Health and Wellbeing Board

4 January 2018

Walsall Children and Young People Mental Health and Wellbeing Strategy and Transformation Plan - Progress

1. Purpose

1.1 NHS England required that a 'refresh' of the CYP mental health and wellbeing transformation plan was submitted by the 31st October 2017. Walsall CCG coordinated the refresh and it contains the progress of transformation in Walsall, and future intentions. A final version was submitted, in November 2017.

1.2 Walsall CAMHs service was the subject of a CQC peer review for CAMHs during September 2017 we are awaiting formal feedback, however initial verbal feedback was positive recognising ICAMHs as an area of good practice.

1.3 This report is an update for the Walsall Health and Wellbeing board about the process of the strategy and implementation of the transformation plan

2. Recommendations

That the Health and Wellbeing Board

- Note the progress to date
- Confirm support for the future intentions to further transform mental health and wellbeing service for children and young people in Walsall.
- Provide feedback or actions to be considered by the Walsall Children and Young People's Mental Health and Wellbeing Strategy and Transformation Plan Implementation Group.

Report detail

Progress to date

3.1 The eating disorder service is now fully operational and has key performance indicators:

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

As of August 31st 2017 there have been 100% achievements of these targets.

3.2 Walsall CAMHS **positive steps** [Tier 2] 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. This service demonstrates how it is now meeting previous unmet need in the field of anxiety, behavior, anger and emotional regulation issues.

3.3 The Midlands C&YP IAPT collaborative have identified training places for Walsall and training starts in November, this includes clinical supervision and extensive training for psychological therapies.

3.4 The NHSE funded short term waiting list initiative is a success, 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.

3.5 The Flash service which provides intensive support service for LAC is now operational. This service is above and beyond current commissioned service to support children. Evidence collected to date demonstrates that demand for the service far outstrips the current capacity, providing excellent outcomes for its users.

3.6 Walsall CCG is supporting Black Country wide bids and developments for:
- improving access to inpatient provision and the local community
- support when in crisis,
- perinatal mental health support,
- Health and justice pathway development.

3.7 Walsall Psychological Help (WPH) Counselling & Education Service is a British Association for Counseling and Psychotherapy (BACP) accredited service, providing a face to face counseling service for young people in Walsall.

Xenzone via KOOTH.COM provide a digital service, which continue to be successful with 94% of users returning to the site for support. Performance data is provided quarterly, which enables CAMHS professionals and other partners to better understand local need, and respond proactively.

4.   Implications for Joint Working arrangements:

4.1 The transformation plan supports and reinforces joint working to meet emotional wellbeing and mental health needs for children and young people in Walsall. The transformation plan is 'owned' by all partners and implementing the actions will result in a planned approach to bring about improvement.

4.2 The existing multi agency/key stakeholder; 'Children and Young People's Emotional Wellbeing and Mental Health Strategy and Transformation Plan Implementation Group', continues to meet bi monthly. This group is facilitated

by the Commissioner for Children and Young People's Mental Health and complex care and Chaired by a GP clinical lead.

4.3 Each partner reports outcomes from the group to appropriate existing boards or committees/groups. In the case of the CCG the progress of the transformation plan actions will be managed through the CCG PMO (Project Management Office) process and be reported to the Mental Health Finance and Programme Board. Reports and updates are also considered by the Walsall Children and Young People's Partnership Board.

4.4 The CCG acts on behalf of partners to report progress about the implementation of the transformation plan to Walsall Health and Wellbeing Board.

5. Health and Wellbeing Priorities:

5.1 The Walsall Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan will directly contribute to the Joint Health and Wellbeing Strategy (refresh) priority of:
- Ensure mental health services are fit for purpose;
  also the Marmot objective of:
- Give every child the best start in life.

5.2 The Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment will inform the future Joint Strategic Needs Assessment in relation to children and young people's emotional wellbeing and mental health. The strategy and transformation plan support the delivery of the recommendations identified by the needs assessment. This will be delivered through a five year plan of transformation.

Background papers

'Future in Mind; protecting, promoting and improving our children and young people's mental health and wellbeing.' Published by Department of Health and NHS England March 2015, five year forward view for mental health.

Dorothy Wilson

Children's Mental Health and Complex Needs Commissioner
01922 602452

Enclosures:

Appendix 1: Walsall Mental Health & Wellbeing Strategy, Children & Young People 2016-20 refresh: October 2017
Appendix 2: Children & Young People Mental Health and Emotional Wellbeing Transformation Action Plan: Update October 2017

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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.

Improving Health
and Wellbeing for Walsall

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.

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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

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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?czJKcaeAi5tUFL1DTL2UE4zNRBcoS hgo=E2nf7Cwr0qvJQ81pdvfwFeAIc9Yve0AqkmTmgJYz%2Bg5V0WRdtY44BA%3D%3D&rUz wRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLU QzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx 1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA% 3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qj j0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60la vYmz=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.

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 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

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'.

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'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.

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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 Conversation on the Right 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.

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- 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.

<u>Access to specialist help and referral routes</u>

- 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.

<u>Areas for further investigation</u>

- 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
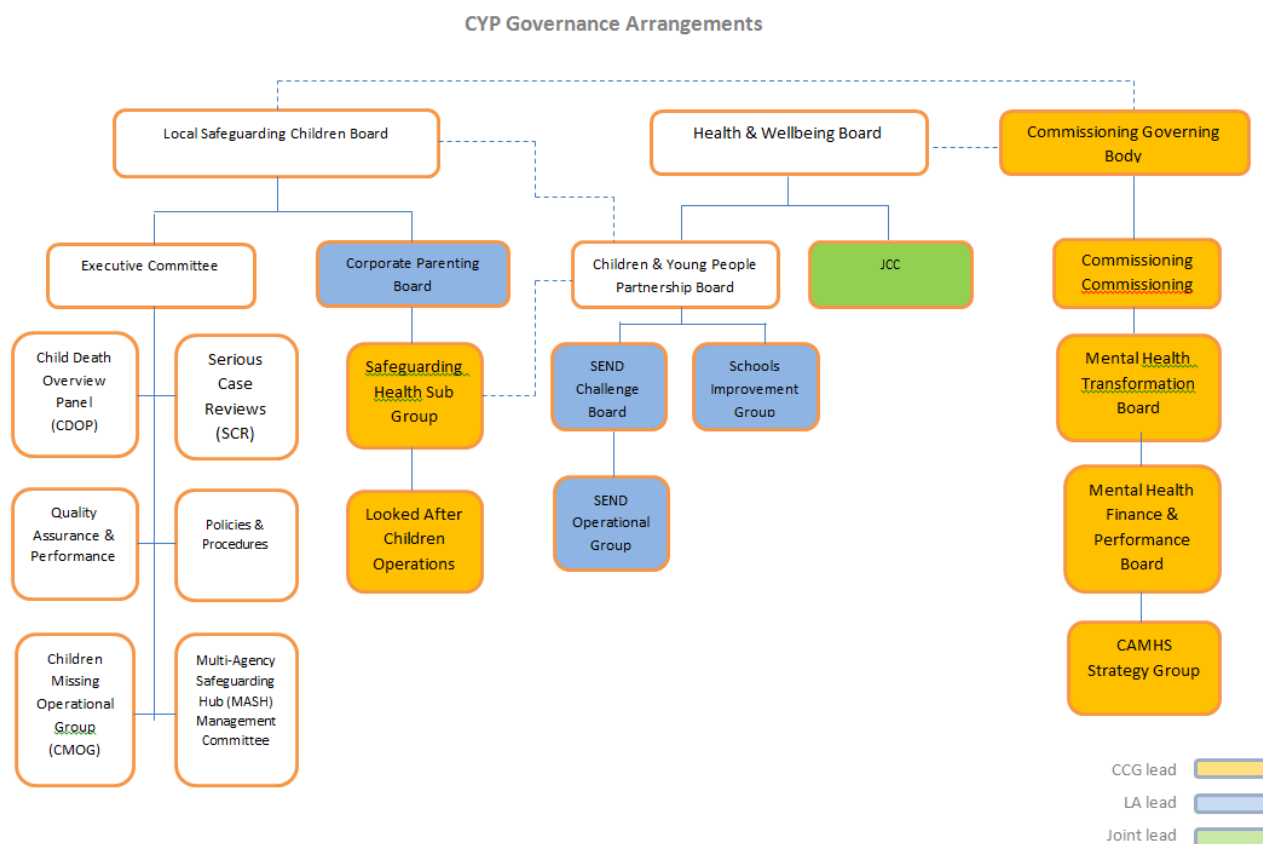
Diagram 1 CYP governance

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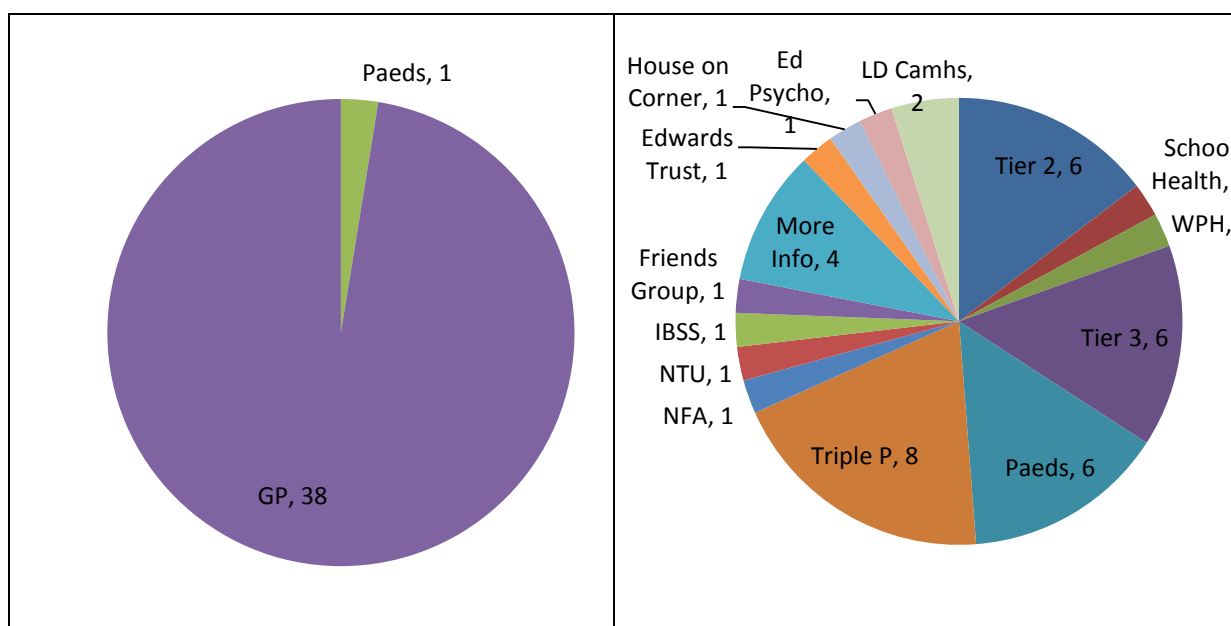
A local primary school developed the information leaflet promoting the service and ensuring it was child friendly and met the needs of the targeted client user group. This has evaluated positively.

