services for children and young people to access.

Feedback confirmed information available about mental health and wellbeing for children and young people is limited, not all in one place and not easy to access. Many people, including people who work with children and young people are not aware of all the support and services available, or how to access it.

Outcome:	What will be different:
<ul style="list-style-type: none"> ▪ Children/young people, carers, parents and professionals will be able to access information and resources in relation to mental health and wellbeing. 	<p>The same, consistent, information will be available:</p> <ul style="list-style-type: none"> • across Council, Education and Health web pages • in all directory of services • become part of the local offer • in the Early Help Hub.

Successes:

1. CAMHs have successfully ran 'Open door events' with positive feedback from children and young people and families, opportunity to share experience and feed in areas for development of the service.
2. Revised engagement strategy now in place for CAMHs
3. 'You said ...we did...' documented evidence of how feedback has been used to change and improve service delivery following feedback.
4. 'Comments trees' established within Out Patient areas, positive feedback from children and young people and families who value an opportunity to share thoughts in a 'safe environment'.
5. Consultation exercises have enabled CYP to shape service delivery an example of this is the work undertaken re: Positive steps
6. KOOTH BME dedicated worker in place
7. Community Development Workers in place, positive links with CAMHs service and service users
8. Multi-agency Paediatric panel ensures that young people who have been referred for mental health support are supported by the appropriate service

Areas for development:

Web based service information patchy and inconsistent, requires system wide comprehensive review. Development of the web site during 2018.

This priority is an ongoing long term area of improvement.

The refreshed strategy for October 2017 will be available on the CCG web site.

There will be consistent information on all partners' websites for CYP mental health and for this will be in place by the end of November 2017.

3. Improve prevention, early help, earlier recognition and intervention

We want to ensure all children, young people and families have access to timely, evidence based, high quality specialist mental health support when it is needed. We will ensure that:

- There is support to help with significant behavioural issues and that children are able to access the secondary specialist mental health services.

- Awareness of the online counselling service and the face to face counselling service is promoted.
- There is a single point of access to refer children and young people to when they have mental health and wellbeing needs.
- Consistent support between the current universal, primary care response and secondary mental health.

Maternal mental health is also important, if expectant mothers and those with new born babies (up to a year old) are supported with their mental health this has a direct impact to their child/children. Although support to the parent is from adult services this requires a joined up approach with children's services. In Walsall the current community based adult maternal mental health services do not include access to a specialist perinatal mental health consultant offered through the birth unit.

Outcome:	What will be different:
<ul style="list-style-type: none"> ▪ Identification of mental health and wellbeing needs at earliest point. 	Reduction in mental health crisis/urgent or emergency referrals into the specialist secondary mental health service (CAMHS).
<ul style="list-style-type: none"> ▪ Services provided at an earlier stage. 	<p>Reduction in inappropriate referrals to CAMHS.</p> <p>Increase of appropriate referrals to the right service, the first time.</p>
<ul style="list-style-type: none"> ▪ Services developed based on the feedback of children and young people and those who work to support children and young people. 	Children and young people feedback that services are based on what they wanted to see in place.

Successes:

1. Behaviour support has been mapped as part of the Healthy Child Programme.
2. Walsall Behaviour Support Team is embedded as a traded service within Walsall primary schools and includes an advisory consultative CAMHS nurse role. Teachers receive training and guidance in behaviour management in the classroom and also a guide for initial help and screening, with a clear process for accessing the input for the CAMHS nurse. With positive feedback from schools. This is now being promoted to all secondary schools (maintained and academy) for buy in of a tailored version of the team to meet needs in secondary schools.
3. Single Point Of Access now in place with all referrals, handled via the Walsall CAMHs. No referral is rejected, clear pathways determine appropriate service. Robust pathway between specialist and universal services Future intentions to move to self-referral.

