Black Country
Mental Health, Learning Disabilities and Autism
Children and Young People's Mental Health

Walsall Health and Wellbeing Board
19th September 2024

Reference:	**Agenda item no:**		**Action ref (if any):**		**Enclosure no:**	
Title of report:	**Update about the Black Country Mental Health and Emotional Wellbeing Services across the I Thrive Model in Walsall**					
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Purpose of the paper:	This paper is presented to: (tick one) ☐ **Approve:** To formally receive and discuss the report and approve its recommendations or decide on a particular course of action. ☒ **Receive**: To receive and discuss, in depth, noting the implications without formally approving it. ☐ **For information**: To note the report for the intelligence without in-depth discussion. This report outlines the collaborative work across Walsall between public sector organisations and the community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people. It describes: • Mental health and wellbeing needs among infants, children and young people in Walsall. • The THRIVE framework for system change which is an integrated, person centred and needs led approach to delivering mental health services for infants, children, young people and their families.

	• Interventions and services available in Walsall to support mental health and wellbeing in infants, children and young people. • Next steps for collaborative working in Walsall.

Background:

Black Country Healthcare NHS Trust is now the Lead Provider for Mental Health, Learning Disability and Autism Services in the Black Country from 1st of July 2022. This means we will be working pro-actively with our partners and friends in health and care, the voluntary sector and our communities to deliver services that meet the needs of our infants, children and young people population in Walsall.

Mental health is as important to a child's safety and emotional wellbeing as their physical health. It can impact on all aspects of their life. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping infants, children and young people to develop and thrive.

Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including abuse and neglect, family circumstances, environment, stress, loneliness or social isolation. There is strong evidence that the foundations for emotional health and wellbeing are laid in the first 1,001 days (from conception to 2 years of age), with parent-infant relationships (PAIRs) are one of the core elements of early development, resilience, and a child's later ability to weather life's challenges. Negative experiences can adversely affect a child's mental health, just as positive experiences can help improve it.

In the Black Country each year, at least 15% of babies experience a significantly disrupted, disturbed or disorganised relationship with their main carer(s). This is over 2,100 new births each year, and over 4,300 babies under 2 at any one time. It is estimated that 80% of maltreated children will come from this group of babies.

There are an estimated 67,200 children aged 0-17 living in Walsall. This represents just under a quarter (24%) of the population. Most of our children do well and meet

their potential, however many face challenges of poverty and deprivation, exacerbated by the coronavirus pandemic. Walsall is the 27th most deprived local authority in the country. In Walsall, over 1 in 4 children live in a low income household (25%). This is more than the England (17%) and the West Midlands average (20.3%). Just under a third (32.5%) of children live in poverty before housing costs, rising to two-fifths (41%) after housing costs. Significantly more Walsall children (18.8%) receive free school meals than their counterparts in the West Midlands (15.9%) overall, and in England (13.5%).

In 2023/24, 17.5% of Walsall school pupils with an EHC plan have a primary need identified as social, emotional and mental health, higher than the West Midlands (14.6%) and national (15.5%).
19.5% of Walsall school pupils with SEN support have a primary need identified as social, emotional and mental health, comparable to the West Midlands (19.6%), but lower than national (22.3%) in 2023/24.

Evidence suggests that some groups of children and young people are disproportionately impacted by mental health problems largely driven by a complex interplay of social and environmental determinants of poor mental health. This includes the following:

- People who identify as LGBTQ+ have higher rates of common mental health problems and lower wellbeing than heterosexual people.
- Black boys and young men report lower levels of diagnosable mental health difficulties at the age of 11 years than white or mixed heritage boys.
- Refugees and asylum seekers are more likely to experience poor mental health than the general population.
- Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average.
- Autistic children and young people are more likely to experience a range of mental health problems as are children who are care experienced.
- The prevalence of mental health needs amongst children within the youth justice system has also been found to be higher than within the general population of adolescents.

These are some of the key risk factors that contribute to poor mental health:

- Children from low-income families are four times more likely to experience mental health problems by the age of 11 than children from higher-income families.
- Around a third (32%) of children aged 0-15 live in a household where an adult has moderate or severe symptoms of mental ill-health. While most parents

with mental health problems are responsive and sensitive parents, this remains a consistent risk factor for children.