GP Liaison service

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

SLT CDC, 2

Paeds, 5

GP, 43

Teen friends, 2

Under 5's, 2

Already under paeds, 1

Joint LD, 2

Beh sup, 2

Safeguarding, 1

Tier 2, 1

Sch Nurse,

CAMHS, 9

WPH, 5

Further Info, 14

NFA, 5

Triple P, 3
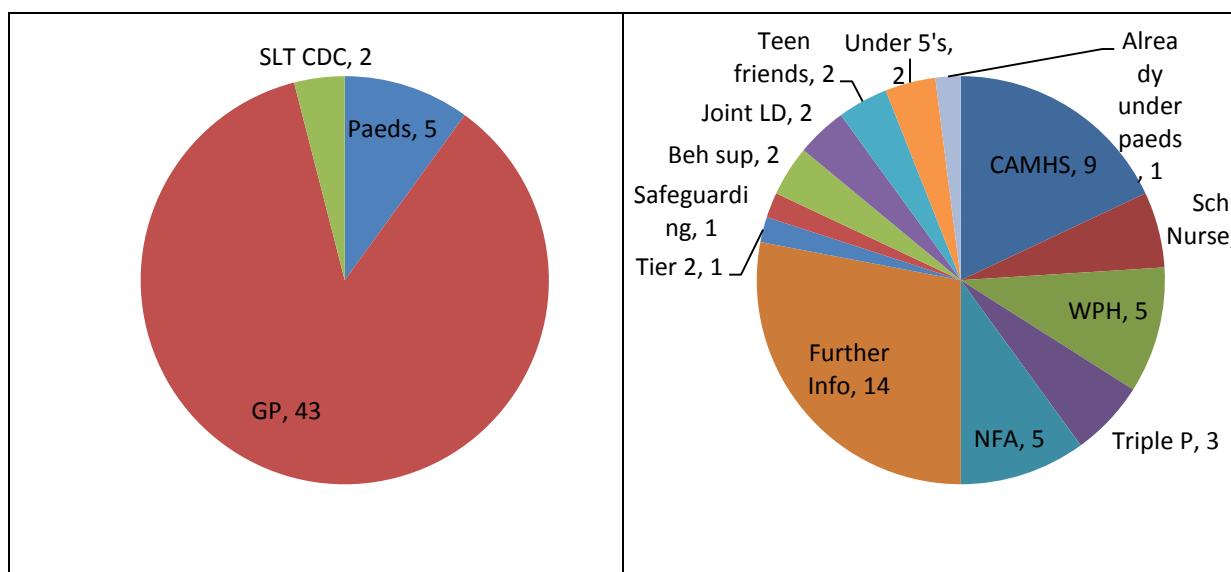
August 2017 – 39 referrals were discussed at paediatric panel and allocated:

Paeds, 1

GP, 38

House on Corner, 1

Ed Psycho, 1

LD Camhs, 2

Edwards Trust, 1

More Info, 4

Friends Group, 1

IBSS, 1

NTU, 1

NFA, 1

Triple P, 8

Tier 2, 6

School Health,

WPH,

Tier 3, 6

Paeds, 6

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.
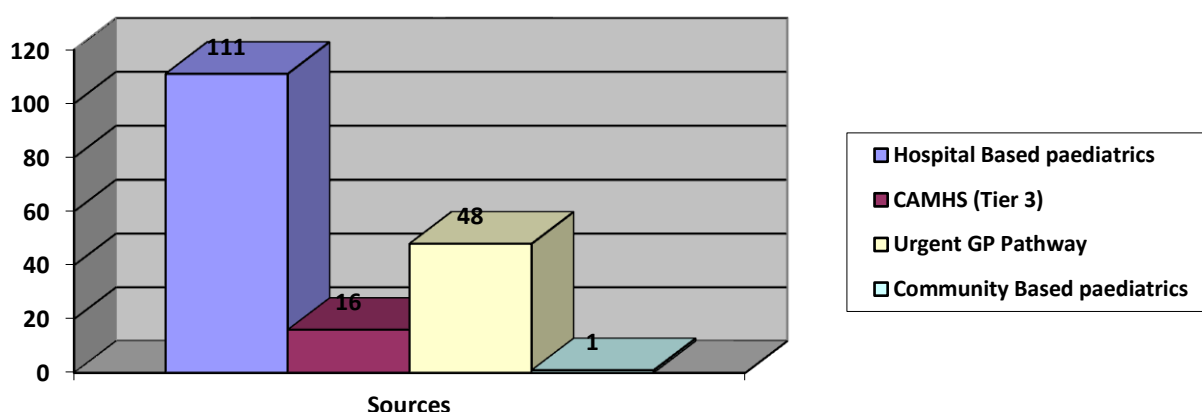
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Walsall ICAMHS

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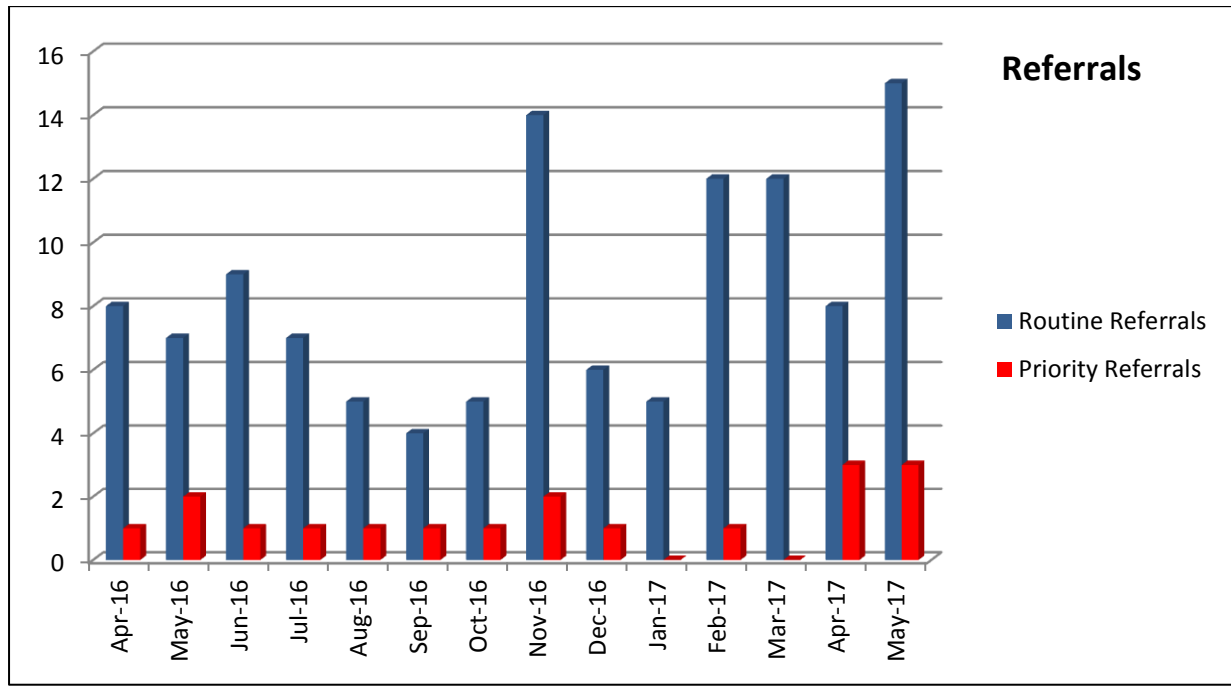
FLASH referral Information
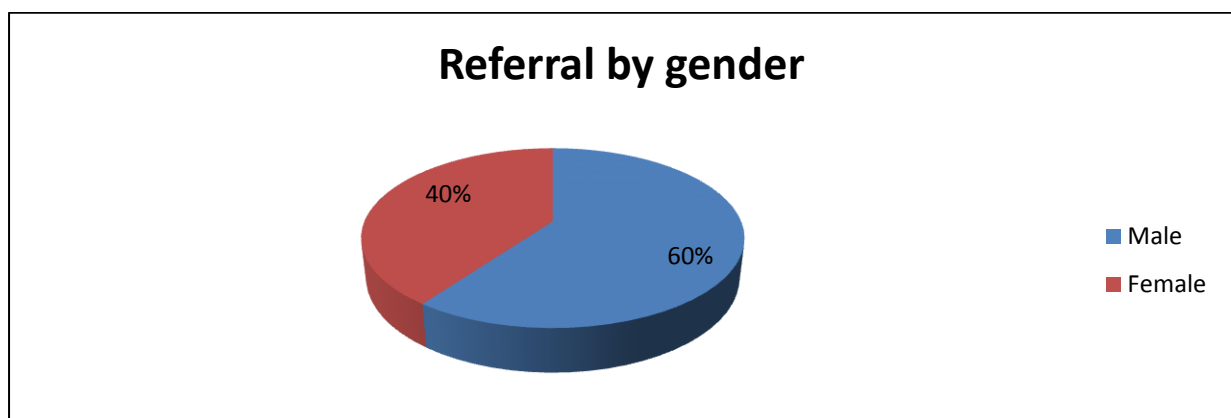
The ratio of male to female referrals received by FLASH has been fairly consistent throughout the last twelve months with male referrals consistently making up approximately 60% of the total referrals received.