4. GP's can now refer in to CAMHS in order to reduce A+E admissions.
5. Earlier recognition pathway for EIP as a result of clearly defined pathways and early intervention promotion.
6. GP liaison nurse role: This role started in February 2016 and considers all referrals received by Walsall CAMHS (secondary mental health services) where the referral doesn't require a secondary mental health response. A children's paediatric panel has been formed and meets every week to consider these cases. This panel is made up of health professionals who support CYP then agree where the CYP needs would be best met and refer them appropriately i.e. school health advisors, parenting course, face to face counselling, early help, children's centres etc.
7. This process has stopped most referrals being re referred back to GP's with a CYP having unmet needs. (It has though led to an increase in referrals to the school health advisors, with recent confirmation that 40 % of referrals were for mental health and wellbeing). Further analysis is planned.
8. Regular education sessions have been held to support effective and appropriate referrals to CAMHS, specifically with regards Primary care and School Nursing Service.
9. Direct GP pathway into CAMHS crisis: iCAMHS operate 8am – 8pm and accept direct referral.
10. Positive steps attend all early help panels
11. A multiagency Perinatal Mental Health pathway has now been developed across the STP footprint. Training has been delivered to the partnership to raise awareness of this pathway. Work to increase support from the voluntary sector for lower level mental health issues is under development.
12. A bid being for Wave 2 funding has been submitted to support a multiagency service for women with greater needs across the Black Country.
13. 0-5 year's specialist infant mental health clinic now operating in Walsall.
14. More robust pathway developed between Children's Development Centre and CAMHS LD
15. CQC peer review of Walsall CAMHS services undertaken September 2017
16. Mapping exercise completed of all services available to Walsall CYP
17. Introduction of CYP IAPT in CAMHS, full role out expected 2018

Areas for development:

Further develop Multi agency working to improve outcomes for children and young people with complex needs.

Continue to improve community based support options.

Continue to improve preventative interventions for children and young people on the edge of care.

Develop specialist support and assessment for children who are transgender.

4. Improve access to evidenced based, high quality services

We want to ensure that:

- Targeted and specialist mental health services have appropriate professionals in the team and provide evidence based support.
- Specialist mental health services (CAMHS) are supporting children and young people with more complex mental health needs.
- GP's are able to access the specialist secondary mental health services CAMHS for their patients.
- Children and young people who meet the criteria to access the secondary mental health services will be seen for their first initial appointment. CYP who are not in crisis would then be offered a partnership appointment in a timely manner.

Outcome:	What will be different:
<ul style="list-style-type: none">▪ Children and young people, who require them, have timely, access to evidence based interventions.	<ul style="list-style-type: none">• Increased capacity and mental health services commissioned and in place.• Improving Access to Psychological Therapies in place (IAPT).• Waiting times will be monitored and improved• There will be a reduction in admissions and length of stay into the paediatric ward due to deliberate self-harm.• There will be a reduction in admissions and length of stay into specialist inpatient CAMHS.• There will be a reduction of admission of those under 18 year old into adult mental health wards.

Successes:

1. Workforce reviewed in 2015 to understand 'bottlenecks' and pressures. Funding to increase capacity within secondary mental health service (CAMHS) funded long term. Waiting times have significantly reduced across a range of service provision.
2. Increasing evidence based interventions on offer including DBT (Dialectical behaviour therapy), DPP (dyadic developmental psychotherapy, RODB (Radically Open Dialectical Based Therapy) and Learning disabilities (LD) /CAMHS training in LD and sexually harmful behaviours).
3. A dedicated CYP Community Eating Disorder Service in operation.
4. ICAMHS (crisis and treatment at home service) is fully embedded with evidence of a reduction in specialist bedded CAMHS provision use and a reduction in length of stay with the majority of YP being discharged same or next day).
5. Black Country bid submitted to deliver a 24/7 iCAMHS across the region. Confirmation for funding in 2018/19 awaited.
6. The Walsall commissioner has an established working relationship with specialised commissioners and a process is followed. Walsall CAMHS have a clear referral process into tier 4 and escalate to the CCG if there are safeguarding concerns about bed availability. Walsall CCG through its designated safeguarding nurse lead and the Director of Quality has an adopted escalation process to NHSE.
7. CTR process strengthened, with risk enablement panels and risk register in place as well as community and in-patient CTR's.
8. Introduction of Positive Steps (tier 2) to assist with low level or emerging mental health needs in CYP in the community.
9. Mental Health Services Data Set in place to ensure robust data collection.
10. Specialist neuro developmental clinics Implemented to support CYP and families with ADHD and ASD diagnosis.
11. STP approach promoting 'One Commissioner' model with services being developed across the Black Country EG: Perinatal provision.
12. STP pathways developing.
13. GP Liaison nurses strengthening timely referral pathways.
14. Extensive training programme implemented across CAMHS services, including targeted specialist training.