- Children who experience maltreatment, violence, abuse, bullying, or bereavement are much more likely to experience mental health problems. An estimated one in three adult mental health conditions is thought to be associated with adverse experiences in childhood.
- Around one in three young carers are estimated to experience a mental health problem.
- Young people with a mental health condition are nearly twice as likely to be bullied, and more than twice as likely to be cyberbullied.
- Emerging evidence also suggests that there are other key risk factors including racism, discrimination, poor housing and the climate crisis. Impact on education

Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school. As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while other characteristics become less important.

- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
- Children with better attention skills experience greater progress across the four key stages of schooling in England.
- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.

Children and young people with mental health problems are more likely to miss school. While it is not possible to identify school absences from poor emotional health or mental health wellbeing in the statistics, Walsall school absence data in 2022/23 shows:

- Overall absence was 7.6% in the Black Country and 10.6% for those eligible for free school meals. The West Midlands overall absence rate was also 7.6%, but higher at 10.8% for those eligible for free school meals. National overall absence was lower at 7.4%, but again higher for those eligible for free school meals at 11.1%.
- In 2022-23, 3.4% of school absences in the Black Country were due to illness, lower than the regional (3.8%) and national averages (3.7%).
- In 2022-23, 24% of Walsall pupils had persistent absence (attendance below 90%) in line with the West Midlands (24%) but higher than England (21%). For Walsall children on free school meals, persistent absence was 23%.

Providers are reporting an increase in children and young people presenting with mental health needs and there is an increase in emotionally based school avoidance. This is a national issue and not confined to Walsall. The most frequently mentioned issue in the “Growing up in Walsall” report was mental wellbeing (particularly since the Covid-19 outbreak). Mental illnesses in young people represent a significant burden on health and is associated with adverse and long-lasting consequences for educational attainment, employment and social relationships.

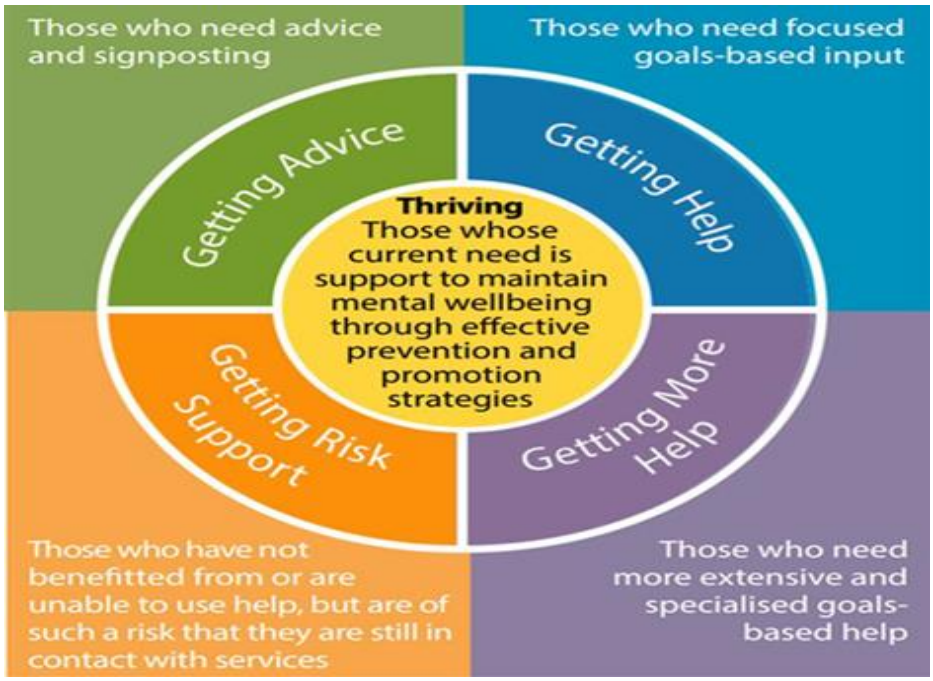
Over the past decade, there has been increasing need for mental health services. The pandemic resulted in a greater number of children and young people presenting with mental health disorders, often with complex needs requiring care or medical stabilisation, within a paediatric or acute setting. Increasing need, coupled with winter pressures, has put a strain on systems.