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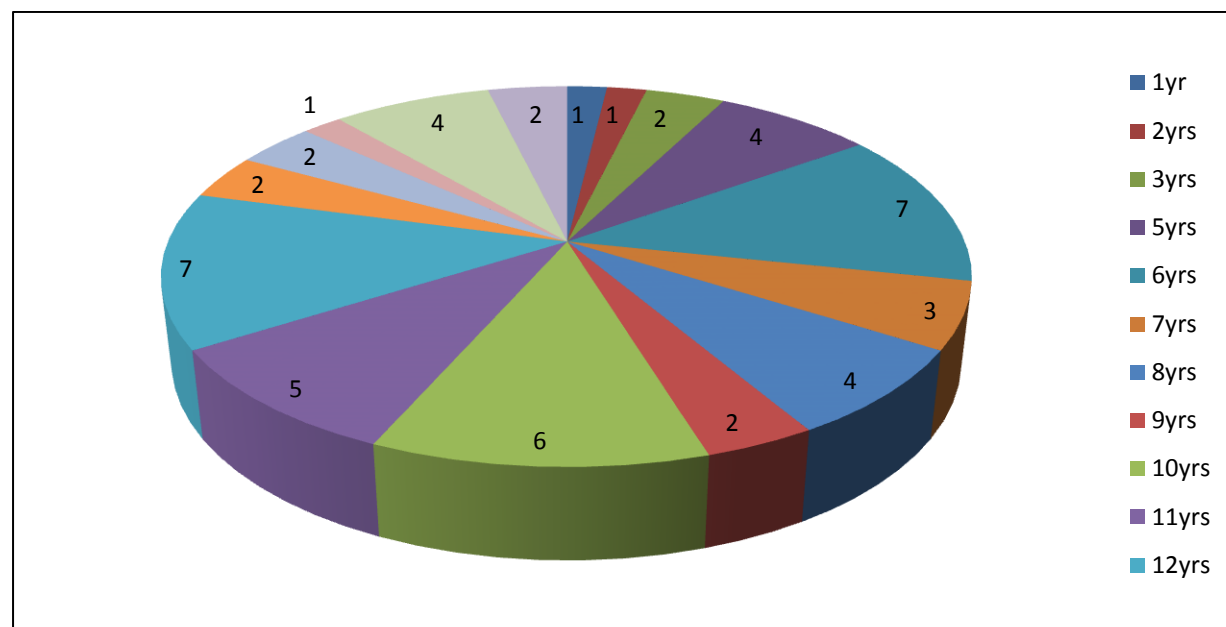
The above graph demonstrates the wide range of ages that the FLASH service has received referrals for however it is clearly identifiable that referrals for 6 and 12 year old children were of a greater number.

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

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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.
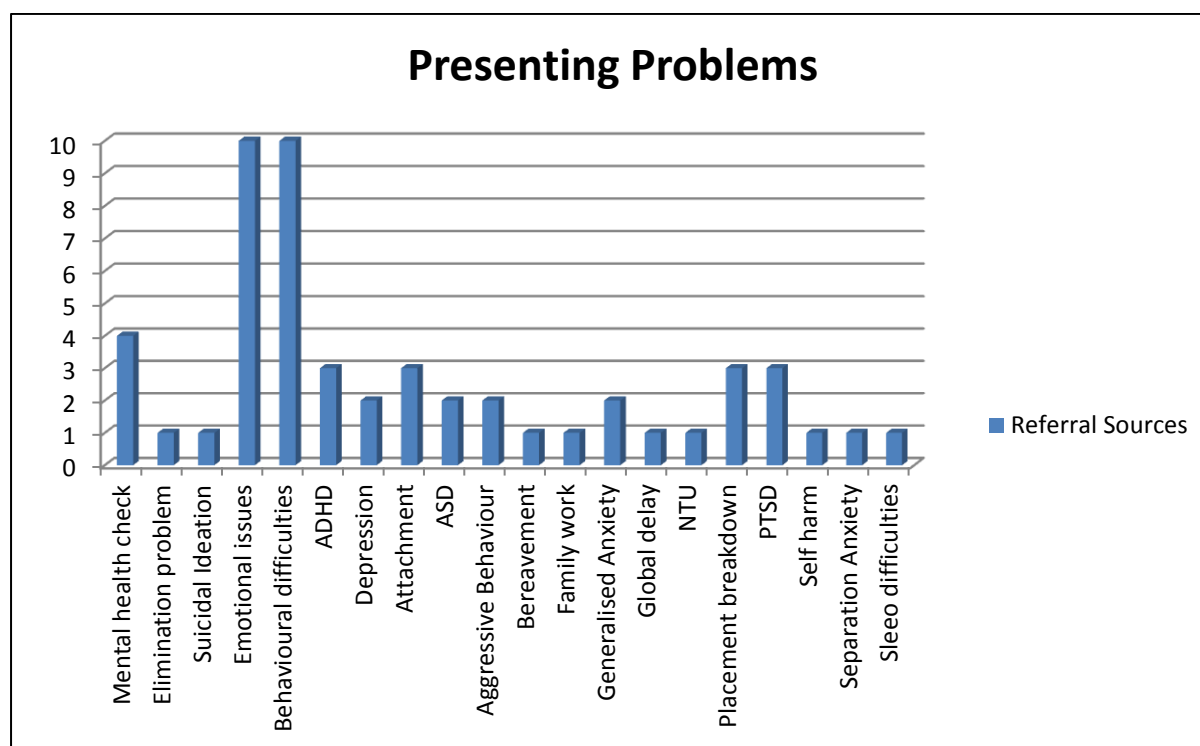
Waiting Times

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:

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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 in 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.

Single Point of access for referrals in CAMHS
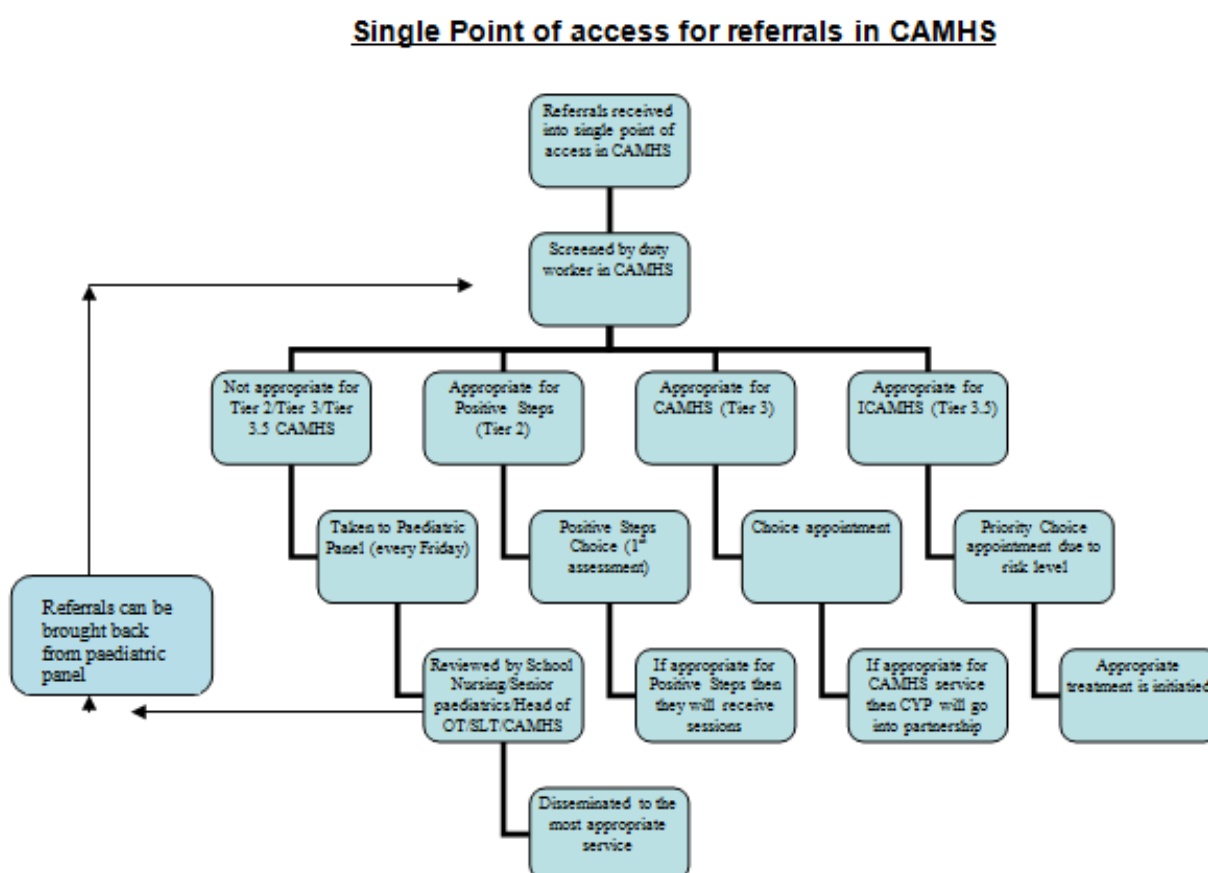
Key objectives of the additional funding, supported by Walsall partners are:

➤ 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 (2nd 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.

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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						*Weekly Brief 29/09/2017*	

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:
▪ 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.	People working with children and young people will demonstrate/have: • 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.
▪ All partners/agencies will work together to: - 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).	Multi- agency strategies that include principles, priorities and action to improve mental health and wellbeing in children and young people are agreed and implemented.
▪ Children and young people will have the skills they need to stay emotionally healthy.	We will have a population of resilient children and young people who can manage their mental health and wellbeing resulting

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	in a reduction in demand for specialist treatment and intervention.

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 EHWB 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:
▪ Children/young people, carers, parents and professionals will be able to access information and resources in relation to mental health and wellbeing.	The same, consistent, information will be available: • 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.

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- 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:
▪ 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).
▪ Services provided at an earlier stage.	Reduction in inappropriate referrals to CAMHS. Increase of appropriate referrals to the right service, the first time.
▪ 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.

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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:
▪ Children and young people, who require them, have timely, access to evidence based interventions.	- 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, RODBT (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.

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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:
▪ 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.	• 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

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- 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 EHWB 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"

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Appendix 3 - SEND plan on a page

Walsall CCG SEND Vision

All Children and Young People with special educational needs and disabilities are supported to achieve optimum health enabling them to live well and achieve agreed outcomes in early years, at school and in college and make a good transition to adulthood, to lead contented and fulfilled lives.

SEND Reform 2014

The overall purpose of the reform is to:

- ✓ Implement a new approach to joined up support across education, health care and local authority from 0-25
- ✓ Ensure help is offered at the earliest possible point;
- ✓ Ensure children and young people, parents and carers are fully involved in the decision making process, including setting goals and the type of support required.
- ✓ Establish more efficient ways of working; and ultimately
- ✓ Bring about better outcomes for children and young people.