15. CYP IAPT in CAMHS begins November 2017.
16. Pathway for Out Of Area CYP strengthened.
17. Assurance oversight group in place for those children who are looked after requiring MH services, led by Safeguarding Designated nurse.
18. CQUIN in place with DWMHT to improve transition arrangements.
19. Children's Services have established a behaviour and mental wellbeing service for both primary and secondary aged children to support schools in managing mental health issues before they become acute but also to ensure that where a referral to CAMHS is required, this can be actioned quickly.

Areas for development:

Walsall CCG commissioners are reviewing recent admissions as part of reflective practise to identify gaps or potential key stages where additional support may have supported a de-escalation of the situation.

For CYP with an LD and/or ASD this is complex and not purely an NHS MH response. The review will include all the resources and services in place to support CYP with MH LD and or ASD to establish if the early prevention, social care needs and the MH needs were met prior to admission to inpatient provision. Walsall Commissioners with ICAMHS and Children's services are actively supporting the Care Pathway Approach /Care Treatment Review process and being responsive to support appropriate discharge from inpatient settings.

Secondary mental health CAMHS criteria provide support to up to 17 years old.

Transitional arrangements have been reviewed and in place, there are differences to the scope of support and thresholds to access adult's mental health. The additional transformation funds from 2018/19 will be used towards raising the age of secondary mental health specialist services (CAMHS) acceptance to up to 18 years old and the national CQUIN indicator for ensure robust transitional arrangement will be considered.

As part of Walsall's all age review of psychiatric liaison, the out of hours need of CYP are being considered.

Ensure access and appropriate pathways are in place for those CYP requiring therapeutic intervention as stated within assessment.

5. Ensure we meet the needs of vulnerable children and young people

We want to ensure that children and young people who may be considered at more risk of developing mental health and wellbeing needs:

- Access mental health services in a timely way.
- Have identified pathways of care.

Outcome:	How will this be measured:
<ul style="list-style-type: none">▪ Vulnerable children and young people, who require specialist mental health services, have timely access to services.▪ Develop evidence based pathways of support to provide therapeutic services for vulnerable children and young people with mental health and emotional wellbeing issues.	<ul style="list-style-type: none">• Pathways agreed with relevant stakeholders.• Data collection.• Reduction in the number of CYP being placed in a specialist residential service outside of Walsall.

Vulnerable children could include those who:

- live away from home (including those known as looked after children or in care).
- have been adopted.
- are Care Leavers (moving into adulthood after they have lived away from home and been considered a looked after child).
- have a special educational need.
- have a physical or learning disability.
- are within autistic spectrum (AS).
- are in contact with the youth justice system including those in prison.
- are in alternative educational settings.
- are young carers.
- are part of communities considered vulnerable; such as gypsies, Roma and travelling communities, recent migrants, and those with higher deprivation factors etc.
- have parents with a mental health need and its affects them.
- live in a household where there is domestic abuse.
- live in a household where there is substance misuse.
- are at risk of significant harm from emotional abuse and neglect.
- who have been sexually exploited and/or abused.

(This list does not include all possible vulnerable groups; it is the overall aim of all partners to support children and young people from all possible vulnerable groups).

The impact of parental mental health, domestic abuse and substance misuse is a factor which affects a child or young person's mental health and wellbeing, commonly known as the toxic trio and should be considered although support to the parent is from adult services and requires a joined up approach with children's services.