In the Black Country there has been a 57% rise in children in touch with mental health services between April 2021 and February 2023. In total for CAMHS in 2019/2020 for patients resident in Walsall at the time of their appointment there were 21962 contacts. This is the last date when it is possible to pull out specific data for Walsall.

This section summarises the THRIVE Framework which is the accepted best practice in addressing and improving the mental health and wellbeing needs for children, young people and families, and which Walsall aims to follow. A young person or family struggling with their mental health in an area implementing THRIVE would experience:

- No ‘wrong door’, meaning anyone a young person talked to about their mental health would be able to provide them with support or signpost them to available support options.
- Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
- Signposting to things the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
- Whoever was giving a young person more specialised mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
- Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:



The characteristics of these needs-groupings are:

Thriving: support to maintain mental wellbeing Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They may however benefit from system level prevention and promotion initiatives.

Getting Advice: those who need advice and signposting: includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting specialist input.

Getting Help: focussed goal-based input: comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group providing targeted, outcomes-focused help.

Getting More Help: more extensive and specialised goals-based help: similar to Getting Help but the small number of children and young people within it will need extensive resource allocation and coordination across services. It includes for example, children or young people who are completely unable to participate age appropriately in daily activities (e.g. at school) or they need constant supervision and experience distress on a daily basis.

Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services: may have some or many of the difficulties outlined in other groups BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. Risk management is the sole focus.

In addition to the THRIVE Framework, there is also NICE guidance for specific aspects of mental health and wellbeing which sets out evidence-based, cost-effective practice for specific areas. This includes guidance for example on each of the specific mental health conditions and disorders, maternity and early years, transitions between different types of settings, practice in schools, and for those in care.

Mental health and emotional wellbeing provision in Walsall

These are the current initiatives and services in Walsall commissioned by Walsall Council (Public Health and Wellbeing or Children Services) or Black Country Health Care (NHS lead provider for mental health) to support the mental health and emotional wellbeing of children and young people.

Thriving: support to maintain mental wellbeing

- Family Hubs: universal support for parent-infant relationships.
- Nurture and Resilience offer in Schools through PHSE: supporting schools to understand relational approaches and attachment awareness, developing theory and evidence-based practice to ensure that settings provide a supportive and safe space in which children and young people can learn and develop.
- Senior Mental Health Lead in Schools: DfE accredited training will have been offered to all eligible state-funded schools and colleges by 2025 to support the implementation a whole school or college approach to mental health and wellbeing. Walsall currently has a good uptake of this training.

Across the borough, there are also many community groups including sports clubs, activity groups, uniformed youth groups etc. that provide this level of support to help maintain good emotional health and wellbeing.

Getting Advice: those who need advice and signposting

- Health Visitors: dedicated nurse support for children under 5 and their families including for mental health wellbeing, including some roles new specialist Parent-Infant Emotional Wellbeing Health Visitors currently funded through Family Hubs.
- Family Hubs: targeted support for parent-infant relationships and mild-moderate perinatal mental health (PMH), with training for all First 1,001 Days workers, and two new PAIRs evidence-based interventions: Video Interactive Guidance and Triple P for Babies.
- School Nurses: a universal service delivering the healthy child programme and providing the first point of contact for Mental Health support, signposting, and referral.
- KOOTH: an online service specifically designed to support young people's mental wellbeing.
- Wysa app: an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it.

There are also national helplines available e.g. Samaritans, Young Minds Childline, BEAT and Papyrus, etc., for children and young people to obtain advice and support. Local organisations include – Positive Outcomes Project and Mindkind

Getting Help: focussed goal-based input

- Mental Health Support Teams in Schools: to provide support and extra capacity for early intervention and help for mild to moderate mental health issues and promotion of good mental health and wellbeing. In Walsall, over 59% of schools have MHSTs.
- WPH: Offers a range of free, caring and confidential counselling services where young people aged 8 – 17 can receive support if they are feeling sad, angry, upset, lonely, worried? Or are having trouble sleeping, doing their schoolwork, concentrating, enjoying things they normally would? Or if things just do not feel 'quite right'?