Key priorities 2017/18

1) Excellent Leadership - Walsall CCG governing body will oversee the joint arrangements for SEND, and the contribution of health ensuring a clear line of accountability. The CCG will work closely with the Walsall Borough Council to ensure joint strategic priorities are in place.
2) Effective Joint Arrangements – Walsall CCG and Walsall Borough Council to formally agree joint arrangements, focused on the assessment and planning of an individual Education, Health and Care plan for each child with special educational needs.
3) Collaborative Commissioning - Walsall CCG publish commissioning plans that meet local demand as identified through the JSNA.
4) Quality Education, Health and Care Plans – EHC Plans are timely. EHC plans will capture the child or young person's special educational needs and any health and social care needs, the services which the relevant commissioners intend to secure and the outcomes which they will aim to deliver, based on the child or young person's needs and aspirations.
5) The voices and experiences of children, young people and families are listened to and acted upon in relation to the shape and scope of service provision.
6) Constant monitoring and improvement – Walsall CCG have the right systems in place to monitor services and listen to feedback from children, young people and families.

Objectives

1) To implement the SEND reform and Children and Families Act 2014

2) Develop a joint three year strategy with the Local Authority

Outcomes for the next 12 months

1) The CCG is prioritising children and young people with SEND in commissioning plans
2/ Joint commissioning arrangements and the necessary structure and processes are in place between the CCG and Walsall Borough Council
2) The CCG and have an integrated outcome focused commissioning plan for EHCPs, implement robust contract monitoring and performance reporting, through the contracts to ensure timeliness of EHCPs
3) CCG supports Walsall Borough Council to ensure the SEND Local Offer is comprehensive, up to date and co-produced with children, young people and families.
4) The health contribution to EHC plans is met within statutory timeframes with agreed quality standards and evidenced co-production
5) A better understanding of local prevalence and need relating to the SEND population is in place and informing the commissioning of local services.
6) Personal Health Budgets are available.
7) Children, Young People and Families are actively engaged in the planning and commissioning of services, pathways and processes are in place to support successful transition to adulthood, through the analysis of patient feedback Identify areas of service improvement.

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 F
5	SPOA for referral process	SPA for referrals - October 2017.doc
6	Position statement on positive steps	Position Statement on Positive Steps - O
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 Outcome July to Sept Adoles GP Surgeries July - September 201 Adoles MH July - September Quarterly
11	SEND action plan	Updated SEND Acton Plan Sept 17.doc

Walsall Children and Young People's Mental Health and Wellbeing Transformation Strategy Action Plan 2017 – 2021
Update October 2017

Priority themes from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021:

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

1A

Training for the early identification of emotional problems in childhood to identify and address emotional problems and challenging behaviour will be made available to those who work with children and young people to provide staff with the confidence to support and intervene at an early stage by developing support for universal and early help services and effective integrated working practices.

How does this support Future in Mind :
Improving access to effective support, points 9, 16.

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/ who provides	Timescale and Comments	RAG
Mental health first aid is offered as part of training and development School health advisors provide advice and support FLASH (Foster, Looked After Children Support Hub) offers training to both foster carers and social workers based on DDP and to address attachment issues.	Review of training needs to be completed with partners from Public Health and Children's Services within 2017/18. This may involve basic awareness raising, self harm and suicidal intent and other specific	Numbers trained Feedback of feeling confident and competent in intervene at an early stage	New funds for training programme or to develop a train the trainers programme which following initial investment could be self sustained. Secondary mental health services, school nurses and named CAMHS link could support train the trainer approaches	Public Health, Children's Services and Education provided by appropriate trainers	National proposal for Youth Mental Health First Aid training to be offered in all schools	

Proposed CYP Primary MH service will also offer training to schools and professionals in the children's workforce	training such as signs of attachment. Monitor roll out					

1B
There will be an NHSE led schools link pilot with ten schools in Walsall, testing out having named leads in each school for mental health and wellbeing with a link to a named lead within the local CAMHS.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
Improving access to effective support, points 2, 8, 9, 16

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/ who provides	Timescale and Comments	RAG
There is limited primary children and young people's mental health support in Walsall. School nurses provide the focus for emotional well being but the gap between universal, the targeted offer and accessing secondary specialist CAMHS sometime leaves children and young people bouncing between referrer and services.

Walsall Behaviour Support Team is embedded as a traded service within Walsall primary | Walsall to participate with the pilot.

10 schools selected chosen by schools forum to ensure a decent spread and representation across localities

Review feedback on evaluation from NHSE to determine potential roll out of training to all | NHSE will evaluate effectiveness, locally CCG and education will also gain feedback | NHSE grant of £50k

Match funding:

10 schools to access back fill cost of £3500 per school, cost of venue etc and for 1.5 named CAMHS lead

Schools forum: £20k
Education Development: £5k
Dudley and Walsall MHPT: £15k
Walsall CCG via year one | NHSE lead on pilot, CCG bid in partnership – expectation of all partners and participating schools to fully engage | Implemented 2015/16 completed 2017. | |

schools and includes an advisory consultative CAMHS nurse role.	education provision from year 2 onwards.		transformation funds: £10k To roll out across all education provision will need to confirm cost of training and continue CAMHS named leads.			

1C						
All children and young people will receive good quality personal social health and economic education (PSHEE) appropriate to age and development.						

How does this support Future in Mind:
Promoting resilience, prevention and early intervention, point 2

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Already part of school curriculum	Review from citizen and health manager for education development	Measure as part of Ofsted inspection	None	Schools, education provider	Completed this is in place	

1D
Continued promotion of Healthy Schools Programme.

Walsall Children and Young People's Mental Health and Wellbeing Transformation Strategy Action Plan 2017 – 2021
Update October 2017

How does this support Future in Mind: **Promoting resilience, prevention and early intervention point 2**						
Current response	**Action needed**	**How will this be measured**	**Resources needed (i.e. service redesign within current funding/more funding/ new service)**	**Who commissions/who provides**	**Timescale and Comments**	**RAG**
The Healthy Schools Programme is being revisited and implemented in Walsall. Healthy Schools includes ensuring children and young people receive support to manage emotions, cope with change, have positive self esteem, manage relationships and develop interpersonal problem solving skills. The Ofsted framework judgement on personal development, behaviour and welfare of children and learners also includes a requirement to provide this support.	Continue with the promotion and take up of the programme	Number of schools participating – confirmed by education development centre	Existing - supported by school nurses, existing pastoral care	Schools/education providers and Public Health	2017/18 Healthy Schools project to be continued in 2018 building on existing scope of provision.	

1E
Schools work to meet the Ofsted Inspection Framework judgement on personal development, behaviour and welfare of children and learners. All children and young people will receive support to manage emotions, cope with change, have positive self esteem, manage relationships and develop interpersonal problem solving skills in all schools.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
To be accountable and transparent points 2, 34 (national)

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Part of inspection framework and measured in each education provision	Schools and education providers to meet framework requirements	Results of Ofsted inspections	Current education providers	Current education providers	Complete this is now fully part of the Ofsted framework	

1F
Support the role of school nurses in meeting mental health and wellbeing through the contract specification which focuses on ensuring the promotion of good mental health and wellbeing.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
Improving access to effective support, points 1,2, 16,

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Within the current school nurse contract specification, school nurses support emotional mental health by ensuring the promotion of good mental health and wellbeing including, supporting early intervention and identifying and helping children and young people and their	Continue to build on this role and support – add into pathway	Via contract management of school nurses contract	Existing resource – recently tendered	Public Health Commission, Walsall Healthcare Trust.	Complete will revisit when tender process is due	

families, who need support with their emotional or mental health and includes the following: • Schools are given guidance and supported to adopt a comprehensive 'whole-school' approach to social and emotional wellbeing and resilience which includes suggestions for a curriculum that integrates the development of social and emotional skills within all subject areas e.g. problem-solving, coping, conflict management/resolution and understanding and managing feelings. • Parenting support through courses or 1:1 support publicised • Support is given through training or advice to school staff to recognise potential issues and refer appropriately • Parents and carers are signposted to local services and support through newsletters, publicity at parents evenings and school nursing one stop shop advice						

website • Drop-ins are publicised and provided to support parents and young people around emotional health and wellbeing • Development of FRIENDS training offering sessions for anger management.						

1G

That the support from Walsall Health Visitors includes support to maintain emotional wellbeing and picks up on signs of emerging mental health needs and signposts/refers appropriately.

How does this support Future in Mind:

Promoting resilience, prevention and early intervention points 1 (1.1) and 4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Health visitors contract specification includes links to early help and detection, application of the Healthy Child Programme	Strengthen response as part of action 3B and 3C to develop community based maternal MH pathway.	Contract management and participation in identified future pathway of support	Existing – service will support and adopt new pathway in line with HCP	Public Health commissioner, provided by Walsall Healthcare Trust	Complete HV developed maternal mental health pathway with partners	

		for community based maternal mental health					■

1H

For the traded service; Integrated Behaviour Support Team (currently commissioned by Primary Schools) to continue to develop the behaviour champion approach and a pathway of support and advice around behaviour support. Consider widening the offer of the traded service to Secondary Schools.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
Improving access to effective support; points 2, 8, 16

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
The traded service for primary schools in Walsall was redesigned and re-launched a year ago. Re-launched service included access to named CAMHS nurses who work to support the behaviour support pathway. Each participating school has a named behaviour champion and staff have received training in class room management and behaviour.	This service is not traded to academy of independent primary schools and/or secondary school provision, based on the success of the service in its first year – the access manager for education	Current service accountable to purchasing schools. Evidence of reduction in behaviour	Education providers to continue with traded service and secondary schools to consider option of traded service	Schools and education providers	Complete service embedded and achieving	■

CAMHS nurse input acts as early point of intervention conducting the initial choice assessment/ determining if the child or young person needs referral into secondary mental health specialist provision – nurses a part of existing specialist CAMHS can refer directly into service and if choice has been conducted offer partnership appointment. The current traded service will also support the development of school link pilot and the development of a pathway of all services available	development in Walsall will propose option of traded service tailored to secondary schools and those not part of current primary response.	al issues, support to manage and prompt support from CAMHS nurse				

1I

All parents-to-be will be offered parenting classes focussing on building a good relationship with their baby, as part of parent education classes

How does this support Future in Mind:
Promoting resilience, prevention and early intervention point, 4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Universal offer to all parents to be (ante natal) in Walsall Based on Approach called Parenting; Birth and Beyond	None –this is part of current offer – will review need to include any for	Already measure through existing	Existing. Revised health care contract now in place.	Public Health Walsall National Childcare Trust	Complete – retendering of Healthy	

Walsall Healthcare NHS Trust has been awarded the contract to provide the Healthy Child 0-5 Year programme by Walsall Council Public Health and as part of this the Health in Pregnancy initiative was launched at Walsall's Manor Hospital on Monday 5 June.	additional points as part of future procurement process.\n\nService provider will support pathway developed for community maternal mental health	contract and specification			Child 0-5 year programme.\n\nLocal Maternity System Plan references BC healthy pregnancy strategy, and maternal MH pathway.