Successes:

1. FLASH a service dedicated to supporting the needs of Walsall looked after children is embedded. This service is funded by Children's Services specifically to meet the needs of looked after children who may be at risk of placement breakdown. The service operates across the Black Country area to be able to support Walsall CYP placed outside of Walsall within a radius of 20 miles.
2. The birth to 5 year old pathway for neuro development has been reviewed and implemented.
3. An ASD and ADHD clinic approach has been implemented in CAMHS reducing waiting times significantly.
4. The initial assessment screening for secondary mental health services (choice appointments) has been revised and will include questions to pick up on matters linked to the 'Toxic Trio' that of parental mental health, parental substance misuse and family domestic abuse.
5. Within the secondary mental health service (CAMHS) a protocol and process has been developed in relation to Child Sexual Exploitation (CSE) to support the approach for CSE in Walsall.
6. The SARC (sexual abuse response centre) is regionally commissioned for the Black Country and provided by Horizon. Further counseling support is commissioned by WM police with Crisis Point. Walsall CCG has also funded case by case requests for CYP suspected of being subject to sexual abuse where the local CAMHS feel more specialist counseling is required.
7. WCCG are members of the YJ board and continue to develop joint approaches supporting CYP within the justice system.
8. Process have been reviewed and strengthened to ensure partners support the development of Education Health and Care Plans and there is a clear local offer.
9. WCCG have undertaken a review of SEND offer and revised in line with recommendations from review.
10. A dedicated CAMHS professional is placed within Youth Offending Service and there is a confirmed pathway involving the CAMHS professional to support the move into and out of secure settings.
11. Secondary mental health LD/CAMHS is fully mobilised with staff permanently recruited confirmed access is not based on attendance at a specialist education provision but on presenting needs. Criteria and access have been clearly confirmed.

12. Care and Treatment Review processes have been strengthened to ensure appropriate and timely MDT review, including blue light reviews where necessary. A risk register review is undertaken on an MDT basis monthly, with actions escalated and addressed in a more timely way.
13. Safeguarding pathway in place and dedicated SG resource within service
14. Locality place based model being developed with a CAMHs rep on Locality Panels resulting in more effective brokering of packages of support
15. MASH in place for Walsall with health attendance in place.
16. Whole family approach through family therapy and psychotherapy with dedicated family support workers in CAMHs
17. Social work embedded within CAMHs service
18. ICAMHS service supports all transitional services
19. Therapeutic support to children living with the impact of domestic abuse
20. Co-location of CAMHS tier 2 within the 4 Early Help Locality hubs
21. Early help offer 'FRIENDS' evidence based cognitive behaviour programme
22. Tier 2 involvement in a suite of parenting programmes
23. Responsible commissioner guidance in place and implemented

Further developments:

Strengthening service delivery to improve outcomes for CYP who have encountered Children Sexually Exploited by developing therapeutic services to support victims.

Develop specialist support and assessment for children who are transgender.

Strengthening preventative interventions for CYP on the Edge of Care.

Develop more integrated delivery models for children with complex needs.

Ensure opportunities for collaborative approaches to commissioning are supported and develop relevant SOPs to support this approach.

6. Ensure we are accountable and transparent

We want to show that how we meet the needs of children and young people's mental health and wellbeing will be accountable and transparent.

We will support the national developments to improve mental health and wellbeing.

Outcomes:	How will this be measured:
▪ Identified key performance indicators both based on data and quality.	Performance reviewed through contract processes and considered through identified governance.
▪ Clear governance and oversight of implementing the strategy	Regular review and update on actions reported to identified governance

Successes:

1. Development of local performance data scorecard for secondary mental health CAMHS included in 17/18 contract.
2. Local service secondary mental Health (CAMHS) is reporting to the MHSDS (site for national data collation).
3. Governance of strategy and transformation plan implementation embedded. There is strategic oversight from the H&WBB, more detailed oversight from the Walsall Children and Young People's Partnership Board, endorsement from the GP MH clinical lead and regular updates to CCG Commissioning Committee, stakeholder engagement from partners in the implementation group and ongoing in depth detail considered in relation to the NHS secondary MH service within the task and finish group.
4. Regular engagement with CYP, families and carers to provide feedback on service delivery and take forward recommendations for improvement.
5. A Youth of Walsall Representative is a regular member of the Children and Young People's Partnership Board.
6. All CCG MH commissioned services adopt recognised methods to gain feedback on the outcomes of the service provided to an individual such as goal based outcomes.
7. Needs assessment completed and shared with public
8. All pathways aligned to NICE guidance
9. Refreshing outcome measures to align with IAPT and NICE guidance

10. STP CAMHs bid for enhanced 24/7 crisis support in place
11. Strategy group meets regularly to ensure alignment of all pathways and regular oversight of strategy
12. Robust governance for transformation plan in place
13. Evidence of service user engagement set as a priority for the YP Mental Health and Wellbeing Strategy and Transformation Group

Areas for development:

Engagement to develop the needs assessment, strategy and transformation action plan was extensive. CYP, Families and carers engagement and involvement in the ongoing implementation of the plan needs to be strengthened

Walsall CCG's 2017/18 commissioning intentions confirm the intention to continue to use transformation funds to improve CYP MH and WB.