- Rethink: the Sanctuary Hub is a safe place where you can access support outside of usual mental health service hours. Rethink also offer bereavement services across the Black Country.
- Positive Steps: The aim of the service was to support CYP resident in Walsall who experienced significant emotional mental health and well-being difficulties, ensuring they had timely access to an assessment and intervention with successful resolution or management of the difficulty within their local educational setting and social setting. The service provides assessment and targeted treatment of mild to moderate mental health presentations, therapeutic interventions and consultation. Their focus is to provide secondary mental health input with the idea of goal setting in specific areas and short-term guided psychoeducation. The service identifies it should be the child's/young person's first engagement with CAMHS. It is a short-term intervention service which offers support for up to 8 sessions.
- Educational Psychologists: The team commissioned via Walsall Council carry out statutory work in order to identify, assess and monitor children, young people and young adults with special educational needs. They include support for SENCos through the allocation of an identified Link EP and the 'SENCo Support & Share' offer, critical incident support across the Council, support for Walsall children with complex needs who are educated outside of the borough, and strategic work related to the Council's Special Educational Needs and Disability and Inclusion Strategy.

Local charities and community interest companies also offer support at this level for example, Positive Outcomes Project, MindKind, House on the Corner Community Project

Getting More Help: more extensive and specialised goals-based help

- CAMHS: is a specialist mental health service providing interventions to those children, young people and their families who are experiencing moderate to severe mental health difficulties. Within the Specialist CAMHS teams at this level there is access to the following teams: Eating Disorders, Core CAMHS, Children in Care, Early Intervention in Psychosis, Psychiatrists, Learning Disabilities and Intensive support to children and young people with Autism to prevent hospital admission.
- Single Point of Access (SPA): following successful implementation in neighbouring Black Country areas and research evidence of effectiveness, a SPA was established in Walsall in 2023 with professionals being able to make referrals into all commissioned CAMHS services so that referrals can be appropriately and consistently triaged so there is equity in access to services.

This is going to be developed further in line with other areas of the Black Country where all referrals for commissioned emotional mental health and wellbeing services are received and triaged. The intention of a SPA is to make it simpler for those referring children and young people for mental health support – referrers do not need to know all of the specific services available. It is particularly important where there are multiple needs or when the most appropriate service to address a child's needs is not clear. Professionals can also contact the SPA for advice. The SPA will also provide a single view of the mental health needs of Walsall's children and young people and whether there are gaps in capacity, as the SPA will collect all data on referrals.

Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

This offer is commissioned either through Black Country Health Care or through NHS specialist commissioning for Health and Justice.

- Crisis Helpline: the NHS mental health crisis helpline is open 24 hours a day, seven days a week and is open to people of all ages. The number is 111 (Option2). There is an option for immediate mental health assessment.
- CAMHS Crisis Intervention and Home Intervention: this team offers community support for children and young people in mental health crisis 24/7 through a blended model of care. The main aim of the service is hospital admission avoidance, where appropriate, seeing young people within a shorter period of time and within their home environment. Children and young people are currently seen within 4 hours of referral. Where home intervention is not clinically appropriate, they are advised to attend the Accident and Emergency department with a potential for admission to the Paediatric Assessment Unit.
- Inpatient admission to a children and young people's Mental Health Unit: an inpatient admission is considered necessary when community support will not provide enough interventions to be able to impact on the young person's mental health either by understanding fully the needs or providing interventions that can only be supported as an inpatient. The CAMHS Crisis Intervention and Home Intervention team assumes responsibility for all inpatient admissions. Supporting children and young people during an admission and preparing them for discharge back into the community is also the responsibility of this team.
- Health and Justice: this team work with children and young people, who have been arrested and are in the Custody suite to assess if they have any emotional mental health issues as part of their health and wellbeing

assessments. They also see those who are issued with Court Resolution Orders. If the Liaison and Diversion team identify Mental Health needs, they refer to the local mental health team via the SPA. They may also contact the Mental Health Support teams in schools, if appropriate, as well as the Forensic CAMHS (Youth First) service which is also commissioned on a wider West Midlands footprint.