1J
All parents will have the opportunity to attend local baby-parent groups which include sessions on parenting, access to parenting advice by telephone or on line, access to face- to –face parenting advice
How does this support Future in Mind:\n**Promoting resilience, prevention and early intervention point 4**

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Though children's centres and voluntary sector such as Homestart	Ensure the whole range of support and service available are offered as part of the pathway of	Children's Centre's Managed through	Existing – may need to identify further funds and business case for online support	Walsall Council Children's services	2015/16 – complete -inclusion in published pathway of services	

in Walsall Bumps and babies groups available through children's centres Telephone advice available through children's centres and voluntary centre	support and recorded in directory of support and services Gap in online advice	Walsall Council – provide performance data about take up of courses and outcomes		(Voluntary sector depends on funder may be Walsall Council but may also be lottery fund/donation based)	and support 2016/17 complete identify options for online support	

1K
We will build on the support about parenting for parents and carers strengthening the aim to increase knowledge, skills and capacity to meet the emotional and social needs of their children.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention point 4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
See point 1J The role of parent carers is being considered as part of future task and finish group There is the Walsall	As in point 1J Confirm compliance with child and families Act in relation to parent carers Parent carers of children and young people who access the	As in point 1J Children's services to confirm recording process	As in point 1J	As in point 1J	As in point 1J	

Information and Advice and Support Service (formally the Walsall Parent Partnership Services) – focuses in children and young people with SEND	specialist mental health service are offered appropriate carers assessment and ongoing support.					

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021
2.   Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing

2A
Review the information, advice and guidance available to children, young people, families and professionals and work with them to improve the quality of such information and improve awareness of services available in Walsall. Review the needs assessment mapping of current services and support available into a directory of services. Confirm a clear pathway of care and support for children and young people's mental health and wellbeing in Walsall and this will be shared across all partners and used as information on web pages and in leaflets.
How does this support Future in Mind: **Promoting resilience, prevention and early intervention**   **Improving access to effective support point, 8.**

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Web based information patchy	all partners to agree consistent approach to	Information about all	Partnership working	All partners	The Children and Young People's	

and not consistent This priority is an ongoing long term area of improvement. The transformation plan is already posted on the CCG website (since it was assured in November 2015).	information	services and pathway consistent, available, regularly updated			Partnership Board on 2nd November 2016 confirmed that there will be consistent information on all partners' websites for CYP mental health and for this will be in place by the end of December 2016. This is action is now red and an action to address at CYP steering group. Youth Of Walsall are part of the CYPPB and contribute to a range of activities across the partnership. They have been asked to develop web friendly information as part of their developmental work for the board, this is under development.	

2B

Where the needs assessment confirmed lower than expected prevalence (take up of available mental health service both specialist and targeted) for 15 to 17 year olds, BME communities and BME males, target appropriate information and awareness raising to ensure equality and reduce health inequality.

How does this support Future in Mind:

Promoting resilience, prevention and early intervention
Improving access to effective support points, 8.

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
None other than universal – we need to establish why the prevalence is lower	As above specific attention to targeting schools and areas with information where BME community and 15 to 17 year old Current counselling provision given capacity to do further outreach work	Future data confirms increased take up in accordance with expected national prevalence	CCG use of transformation fund to enhance targeted counselling support to enable capacity for outreach	All partners and providers	Increased access to advice from the face to face counseling service. (33.6% access from BME groups). Additional outreach of 15 days has been taking place across schools and other organisations to raise awareness with young males aged 15 to 17 and those from BAME.

Completion of liaison days due in November 2017. | |

					KOOTH service has identified that in quarter 2, 28% of all new registered users are from a BME group. Highest group of all new users is from 14 year olds (14%).	

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021:
3. **Improve prevention, early help, earlier recognition and intervention**

3A
Review current services and support, review how services are accessed with the aim of removing barriers and to provide support at the earliest point.
How does this support Future in Mind: **Improving access to effective support points 6, 7,16**

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current	Who commissions/who provides	Timescale and Comments	RAG

			funding/more funding/ new service)			
Single point of access across services now in place. Examples of providers and partners working together.

Walsall CAMHS 'Positive steps' is a multi-disciplinary team who will works with CYP who have low level or emerging mental health needs. CYP are offered approximately 5 sessions in addition to initial assessment. Team is community based which enables practitioners to navigate to specialist CAMHS intervention or community support from local | Further work with all partners to develop pathways which remove barriers.

For commissioned services or in house services to adopt the pathway and provide a seamless response | Pathway in place with help at earliest point | Partners and providers working together to develop pathway (facilitated by CCG)

CCG transformation funds to increase capacity to current targeted and specialist response with first year funds and reduce waiting times, long term funding to support of single point of access and to redesign the targeted (tier 2) response. | All partners and providers

CCG specifically for targeted and specialist

Public Health and education for universal and overlap with targeted in schools | Positive Steps fully operational from 1 September 2017. Pathway adopted, single point of access in place and redesigned targeted services/primary mental health services | |

services.					

3B
Enhance existing maternal, perinatal and early year's health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.
How does this support Future in Mind: **Promoting resilience, prevention and early intervention points:1,4**

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescales and Comments	RAG
Lots of good practice across children's services, children's centres, early help, maternity services, health visitors response, family nurse partnership, independent and voluntary sector and adults primary mental health but not completely embedded as a whole pathway response	Partners and providers to confirm current pathway and work together to review, identify gaps to be met to strengthen the response	Multi-agency Perinatal Mental Health Pathway identified in place and available	Partnership work redesign of current. Maternal MH needs covered in 3C	All partners and providers	Completed parenting courses in place, early help embedded and reviewed Refresh of pathway to be completed December 2017.	

3C

Develop a maternal mental health pathway to have a response which supports the specialist inpatient mothers and babies unit, providing a robust community response (including as a minimum access to a specialist perinatal mental health consultant offered through the birth unit).

How does this support Future in Mind:

Promoting resilience, prevention and early intervention points:1,4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Maternity services and health Visitors/Family nurse partnership and early help/children centres flag if referral needed into MH following routine basic screening. If known to secondary services MH already involved Specialist in patients mothers and babies commissioned by NHSE	Strengthened response in MH where services prioritise maternal mental health needs and have capacity to prioritise Local access in birth unit to perinatal specialist mental health consultant	Pathway into mental health specific to maternal mental health from primary care to secondary	Funding for increased capacity of nurses and practitioner specialising in maternal mental health Funding for local unit to have access to a perinatal mental health consultant Use of funds specific to improve maternal mental health	CCG	2015/16 Health visitors implemented maternal mental health pathway with partners 2017 BC wide bid for NHSE fund made awaiting funding	

Black Country CCG's have submitted a Mental Health STP regional bid for Perinatal Mental health services. NHSE response expected in the new year.						

3D

Improve access to a wide range of resources that provide support for emotional and psychological difficulties by reviewing the current services.

How does this support Future in Mind:
Improving access to effective support – general and point 8

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Full review of secondary specialist service already started May 2015 range of support mapped into pathways Complete mapping and identification of current pathway services and	Identify further types of intervention and support to be included in future commissioning arrangements.	Pathway in place with all options of resources identified	Other actions cover the training and capacity building for universal workforce

CCG transformation funds to support redesign of targeted and specialist services and to increase range of support available at | CCG provision – NHS provider and independent and voluntary sector | Review 2015/16

Mapping completed as part of NA

Short term funds allocated to face to face counselling service | |

resources Mapping of existing services and resources complete Behaviour support has been mapped as part of the Healthy Child Programme. This compliments the mapping of mental health and emotional wellbeing resources. This mapping also included confirming the current workforce. Behavioural Support and newly funded secondary workers now in place. CCG funded targeted response focuses on short term counselling			earlier stage increasing capacity and developing a blended service between targeted and specialist		2017 Use of short term funds to reduce waiting time for treatment appointment Behaviour Support Team operating since September 2017. Permanent posts funded to support continued levels of waiting times achieved with short term funds	

based on psychodynamic approach (evidenced based) but further review of range of support needed to be considered following needs assessment Also need to link in with future intention to adopt IAPT in Walsall						

3E
Options to implement a single point of access will be considered and implemented (for example as part of Early Help response or as a Primary Care CAMHS within GP surgeries with the aim of; strengthening support to those who work with children and young people, intervene at the earliest point and refer into CAMHS or signpost into other appropriate services/support within the pathway of mental health and wellbeing support.

How does this support Future in Mind:
Improving access to effective support point 7 and 8

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Single point of access for all services is now	Review range of support to ensure sufficient capacity for referral into	Indicators exist to measure	CCG transformation funds	CCG with input from children's services, education	GP liaison role implemented.	

available as stated in 3a. GP's now refer direct to CAMHS and referrals are navigated to appropriate services.

Any referrals sent in to CAMHS are signposted through the paediatric panel to the appropriate service. | targeted services to take place where secondary mental health service not appropriate and develop a blended model.

MASH liaises with CAMHS professionals frequently and at differing levels. Due to a clear pathway in existence, between the two areas information can be shared timely and effectively which enables children to be supported. | waiting times at differing points of access to service delivery.

Clear mechanism to address identified need to service required. | To increase the capacity of existing and to implement further services which provide a wide range of support to act as a blended model with the Single Point of Access. | and public health | Continued monitoring of waiting times for access to services. |

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 - 2021:
4. **Improve access to evidenced based, high quality services**

4A
Reduce waiting times by completing a review of the current specialist secondary mental health service – CAMHS, to understand capacity and resources within the service. The different specialist services within the team will be mapped, pathways established and evidence based interventions confirmed with targets for and waiting times established. We will direct resources to redesign services.