To ensure the transformation of CYP MH and WB in Walsall meets the future assurance areas in relation to CYP MH required by NHS England and contain in the Five Year Forward View. Walsall CCG has reviewed the technical guidance and assurance areas for CYP MH and WB and is planning how to meet these areas. This includes reviewing current data and capacity of services, to determine if they will be able to deliver the required target to increase the percentage of CYP with a diagnosable MH accessing an NHS MH service.

19. Impact and future delivery

Previous chapters have illustrated the transformational journey that Walsall has undertaken and continues to move forward with in the future. It maps the progress that has been made and the future delivery of services for CYP.

This refreshed strategy identifies the local changes in services that are both innovative and key enablers to deliver transformational change and improve outcomes for those using services. Collaborative commissioning is a key component for Walsall and has allowed us to be more innovative in exploring new service delivery and removing variation of existing services.

As a local system we are particularly proud of the recent work with regards Positive steps programme, FLASH team, CYP IAPT, eating disorder service and ICAMHs development. This has been a key focus over the past twelve months and we are able to evidence positive outcomes for the work undertaken to date.

Whilst we have evidenced the successes and areas for development against each of the six priorities within the plan we also recognize the strategic developments required for the next twelve months and beyond, in particular we would recognize the specific following areas for progress:

1. Development of reported outcome measures for CYP IAPT
2. Strengthening the governance and leadership/oversight arrangements of the strategy going forwards.
3. Future planning to address 20/21 delivery.
4. Addressing areas of response following recent thematic review
5. Strengthening CYP user feedback and engagement to inform delivery.
6. Transition
7. Improving preventative interventions for those CYP on the edge of care
8. Developing more integrated delivery models for children with complex needs.

20. National and Local Situation: Policies, Guidance, Strategies, Research & Initiatives

National

- Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing; Department of Health and NHS England guidance and vision (March 2015)
- Implementing the Five Year Forward View for Mental Health (2016)
- Local Transformation Plans for Children and Young People mental health and wellbeing; Department of Health and NHS England guidance and support for local areas (August 2015)
- Mental Health Concordat; Department of Health, guidance (2014)
- Closing the gap; Department of Health, policy document (2014)
- Preventing Suicide in England; A cross government outcomes strategy to save lives. (September 2012)
- No health without Mental Health; A cross government mental health outcomes strategy for people of all ages (February 2011)
- Report of the Children and Young People's Health Outcomes Forum; Mental Health Sub-Group (2012)
- Health Visiting and School Nurse Programme; Supporting implementation of the new service offer; Promoting emotional wellbeing and positive mental health of children and young people; Department of Health (2014)
- Fair Society, Healthy, Lives; The Marmot Review (2010)
- Healthy People, Healthy Lives: Our Strategy for Public Health in England (2010)
- From a Distance; looked after children living away from home, Ofsted (2014)
- Healthy Child Programme; Department of Health (2009)
- Troubled Families Programme; based on 2010 to 2015 government policy: support for families
- National Institute for Health and Clinical Excellence (NICE) guidance, advice, standards and pathways in relation to supporting children and young people (or where an area is covered for all ages).
- Transforming Care for People with Learning Disabilities – Next Steps (Joint document from Department of Health, NHS England, Care Quality Review, Health Education England, Local Government Association - Jan 2015)

Local

- Walsall Children and Young People Mental Health and Wellbeing 2015 – 2020 Transformation Plan and action plan; Walsall CCG and Partners October 2015
- Needs assessment of children and young people in Walsall's emotional wellbeing and mental health; Walsall Public Health October 2015
- Improving access to out of hours and tier 4 CAMHS in the Black Country November 2013 by Dr S Jones (Independent Consultant in Public Health Medicine). Commissioned by Walsall Public Health
- Walsall Joint Strategic Needs Assessment; (Refreshed 2013, current refresh in progress); Walsall Public Health