Activity which is currently taking place or due to take place in the Black Country:

CYP Core and Crisis

- **T**he age range In Core CAMHS in Walsall is now up to 18 years.
- Capacity in the CAMHS crisis teams has also been increased across the Black Country.
- A 24 hours a day, 7 days a week CAMHS Medics rota and a 24 hours a day, 7 days a week rota on CAMHS crisis is now available across the Black Country.

Eating Disorders

- There has been continued development of an all age eating disorders service in Walsall to ensure alignment across the Black Country.
- Funding is now available over 3 years under Community Transformation Programme to develop an outreach service and support reducing hospital admissions**.**

18-25 Younger adult's transition

- As part of the Community Transformation Programme a wraparound service for Young Adults aged 18-25 is being established to provide a seamless transition from CAMHS to AMHS services when Young Adult turns 18. This is particularly relevant for those young people who do not necessarily easily meet thresholds for adult mental health services and will include care leavers and children who have been subject to the criminal justice system. There is ongoing work regarding the development of policy principles to be agreed with senior leads in AMH services.

CYPF Intensive Support Team

- An intensive support team for CYP with LD and/or ASD has been developed across the Black Country and is currently operational within Walsall although only open to small numbers of young people who are at risk of admission to inpatient mental health beds and are receiving support via the Dynamic Support Register.

Mental Health Supports teams in Schools

- All funding waves have now been received and posts have been recruited to. Initially the service was set up with input from Educational Psychologists. However, over time, this funding did not appear to add value to the teams or increase access for our young people so this was decommissioned at the last academic year. Discussions ongoing with secondary schools not yet incorporated into wave 10 - engagement attempts ongoing with one school in Walsall to ensure appropriate numbers of schools are engaged.
  There are MHST in schools in the following settings:
  Primary Schools 43 of 86 – 50%
  Secondary Schools 20 of 20 – 100%
  Special/PRU Schools 5 of 10 – 50%

We have 5 primary schools on the waiting list at present waiting for allocation to the team. This results in an overall % of schools where there are MHSTs present of 59%.

Working within the acute trusts:

- We had additional non-recurrent funding in the Black Country which we used to pilot some work around delayed discharges. This evolved into commissioning a third sector organisation to provide key worker roles to provide support to children on wards to CYP who are experiencing mental distress. The roles have been so successful that it has been agreed to continue the contract for another 12 months. These teams have been working as a conduit between CAMHS Crisis Team, acute hospitals, and social care when there is a social reason for a CYP remaining in an acute hospital aiming to reduce the length of stay for C&YP on paediatric wards across the Black Country and to provide 1:1 support if CYP require this during an admission.

Digital Offer

Currently BCHFT commission 2 digital offers within the Black Country as part of the 'signposting and getting advice' services and the 'getting help' services as part of the Thrive model to provide an online digital offer for emotional mental health and wellbeing for young people and this will include a number of children in care and care leavers, although not specifically for this group.

The offers are –

1. Kooth which offers the following:

- A chat function for a young person to drop in to speak to a readily available counsellor
- A messaging function for young people to contact the service
- A schedule function to provide booked sessions with a named counsellor on a regular basis
- A range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP. They also provide crucial first steps towards getting further therapeutic support
- Live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment
- An online magazine will full content moderation, creation and editing which includes opportunities for CYP to submit their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for CYP to download.