How does this support Future in Mind:
Improving access to effective support
To be accountable and transparent points 17, 37

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Data from targeted CCG provision is already robust and provides detail as required to inform commissioning intentions. For the specialist secondary mental health service the current data reporting is part of the contract and is based on number of face to face contacts. Data was gained through submitting One	Formalise through contract and specification data requirements. Target resources to reduce current waiting times in short term and long term redesign service to ensure most effective approach in place	Reduction in waiting time for routine case including the internal waiting time following initial assessment – using baseline of waiting times data 2016 – that the average routine initial appointment waiting time was 10 weeks and average	Short term funding from CCG transformation plan 201516 and 16/17 to reduce current waiting list Long term funds for clearly identified gap in pathways causing 'bottlenecks' Mental health practitioner link post established, between Community development Centre, any cases can be brought straight in to CAMHS.	CCG and D&WMHPT	Since November 2015 to August 2017 waiting times for services have reduced by: Partnership 37% Medic 46% Psychology 89% Psychotherapy from 53 to 0 weeks.	

off information requests (from 2013 onwards) to gain data specific to waiting times and referral data. Through task and finish group started in May 2016 (led by CCG with finance, contracts, project management and commissioning lead and CSU input), work with current NHS provider D&WMHPT undertaken to establish data requirement in line with national minimum data set. Established referral numbers, sources, accepted into service, DNA rate, waiting time for choice (initial assessment)		routine second appointment or partnership of 8 months. KPI to be set initially 4 weeks for choice and 8 weeks for partnership. With review once single point of access in place.			

routine cases. Have full staffing structure confirmed. Gained data about the internal waiting times to start identifying capacity and resource issues and also start considering re-design. ADHD and ASD clinics continue to operate. There is a 0 to 5 year old pathway now in place.						

4B

Work with providers to support development of IAPT (Improving Access to Psychological Therapies) locally.

How does this support Future in Mind:
Developing the workforce – 43

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/	Who commissions/who provides	Timescale and Comments	RAG

		new service)				
Previously partnership bid for West Midlands was not successful.	To partner with other CCG's and learning collaborative and submit bid for IAPT when funding available. Workforce planning and development will be finalised and identify workforce gaps in tier 3, tier 2 and universal services. Where there have been recruitment issues these will be flagged to show there is national shortage and how this will impact future recruitment. Also in agreement with DWMHPT there will be flexibility around some posts difficult to recruit to – whereby practitioner/allied professional options will also be considered. Walsall will have a workforce identified from across the	IAPT programme in place for all talking therapies to be evidence based and collecting routine outcomes monitoring date	IAPT national fund	CCG and all providers including NHS, independent, voluntary sector and statutory services	2017 Following review of workforce and implementation of targeted mental health service and review of targeted tier 2 2017 joined Midlands collaborative, formed strategy group training to start in November HEE to work with CCG's to support review of workforce.	

	partnership in place and will join the West Midlands IAPT collaborative to commence the roll out of CYP Improving Access to Psychological Therapies (IAPT) a national programme within the timescales required by performance assurance areas, which requires all areas to be part of CYP IAPT by 2018. Walsall commits to becoming part of a collaborative to have CYP IAPT in place. This was confirmed by partners in the Children and Young People's Partnership Board on 2nd November 2016. The workforce will consist of professionals from universal, targeted and specialist services to ensure IAPT is embedded across the whole pathway.				

4C

Continuously review the Deliberate Self Harm Pathway to ensure it is effective and for all partners and providers to support the pathway to meet needs of children and young people when they need support in a crisis

How does this support Future in Mind:
Improving access to effective support

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Walsall CCG and partners agreed a DSH pathway following task and finish work in 2012/13. Pathway clearly establish and in place. Regular review lead by designated nurse/safeguarding lead for CCG to review effectiveness. Pathway needs to be responsive and include the to proposals to review	Pathway, policy and procedures revised to reflect any changes arising from review of pathway. Ensure needs of LD groups are fully met and supported with input from LD/CAMHS to tier 3 plus service and in event of admission to tier 4 see action point: 5L	Up to date pathway and associated policy and processes in place. Evidence of good practice	Existing	CCG, partners and providers	2016 Review tier 4 data 2016 Data from ward 21 2016 Complete update of pathway and policy 2017 Policy and pathway in place. Plan to review impact for admission data and user experience January 2018.	

all age psychiatric liaison in Walsall and also to look at possibilities of changing response of automatic admittance to the Paediatric Assessment Unit now tier 3 plus is embedded						

4D

Evaluate the effectiveness of the pilot of the 'ICAMHS' to ensure it meets the Mental Health Crisis Care Concordat in relation developing approaches to support children and young people on a 24 hour basis for emergency mental health crisis.

How does this support Future in Mind:
Improving access to effective support point 12 and 13

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Walsall CCG piloted tier 3 plus in 2016. Evaluation has confirmed: a reduction in use tier 4 inpatient provisions by 71% from 2014 figures. Service now recurrently funded via CCG.	Continue to manage in community (where appropriately to prevent admission to tier 4 and keep tier 4 admission to below national expected	Tier 4 uptake to remain below expected national prevalence (this is already confirmed through data collated in 2016) length of stay in acute for 95% of cases same or next	Gap identified in medic time as current model is nurse led – use of short term and long term funds to meet the gap in medic support from the remaining eating disorders funds NHSE pump prime funds confirmed in Oct 2016	CCG and NHS provider – links to NHSE	Service in place and embedded, development of quality scorecard 2018/19.	

	prevalence.	day discharge	for 24/7 liaison mental health service in emergency departments.		
	Continue support to acute and review pathway to ensure DSH response is robust	Reduction in admission to PAU – have current baseline figure but need to wait for work with A&E to set implementation date.			
	Ensure service support CPA process and enables planned discharge from tier 4	Reduce length of stay in tier 4 (enabling discharge into community) based on 2014/15 figures.			
	Work with colleagues and provider to develop all age psychiatric liaison service	Have an all age out of hours emergency response for MH – can't set KPI's until proposed service in place.			
	24/7 iCAMHS STP bid submitted to support CYP in crisis across the Black Country. To provide				

	additional out of hours cover and support those in tier 4 beds to return to community.					

4E

Review age appropriate care in inpatient settings (not being admitted to an adult ward).

How does this support Future in Mind:
Improving access to effective support point 12 and 13

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Incidents in Walsall very low and by exception only, flagging serious incident report. Paediatric Assessment Unit, part of crisis pathway. Community risks register completed, monthly monitoring and	Gain assurance of current process in event of admission	Review conducted and complete to ensure that admission to adult wards is not routine but by exception only Follow-up any admissions via serious incident reporting.	See actions 4J for place of safety and 136 suite.	CCG and NHS trust	2016 Admission by exception only 2017 Review and update community risk register to avoid admissions.	

management of risk captured to avoid admissions. Blue light CTR to be instigated to avoid admission.						

4F

Work with commissioners from across the Black Country to work together to commission services to meet the current guidance for community based eating disorders.

How does this support Future in Mind:
Improving access to effective support point 12 and 13

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Walsall has 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	Agree model in line with guidance Confirm arrangements to access dietician on a Black Country wide basis Revise current specification	Swift access to community based evidence based treatment by confirmation of access to treatment reported on the performance scorecard. Confirmation of the dedicated team offering specialist interventions demonstrated by	Specific Eating Disorders Funding to develop community based eating disorders service for CYP	CCG – Walsall and Dudley Pan Trust D&WMHPT	2016 Agreed model Agreed specification Recruitment commenced mobilisation service start Jan 17 2017 – service implemented and 100% meeting access and waiting	

32

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.

We have undertaken a needs analysis with D&WMHT | Identified KPI's

Short term workforce development of staff to access specialist training to increase skill.

Information to be collected at every stage of the care pathway and for every contact if clinically appropriate; to ensure data completeness at key time points during the care pathway for paired outcome measurement and monitoring of change; To administer a comprehensive range of Patient Reported | evidencing the post graduate skills of the team benchmarked against NICE.
Data to confirm outcomes captured through changes in scores of CGAS etc (minimum dataset and CYPIAPT measures)

Number of cases supported

Reduction/ prevention of escalation to tier 4 setting (based on expected national prevalence) have current data of take up of tier 4 as baseline

Support for discharge from tier 4 setting confirmed

100% compliance to have waiting time - referral to treatment minimum within 4 | | | times | |

These caseloads do not currently accept referrals for include 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	Outcomes Measures (PROMs), alongside Patient Reported Experience Measures (PREMs) and monitoring of goals.	weeks for routine and 1 week for urgent cases in accordance with guidance Reduction of transfer to adult services. Use of baseline figures from 2016 of numbers transitioned to adult eating disorder services. Confirmation of outcomes including numbers managed by GP / how many transition to secondary services. Confirm the numbers of cases with co morbid symptoms which required onward services.				

of the 65 clients only 17 were between the ages 17-25 (26.2%) and the remainder 48 (73.8%) were older than 25. From the analysis of the age stratification of the caseloads, we are proposing that funding should be allocated to commission a 0-18 year's old eating disorders service and based on proportional allocation of the available £149,00. funding for Walsall we are proposing that £85,000. Should be apportioned to this service. The remainder of the funding will be used to increase					

capacity to the Home Treatment Tier 3+ service medic time which will also support the eating disorders service. Non recurrent surplus from 2016/17 will fund training for the team. Further work needs to be undertaken with the service to understand why so many under 17s meet the acceptance criteria and why they are presenting so late. Also need to determine what the pathway for people not accepted into the service.					

4G

Work with commissioners from across the Black Country and NHS England Specialist Commissioners to ensure adequate levels of local inpatient services are provided for those who need it and consider regional approaches to commission services to meet the needs of children and young people accessing specialist inpatient provision.
How does this support Future in Mind: Improving access to effective support point 12 and 13 14

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Wolverhampton CCG leading on co-commissioning pilot with recommendations for BC need Walsall CCG commissioned has regular contact with BC commissioners and NHSE specialist commissioner s in relation to tier 4 inpatient provision Walsall CCG CAMHS commissioner attends Tier 4 CTR's. Ensures	CCG commissioner to continue to support tier 4 CTR process.	Access to locally based inpatient services where possible	Some transformation funds may be used to support pilot projects work, joint working with NHSE around current procurement and commission of tier 4 inpatient.	BC CCG's NHSE NHS Provider Trusts	2017 Black Country STP approach to defining tier 4 demand and needs. Wolverhampton CCG leading on bid for tertiary models of care e.g. iCAMHS 24/7.	

CCG has an opportunity to engage with specialist commissioners to identify appropriate placements and meet the needs of clients. Ensures progress to achieve step down from tier 4.					

4H

Work with commissioners from across the Black Country to consider working together to commission crisis services and to implement a designated place of safety. Include all partners such as the police and youth offending services and the liaison and diversion and street triage services to build on existing support and be prepared for future changes such as the development of the super custody block in the West Midlands (Smethwick).