- Walsall Health and Wellbeing Strategy; Transforming Health and Wellbeing for all in Walsall 2013–2016 refreshed 2014
- Walsall Children’s Plan; Walsall Children’s Services (2013 – 2016 refreshed 2014)
- Walsall Corporate Parenting Strategy; Walsall Children’s Services (2013)
- Walsall Suicide & Self Harm Prevention Strategy; Walsall Public Health (March 2013)
- Walsall Early Help Strategy; Children’s Services (2015)
- Walsall Mental Health Strategy; Walsall CCG (refreshed 2014)

21. Contributors

Marcus Law – Walsall CCG

Zoe Gilbert – Dudley and Walsall Mental Health Trust

Jackie Alexander - Dudley and Walsall Mental Health Trust

Sally Roberts - Walsall CCG

Dorothy Wilson - – Walsall CCG

Appendix 1 – Additional CAMHS referral information

Referral Information

Ethnicities

ANY OTHER GROUP	3
ASIAN-BANGLADESHI OR BRITISH BANGLADESHI	13
ASIAN-BRITISH ASIAN	6
ASIAN-INDIAN OR BRITISH INDIAN	24
ASIAN-OTHER ASIAN, ASIAN UNSPECIFIED	9
ASIAN-PAKISTANI OR BRITISH PAKISTANI	33
BLACK-AFRICAN	3
BLACK-BLACK BRITISH	2
BLACK-CARIBBEAN	7
BLACK-MIXED BLACK	2
BLACK-UNSPECIFIED	1
MIXED – CHINESE AND WHITE	1
MIXED-BLACK AND WHITE	1
MIXED-OTHER MIXED, MIXED UNSPECIFIED	6
MIXED-WHITE AND ASIAN	7
MIXED-WHITE AND BLACK AFRICAN	2
MIXED-WHITE AND BLCK CARIBBEAN	22
NOT STATED	86
WHITE-BRITISH	687
WHITE-ENGLISH	2
WHITE-IRISH	2
WHITE-GREEK	1
WHITE-OTHER WHITE, WHITE UNSPECIFIED	15
TOTAL	935

Gender

Female	435
Male	500
Grand Total	935

Referral Sources including internal referrals

Referral Source	Number
COMMUNITY MENTAL HEALTH TEAM (CHILD AND ADOLESCENT MENTAL HEALTH)	125
COMMUNITY MENTAL HEALTH TEAM (LEARNING DISABILITIES TEAM)	5
COMMUNITY-BASED PAEDIATRICS	20
GENERAL PRACTITIONER	511
HOSPITAL-BASED PAEDIATRICS	107
OTHER INDEPENDENT SECTOR MENTAL HEALTH SERVICES	2
OTHER PRIMARY HEALTH CARE	100

OTHER SECONDARY CARE SPECIALTY	2
SCHOOL NURSE	5
SOCIAL SERVICES	49
Grand Total	935

Appendix 2 – Engagement and consultation information

What we know about young people in Walsall:

From the YOW (Youth of Walsall) survey we know;

- Positive wellbeing decreases between years 7 and 8 and years 9 to 13.
- Those young people who wished they had a **different kind of life** were more likely to feel;
 - **unsafe at school**
 - **unsafe at home**
 - always or often **hungry** due to lack of food at home
 - go to bed **feeling hungry** every or most days.

Young people requested help with;

Anxiety/stress, depression, family relationships, self-worth, confidence, friendships, self-harm, suicidal thoughts, boyfriend/girlfriend issues, loneliness

Focus Group Consultation

Focus groups were facilitated by an independent consultant to understand which services young people might access to maintain their emotional health and wellbeing

The groups included:

- Young people in care
- Young people previously in care
- Students at Walsall College
- Members of Youth of Walsall (YOW) Group
- Parents of children at Elmwood School
- Parents who have attended parenting courses

Those young people consulted said;

- They are most likely to try “not to panic” if they felt anxious or sad. There was recognition that it is normal to feel sad sometimes and bottling things up is not good
- Young people would seek support initially from parents, carers and other family members or peers who they trusted
- Phone based services were seen as valued
- There was a good understanding of CAMHS from those who used this service, but delays in diagnosis and long waiting lists for assessments and other appointments were identified
- there was less of a stigma around seeking support

Support in schools

- Those young people asked said they were aware of advice and support services in schools but this is an area that could be developed.