2. Wysa which offers the following:

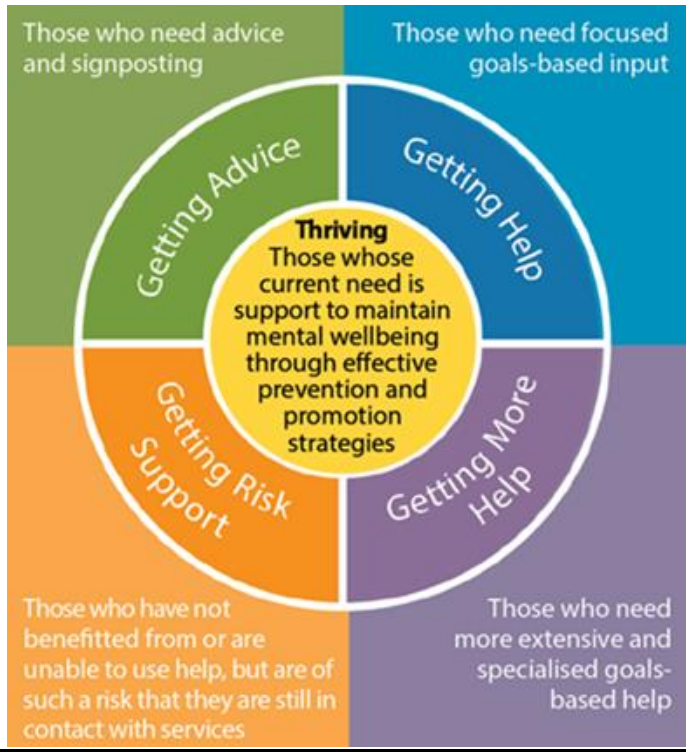
   It is an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it. It is 24/7 A.I. accessible via QR code (to identify the place) of a link to a laptop/tablet. WYSA provides guided listening that guides users through 150+ evidence based exercises including:
   - Thought reframing
   - Relaxation techniques
   - Behavioural activation
   - Goal setting

3. Speek which we have commissioned as a pilot project for parents/carers of 150 young people who are self-harming.

Speek is a digital mental health platform that bridges the gap between families affected by self-harm and the skills, community, and personalised support they need to find stability (while on the waitlist at CAMHS or engaged with the Crisis Service). Support includes: access to an individualised programme of bespoke therapeutic modules; access to Group therapy sessions with clinical phycologist (2 x month); access to asynchronous chat function with Speek clinical team.

The current digital offer is to be reviewed in the Black Country in light of the change in landscape since the original model was commissioned and there are now more opportunities to support children and young people and their parents/carers in need of Getting Help or while waiting for Getting More Help services. The traditional model needs to be adapted to meet the needs of children and young people who find in person access more difficult and also to ensure that our provision at this level is appropriate and meeting the needs of our young people in the Black Country including our underserved communities. The service specification for this service will be co-produced with our young people and stakeholders to ensure it meets their needs.

Embedding I thrive Model



The I -Thrive framework was proposed as part of the Future in Mind national policy document as a method of grouping children and young people together according to their level of need, allowing children and young people to move more flexibly around and between services. In order for this to occur, it will be important to understand and map all of the services that are available across the framework including those that are non-commissioned and commissioned via BCHFT and the Local Authorities/Childrens Trust. This will include those services that are considered thriving all the way up to getting risk support.

The I-Thrive model replaces the currently recognised tier-based system with a whole system approach. It is based on the identified needs of children, young people (CYP) and their families. It advocates the effective use of data to inform delivery and meet needs. It also helps to identify groups of CYP and the range of support they may benefit from. The I-thrive model also ensures CYP and their families are active decision makers.

We have been continuing to promote the I Thrive model across the system with awareness sessions being delivered system wide in the Walsall locality. Evidence of I Thrive language has started to be seen across the Trust and embedding of the language continues.

Getting Help services

In each of our 4 areas of the Black Country 'Getting Help' services are either commissioned by BCHFT alone or with the Local Authority (in some of the areas) with some Local Authorities
Commissioning these services by themselves. These services are commissioned, recurrently in some instances, from local voluntary sector organisations in each of the four areas and they are able to enter the activity onto the Mental Health Service Data Set (MHSDS), when commissioned via the NHS. Other services are commissioned in some of the local authorities/ children's trust but are non-recurrent. There are significant differences across the Black Country in terms of the commissioning arrangements and work is to be undertaken to clearly understand what is available and the capacity required following a needs led assessment that is occurring in each area.
We are looking to create an opportunity to increase the commissioned activity available from Getting Help Service for CYP in Walsall ensuring a minimum of 1000 CYP can have access to an emotional, mental health and wellbeing service reflecting the offers across the other 3 localities. This will be as a result of moving funding around from one service to another. Market engagement with organisations has started to support this opportunity.