How does this support Future in Mind:
Improving access to effective support point 19

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Identified as need further work to engage with BC commissioners to support development of services	Establish current support Review to identify gaps Work	Place of safety available for under 18's	LA and CCG to consider how to fund a BC response	CCG/LA	2016 Local arrangement with social workforce made clear on how to access out of area CAMHS	

Currently police access support by duty for social care or apply deliberate self harm pathway. Work with regional liaison and diversion service to be conducted	collaboratively to have co-commissioned response				2017 STP approach being utilised across Black Country. CCGs currently considering 'One Commissioner' approach to Mental Health.

4I

CCG Commissioner and specialist service to review process of accessing/transferring to services when moving from one area to another, to ensure this is a seamless as possible and to work with regional commissioners and out of area services to agree process.

How does this support Future in Mind:
Improving access to effective support 15

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
When accessing services out of area cases transferred by Walsall CAMHS to locally based services. Very often have waiting time to	Process in place Shared with other commissioners and providers	Needs met	Existing	CCG	2016 Local social work force process confirmed 2017 Link to regional commissioners	

access and not all out of area CAMHS offer same level or range of support – some being purely limited to psychiatric, psychology offer. Have prior approval process in place and have started to work with out of area providers to confirm best way to ensure needs are met by developing SLA's short term contract to enable capacity in the out of area services. When children are placed in specialist residential provision out of area CCG has an assurance oversight group lead by designated safeguarded nurse				Walsall CCG and Council have disaggregated Joint Commissioning Unit. Due diligence process followed. Revised SOPS under development for collaborative commissioning arrangements with Council being developed. Joint panels to be implemented with revised and refreshed TOR.	

lead and supported by Lac nurses, Walsall CAMHS and commissioners to gain assurance of health needs being met Work with social care in sourcing placements to ensure MH needs are met and where possible engage providers in local area to agree package of support/interventi on						

4J
Review transition from CAMHS (child and adolescent mental health services) to adult mental health services to ensure there are effective processes in place and consider the evidence base to extend age range of CAMHS to be up to aged 25 years or to develop a transition support service. Ensure that the needs of vulnerable groups are met to avoid the cliff edge effect of cut off from children's services to adults.

How does this support Future in Mind:
Improving access to effective support point 15

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
CQUIN commenced	Build evidence	Successful transition	Gather further evidence	CCG and social care	2016	

last year on transition. Confirmed processes and policies. Further data provided as part of needs assessment on 18 to 25 age group On-going data collection via CQUIN CAMHS has startedrecording further data to capture evidence base on gaps in where to transition to- to support business case to CCG for 17 to 25 year old provision Social care are developing a transition social work team with co –located social	base for needs of 18 to 25 to develop business case for CCG Identify gaps and propose options and solutions	and reduction in crisis because needs not met	to support business case to CCG for funds for 18 to 25 year old needs	In house social work teams NHS Providers, independent sector and voluntary sector	Clear transitional arrangements in place 2017 Gain evidence base of costs to raise CAMHS to 18 for 2018/19 Gain evidence for CCG to review on costs of 18 to 25 year old provision CQUIN 2017 transition	

workers – CAMHS will support the pathway Targeted support is already in place to support the 18 to 25 year old in continuation from accessing pre 18						

4L

Review the approach to managing the 'did not attend' for appointments with the specialist service. To ensure all agencies involved can support the child, young person or family to engage and attend future appointments; and to not close the referral/case unless they no longer need the service.

How does this support Future in Mind:
Caring for the most vulnerable point 20

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Provider started text reminders and has a process in place. Referrals and professional involved are engaged when DNA DNA rate in 2014/15 9%	Share process and approach with all partners and children and young people and families so they are aware of how they will be supported to engage with services	Reduction in DNA's using baseline data from 2016 as a starting point.	Existing	CCG NHS Trust	2016 Reviewed DNA rate 6.8% . 2017 rates remained consistent with 2016 figures despite text reminders, and posters highlighting importance of	

| Aim to reduce and strengthen response. | Review in 3 months impact of text reminder and approach | | | | attendance or cancellation. | |

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 - 2021:
5.   Ensure we meet the needs of vulnerable children and young people

5A Work both with local provider and partners to ensure appropriate enquiry and screening for violence, abuse, sexual abuse and exploitation is part of mental health assessment process						
How does this support Future in Mind: Caring for the most vulnerable point 24						
Current response	**Action needed**	**How will this be measured**	**Resources needed (i.e. service redesign within current funding/more funding/ new service)**	**Who commissions/who provides**	**Timescale and Comments**	**RAG**
Current provider has met with social workers and have a screening tool to start to use to complement the existing risk assessment process in place	Assurance of tool and implementation	In place as policy/process Numbers of assessments confirmed as part of data recording Numbers identified and how supported	Existing	N/A	2016 Local CSE pathway in place	

		and referred into appropriate services				

5B Work with local stakeholders, commissioners from across the Black Country and NHS England Specialist Commissioners to co-commission services which ensure the support is appropriate and meet the needs of children and young people when they have been sexually exploited and/or abused.

How does this support Future in Mind:
Caring for the most vulnerable point 29

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Local discussions have taken place between children's services, safeguarding leads and the current services which are commissioned to provide assessment and support, with CCG to review local needs as part of strategy and needs assessment work and to build into pathway. Further work to	Establish current support Review to confirm meets needs Identify gaps Work collaboratively to have co-commissioned response	Needs met Services in place	Local/BC resources to ensure response is robust NHSE for areas under specialist commissioning (SARC)	BC CCG's NHSE NHS Provider Trusts Specialist provider of SARC	2016 Local arrangement confirmed CSE pathway within CAMHS 2017 WLSCB conducting review of local services	

engage with BC commissioners , police and NHSE to ensure current community response is robust and to support development of services Currently out of area support where not met by SARC would be through out of area non contracted CAMHS or built into the social care package of support (if placed in residential CCG funds health elements)						

5C
Work with commissioners from across the Black Country and NHS England Specialist Commissioners to co-commission services which ensure the support is appropriate and meet the needs of children and young people when they are youth offenders and placed in secure or youth offending institutions.

How does this support Future in Mind:
Caring for the most vulnerable point 29

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign	Who commissions/wh	Timescale and Comments	RAG

			within current funding/more funding/ new service)	o provides		
Local discussions have taken place between youth offending services, youth services and street teams etc with CCG to review local needs as part of strategy and needs assessment work and to build into pathway. Engaged with BC commissioners and NHSE to ensure current community response is robust and to support development of services Currently out of area support whether through out of area non contracted CAMHS or built into the youth offending	Establish current support Review to confirm meets needs Identify gaps Work collaboratively to have co-commissioned response Meeting with Health and Justice Commissioner Meeting with key partners and health and justice commissioner Workshop event in January/Februar	Evidence of meetings and discussions Feedback and input from all partners and stakeholders evidenced Confirmed pathway of local offer and support linked to regional services and gaps identified Needs met in YOI	Local/BC resources to ensure response is robust NHSE for areas under specialist commissioning	BC CCG's NHSE NHS Provider Trusts Youth Offending Institutes	2017 H&J bid opportunity for local funds NHSE via SCN commenced pathways work	

institution package of support Walsall CCG commissioner meetings with the Health and Justice Commissioner to consider how to engage. CAMHS YOS pathway confirmed.	y with key stakeholders to confirm local offer and pathway and how it support regional commissioned services.					

5D						
Ensure there are specific care pathways for children and young people within each vulnerable group (for children and young people who have a special education need and disability – SEND all agencies will support the pathway and where applicable support the development of Education Health and Care Plans).						
How does this support Future in Mind: Caring for the most vulnerable point 10						
Current response	**Action needed**	**How will this be measured**	**Resources needed (i.e. service redesign within current funding/more funding/ new service)**	**Who commissions/who provides**	**Timescale and Comments**	**RAG**

| Have pathway in place and local offer confirmed.

Supported by CAMHS via existing pathways including 0 to5 and LD CAMHS provision | Confirm current approach – and that information is available to all professionals and children and young people and families and carers | Specific pathways in place and subject to ongoing review | Existing | Council/CG and Education | 2016
CAMHS and MH clear in local offer SEND draft strategy produced

2017 CCG developed group to audit and review CCG response, process and identify action plan of gaps this will include MH and WB | |

5E
Ensure specialist secondary mental health services – CAMHS are represented on the multi agency safeguarding hub.

How does this support Future in Mind:
Caring for the most vulnerable point 25

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides		Timescale and Comments	RAG
MASH started in October – MH have virtual link.	Through SPA development ensure MASH needs access to	MASH can access CAMHS advice and support	Through intention s to have SPA	CCG NHS Provider	2016 CCG confirms health support to MASH and early help hub.		

Will ensure through development of SPA that MASH is able to have representation and support	a named CAMHS lead.				2017 Named link based on locality as part of CYP targeted mental health service not physical located in MASH	

5F
Parents with mental health problems and their children will receive coordinated intervention and support

How does this support Future in Mind:
Caring for the most vulnerable general

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
CAMHS provides options of family therapy and will work closely with Adult MH Through work with social care Toxic Trio group started to develop adult MH in capturing data and confirmed	Continue and complete task and finish group	Process in place	Existing and may draw from councils early help/ toxic trio funds to enhance	CCG and Council Provider Trust independent sector, voluntary organisations and in house teams	2016 Confirmed parental MH is recorded by CAMHS and where appropriate family therapy offered. Clear internal referral process between adults MH to CAMHS for CYP.	

how they interact with CAMHS					

5G

Implement the targeted 'looked after children' mental health service to help stabilise placements and prevent placement breakdown.

How does this support Future in Mind:
Caring for the most vulnerable point 28

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
Social care fund staff within CAMHS based on historical CAMHS grant. A formal agreement and speciation has been produced to put in place a targeted LAC service which also supports behavioural needs and will have support Walsall LAC placed in the Black Country area. Focus on support to carers too.	Agreement signed off. Recruitment of additional staff Commence service	Numbers of LAC and carers etc supported Placements which have been prevented from breaking down	Social care funds as listed in section 6E	Walsall Council – but will delegate CCG through section 75 agreement to manage as part of main contract	2016 Service fully staffed and mobilised service model, leaflets and specification in place	

5H

Children and young people with specific mental health needs, and their parents will have access to service user/parent support groups.