- Those young people still in school expressed satisfaction with the systems and procedures in place to support resilience and wellbeing.
- Relationships with social workers/teachers were seen as fundamental. There was a concern from parents regarding the inevitable stress of testing and exams.
- Outside of statutory services, young people appear to be less well-informed once they leave school

Parent Views

- Parents describe needing good support networks with fellow parents
- They felt that relationships with school staff are key
- Parents cope with their children's health and wellbeing support needs much better if there is a good quality of communication between themselves and the range of professionals delivering services.
- Parents thought that schools could do more to support young people with all staff being professionally trained to deal with the educational, health and social care needs of children and young people.

Young people and parent recommendations

- More 'talking therapies' to support children and young people before mental health issues escalated
- A 'home visiting' service as a professional office environment was not always seen as appropriate for assessments and on-going support.
- A drop in center that young people could use for many issues and up to date information
- An out of hours service
- Up to date accessible information about services at all levels
- A reduction in the turnover of social workers and mental health professionals

Consultation – Stakeholders

Consultation was also undertaken with stakeholders/ professional who work to support children and young people in Walsall to understand:

- The confidence in assessing potential mental health problems in children and young people,
- What is on offer from all professionals
- Who they refer to if more support is needed,
- How easy they find the referral processes and their thoughts on the services provided.
- What further support would be useful to help them meet the needs of children and young people

We asked for feedback from the following groups:

- Children's social workers
- Dudley and Walsall Mental Health Partnership Trust
- Early years workers

- General Practitioners
- Health Visitors and school nurses
- Kooth and Walsall Psychological Help
- Occupational therapy, Physiotherapy, Speech and language therapy
- Schools
- Youth offending service
- Paediatric ward
- Early help practitioners

Findings from Stakeholder Consultation

- No group (apart from Dudley and Walsall Mental Health Partnership Trust – the current NHS provider of specialist secondary mental health services) were more than 50% confident in their ability to assess the mental health of children and young people.
- The amount of time spent on EHWP varied according to the profession.
- CAMHS was the most frequently listed between the groups as a ‘used service’.
- There was a general consensus that CAMHS was difficult to refer into, with long waiting times. However, once the child or young person received help it was considered to be very good.

Most stakeholders felt there was a need for:

- Improved training, particularly around assessment of younger children and to support young people who self-harm.
- A clear, up to date directory to help the referral process and identify what is available within each age group and who to contact.

“simple user guide with contact info of all services offered in Walsall”

- A service to support young people at transition.
- A clearer referral process to all services.

“Combined services-single point of access”