How does this support Future in Mind:
Improve access to effective support point 11

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
Parent carers group in place Further work needed to confirm service user groups	Review current offer Confirm gaps Work with providers and partners to develop	Access to groups	To start existing – may need funds to put new groups ion place	All partners	2016 Confirmed current groups and support	

5I
Walsall commissioners and officers (from both CCG, Council and education), and the specialist services involved will; support NHS England when an admission to a specialist CAMHS inpatient hospital is needed and will support a co-ordinated multi agency response for pre admission care treatment assessments, any gate keeping requirements/assessment, will support reviews while in hospital through CPA processes and care treatment reviews and will work together to enable discharge back to the community with all need being met.

How does this support Future in Mind:
Improve access to effective support
Caring for the most vulnerable point 14

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG

If the child or young person is Walsall based the existing CAMHS will ensure they support this gate keeping process

Commissioner with partners to ensure social care input into the pre admission gate keeping
The tier 3 plus service engages in CPA process

Local Commissioner engages and flags actions from CTR process and supports discharge process

This needs to be formally recorded as a process within Walsall to support NHSE colleagues | Formally record process already in place – share with NHSE commissioner to gain agreement | Input to all gate keeping pre assessments

CTR support and CPA discharge planning support evidenced | Existing | N/A | 2016

Tier 3.5 pathway confirmed

CTR process confirmed

Risk register developed

Pathways aligned with NHSE S

2017
Co-commissioning options with BC commissioners, utilising a 'One Commissioning' approach | |

6. Ensure we are accountable and transparent

6A
Strengthen performance management in this area by working with partners to develop and implement mental health and wellbeing performance measures (linked to national and clinical guidance).

How does this support Future in Mind:
Developing the workforce
Making Change Happen
To be accountable and transparent points; 45 40 36

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
Already determined data on referrals, case load and prevalence. Want to develop waiting times Measure against pathways aligned to NICE Introduction of outcomes measure	Basic data requirement s formally agreed As part of contract negotiation for 16/17 develop performance information and outcome measures Information to	KPIS developed agreed and measured Score card provided as part of contract management Assurance of annual review of pathways against NICE guidance Confirmation of outcome measurements	Existing	All partners commissioners and providers	2016 Provider submitted to NMDSMH Provider adopted goal based outcomes tool Scorecard agreed to be in contract 2017 implemented score card and MHNMDS IAPT will also include outcomes	

in line with ROM	be collected at appropriate stages of the care pathway and for every contact if clinically appropriate; to ensure data completeness at key time points during the care pathway for paired outcome measurement and monitoring of change; To administer a comprehensive range of Patient Reported Outcomes Measures (PROMs),	routinely collected and evidence of impact in support to the individual patient based on monitoring.				
6B Ensure all pathways of support are based on national and clinical evidence based support and intervention consider new innovations and participate where possible in national pilots						
How does this support Future in Mind: To be accountable and transparent 33						
Current response	**Action needed**	**How will this be**	**Resources needed**	**Who**	**Timescale and Comments**	**RAG**

		measured	(i.e. service redesign within current funding/more funding/ new service)	commissions /who provides		
CCG commissioner to keep up to date with new pilots and initiatives and participate/ bid as appropriate Within CCG specification and contracts requirement laid out of evidence based interventions. For tier 2 CCG provision all support is provided by appropriately qualified professionals with clinical supervision and support with evidence based support.	Completion of pathways within specialist services by December 2016 Mapping whole pathway is covered in action	Pathways available as information clearly showing links to evidence based intervention	Existing – will be undertaken in partnership with all commissioners and providers	N/A	2016 CAMHS mapped pathways against NICE and training programme actioned	

A task and finish group led by the CCG with the existing specialist secondary mental health provider has started to map the current pathways within the service and map against NICE guidance School nurses receive support from CAMHS Parent courses are based on the Triple P model of evidence based support					

6C

Implement governance to have oversight of the strategy and transformation plan.

How does this support Future in Mind:

To be accountable and transparent points 30 31 46

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
In 2016, a project group specific to Children and Young People's Emotional Wellbeing and Mental Health in Walsall formed to have oversight of the development of an up to date needs assessment, strategy and production of a transformation plan. This project group reports to the Walsall Children and Young People's Partnership Board. Three sub groups	The strategy development group will reconfigure to act as the strategy and transformation action group; meetings have been scheduled during 2016/16 to enable this. Membership with include key stakeholders and representation from Youth of Walsall and service users of children and young people's mental health	Action plan Timescale and Comments and Commentss met and outcomes achieved	None – existing structure facilitate by both CCG and Council	N/A	Completed 2016/17	

formed and support the remit of the project group. A needs assessment development group, a strategy development group, and a task and finish group (specifically between Walsall CCG and the specialist child and adolescent mental health service (CAMHS. Each group has specific functions and separate terms of reference.

Walsall Public Health conducted the needs assessment of children and young people's emotional wellbeing and mental health in Walsall, on behalf of all partners and facilitated the needs | services

The progress on the action plan will be reported to the CCG Mental Health Programme Board and the Children and Young People's Partnership Board with an annual or 6 monthly report being prepared for Walsall Health and Wellbeing Board. | | | | |

assessment development group. The key findings and recommendations of the needs assessment were presented to the Walsall Children and Young People's Partnership Board on 14th October 2016. The needs assessment was produced in partnership with key stakeholders. The recommendations within the needs assessment are based on both evidence of need and the feedback from children and young people, their families and carers and professionals who work to support children and young people.

The strategy | | | | | |

development group is led by Walsall CCG and facilitated the development of the draft Children and Young People's Mental Health and Wellbeing Strategy (at version 12 in January 2016). The final priorities of the strategy and the actions in this plan were presented to the Children and Young People's Partnership Board on 14th October 2016. The strategy incorporates the key recommendations from the needs assessment and also ensures the priorities identified give a strategic direction for all partners which encompasses the national agenda to transform children					

and young people's mental health and wellbeing as set in Future in Mind and the subsequent Transformation Guidance. The group consisted of key stakeholders, in addition one to ones with all partners were conducted to ensure the strategy is based on input from all partners. The Transformation plan includes the actions arising from the strategic priorities. The task and finish group facilitated by Walsall CCG aimed to: fully understand the current CAMHS offer, determine current pathways and map them against evidence based guidance,					

establish capacity and workforce, understand waiting times from initial appointment to partnership to accessing specialist, gain comprehensive data about referral numbers and sources, acceptance and take up of service (establishing clear DNA – did not attend data). A scorecard of regular data about the service has been developed between the CCG and provider, with the view to develop key performance indicators to measure outcomes. With this information the group focused on					

identifying solutions to transform the service in accordance with the priorities identified within the needs assessment, strategy and transformation plan. The final needs assessment, strategy and plan will be considered at future meetings during December2016 of the; CCG Mental Health Programme Board and Improving Outcomes Committee and the Walsall Health and Wellbeing Board. The future governance has been mapped. The strategy					

development group will become the strategy and transformation plan implementation review group and will review the actions on a bi monthly basis under the oversight of the named commissioner for children and young people mental health from Walsall CCG					
The task and finish group will refocus activity to implement revised services.					
These groups will report to the mental health programme board (which feeds into the CCG improving outcomes committee). Updates on implementing the action plan will be					

recorded monthly through the CCG project management office process. Reports to the Children and Young People Partnership Board and the Health and Wellbeing Board will be agreed and will probably be quarterly/six month intervals.						

6D
Develop consultation and engagement plan to ensure continuous involvement and engagement with: children and young people, their families or carers, key stakeholder/professionals who work to support children and young people in Walsall and representative from Walsall Healthwatch and Walsall Voluntary Action.

How does this support Future in Mind:
Making Change Happen
To be accountable and transparent

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current	Who commissions	Timescale and Comments	RAG

			funding/more funding/ new service)	/who provides		
CCG and Council ensure consultation and engagement takes place in line with the duty to consult and existing policy and procedures in place.

Engagement of key stakeholders, children and young people has been ongoing as part of the development of service transformation and redesign with then CCG, the development of the needs assessment and the strategy and transformation plan. | Add to current engagement activity by producing a formal plan to confirm the CCG and Council commitment to involve and engage and include how information will be shared, how feedback will be gain and opportunity to be involved in shaping services is open to key stakeholders, children and young people, their families, carers and Walsall Healthwatch and Walsall Voluntary Action | Plan produced and followed, with regular review | Existing resource as a duty across all partners to engage and involved

Potential use of transformation funds to conduct focus groups/survey work as part of redesign of services | All partners but led by CCG | 2016
Strategic representation confirmed
Providers confirm engagement with service feedback and individual achieving goals

representation on implementation group to be confirmed

In the CYPP board Youth of Walsall confirmed that members will engage and become involved in the future service development and transformation. Meetings have been schedule in November 2016.

2017
Implement continuous engagement and involvement – this is currently red until engagement is embedded | |

6E
Review workforce planning and development of universal, targeted and specialist workforce to meet future needs.

How does this support Future in Mind: Developing the workforce 27, 40, 42

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
Individual providers conduct their own planning and development Children's services access support through learning and development Haven't had a co-coordinated approach to consider all sectors and levels of support for emotional wellbeing and mental health	Work with provider trust has established capacity in service and gaps, and have also considered future skill base/mix Feedback from school nurses, health visitors and education as well as other key stakeholders has identified training needs to for universal and some targeted.	Production of review of current workforce, mapped against gaps in services and types of interventions needed at all levels with recommendations for future need Specifically for specialist complete the mapping of current workforce (already started) against pathways linked to NICE guidance and the current staffing/ resources available to	Work to be completed in partnership between current commissioners and providers Short term CCG transformation funds to target training needs for specialist and targeted provision and also support the role out of any train the trainer approach whereby trainers from across the workforce provide the ongoing training once trained.	All commissioners and providers in Walsall	2016 Complete review and CCG to fund short term for CCG provision 2017 Clear picture of future need use of transformation funds for CCG provision Public Health/Education and Walsall Council to consider review findings to reflect in the in house teams and services, commissioned services including the voluntary and independent sector. Work with HEE to access support to complete this activity	

		identify the needs in capacity, resource and skills			

6F
Commitment to complete up to date needs assessment as a minimum every five years.

How does this support Future in Mind:
To be accountable and transparent point 39

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Up to date needs assessment specific to children and young people emotional wellbeing and mental health in Walsall conducted and completed. Intention to refresh within a minimum of 5 years	To inform JSNA H&WBB priorities and the strategy for mental health and emotional wellbeing	Up to date needs assessment to be undertaken during 2020	Public Health resources	Commissioned by Walsall Local Children's safeguarding Board and Walsall Children and Young People's Partnership Board	Due 2020	