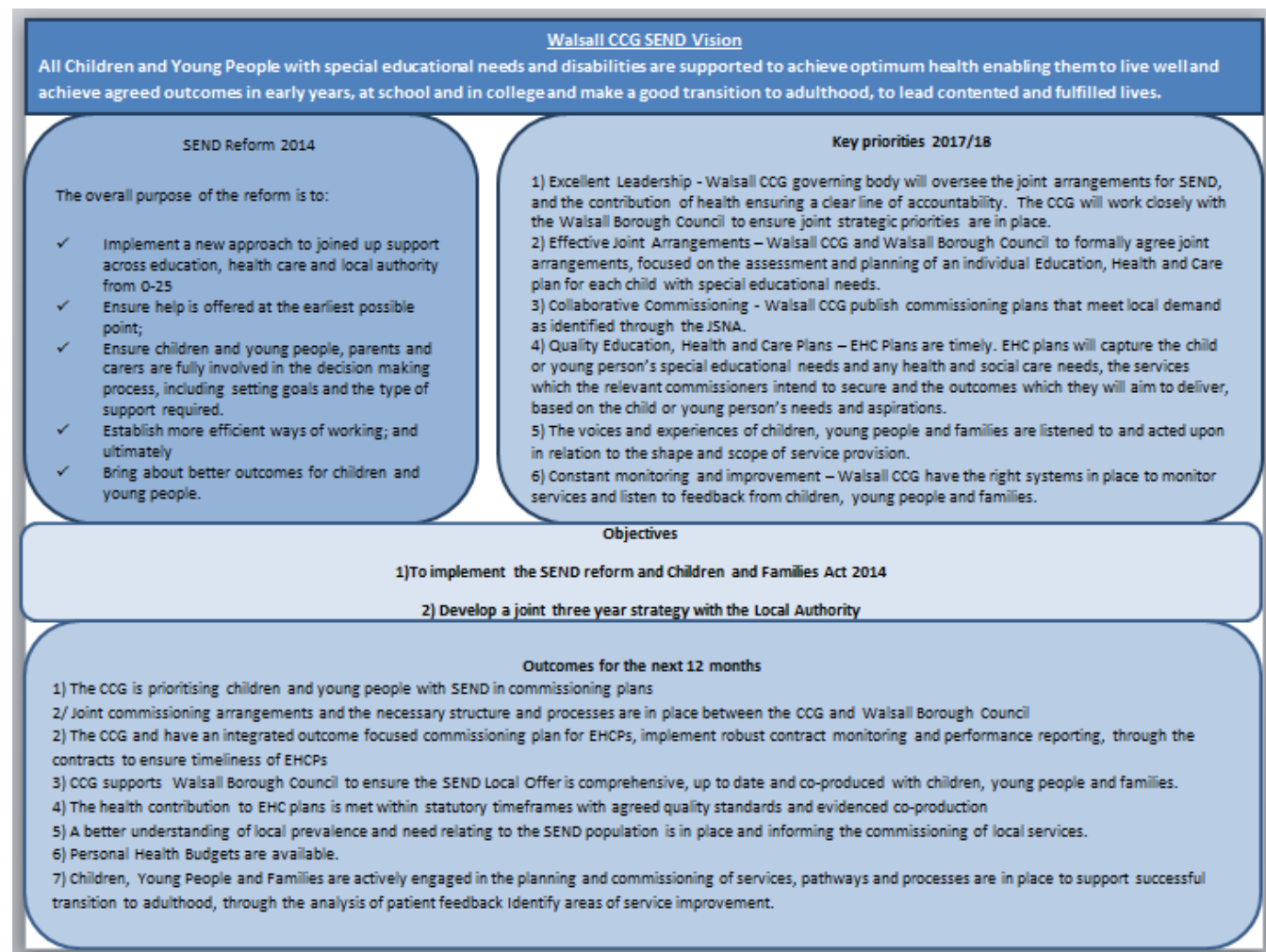
- Shorter waiting times. It was felt that some children and families were being left too long before receiving help.

“Ability to pick-up the phone and make an appointment for the child or adolescent to be seen within a couple of weeks so the crisis point is not reached”














- The need for earlier support for self-harm and improved support for younger children was also a clear theme in the feedback from stakeholders.
- Feedback between the different providers was required.

“feedback/ communication from other agencies”

Appendix 3 - SEND plan on a page



Appendix 4 – Additional supporting documentation

1	CYP crisis escalation pathway	 Escalation process for CYP in crisis.doc
2	FLASH reports	 160119 - FLASH Service Delivery.docx  FLASH feedback - May 2017.docx
3	Kooth service– August 2017 summary	 Kooth Online August 2017 Summary - wals
4	Secondary age user feedback group	 Secondary Age Service User Group Fi
5	SPOA for referral process	 SPA for referrals - October 2017.doc
6	Position statement on positive steps	 Position Statement on Positive Steps - Or
7	CAMHS service user experience	 CAMHS service user experience.doc
8	Birth to five years pathway	 Pathway for Birth to Five Assessment and
9	Walsall CYP IAPT position statement	 Position Statement on CYP IAPT - Octobe
10	WPH counselling summary reports	 Adoles Mental Health Adoles GP Surgeries Outcome July to SeptJuly - September 201  Adoles MH July - September Quarterly
11	SEND action plan	 Updated SEND Acton Plan Sept 17.doc