Children in care/care leavers services

A full review of services for children in care and care leavers commissioned through the lead provider model has been undertaken across the Black Country with a new service specification developed for specialist CAMHS input for CYPIC. This review identified a need for an increase in workforce recruitment which has now commenced for Walsall for this staff group. Stakeholder engagement is ongoing with a need to clearly articulate how care leavers can access services (looking at 18 – 25 offer at this time). Operationalising the new model in Walsall has begun.

Youth Justice Services

A full review of the current offer for Children and Young People who are part of the Criminal Justice system commissioned through the lead provider model has been undertaken across the Black Country. It included the following steps:

- Scoping out current provision from CAMHS to the criminal justice system in all areas
- Liaison with stakeholders

- Identification of finances associated with each of the CAMHS posts into the criminal justice system
- Liaising with contracts re SLA
- Identification of best practice in the country for CYP who are part of the criminal justice system
- A New Offer has been developed from CAMHS to the Criminal Justice System across Black Country which also ties in with the new offer from the Liaison and Diversion Service which has recently been awarded to MPFT. This will significantly increase the level of support available for young people who are part of the YJS going forward and is focused on a needs led approach, including children and young people who are known to Walsall YJS and 'at risk' of entering the Youth Justice System as well as those subject to legal orders. All of this proposal has been co-produced with the managers for the YJS.

Partnerships for Inclusion of Neurodiversity in Schools (PINS):
Project has commenced and making good progress. Self-evaluation forms, parental surveys and children's voice surveys have been completed and triangulated which are being used to inform the unique bespoke programs of work being developed for each school based on a detailed Menu of Support developed by each of the commissioned services. (North Star Advisory Team). In Walsall 9 out of 10 schools have had formal meetings prior to the summer term with North Star Advisory Team. The Menu of Support has been developed and dates for implementation are being booked with the schools. PCF meetings in schools have commenced with some excellent engagement reported by the Parent Carer Forum Chair.

Actions:

1. Meet with a range of stakeholders to discuss what we think a strategy should look like for the Black Country.
2. Needs Led Assessment for Emotional Mental Health and Wellbeing for CYP in Walsall to continue to be developed so that it can support us to understand what the needs for CYP in Walsall are and how they can be met.
3. Stakeholder sessions to be put in place to look at the Needs Led Assessment and understand what the Emotional Mental Health and Wellbeing Strategy for Walsall should contain.
4. Embedding the I Thrive model across Walsall to ensure a common language across the system when talking about Children and Young People's Emotional Mental Health and Wellbeing.

ACTIVITY FROM SERVICES COMMISSIONED:

WPH Counselling (Commissioned to provide services for 335 CYP for 2024/2025)

This year in receipt of an additional £40,000 of non-recurrent funds to deliver to an additional 80 CYP. Normal activity is for 250 CYP

	Emotional and Well-Being Service
Average waiting time from referral to assessment/first contact (weeks)	16
Average time from assessment to intervention (weeks)	16
Number of CYP assessed awaiting intervention	0
How does the service propose to tackle this to reduce the waiting times (if appropriate)	N/A
Percentage of CYP who complete a goal-based outcome measurement tool that report an improvement.	93%

Wysa – data specific to Walsall – July 2023 - 2024

Number of total Downloads in Walsall until end of July 2024	451
Increase in downloads in one month in Walsall	5.3%
High adherence with numbers returning to use app after initial download and first session.	96.5%
User satisfaction scores for Walsall	86.5%
No of returning users exceeding 10 or more sessions	67%
Predominant reported issue	Sleep

Kooth – data specific to Walsall – Q!

Service Users using Kooth from Walsall	211
Logins Per Service User	4.3
Commissioned Hours Delivered – community support hours and targeted intervention hours	73% used
CYP Answered that Kooth was a useful source of support	90%
Predominant reported issue	Anxiety and stress

CAMHS ACTIVITY:

Referrals to CAMHS

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number of Referrals	344	355	333	318	160
Referrals that met threshold for tier 2/getting help services	16	15	12	12	8
Referrals that met threshold for assessment from specialist CAMHS	74	60	45	52	
Number of initial contacts completed in month	89	75	70	59	48
Referrals that met threshold for intervention from specialist CAMHS	7	8	2	6	
Number of CYP contacts within BCH*	2004	1918	1820	1679	1047
Average waiting time from referral to assessment/Seen (weeks)**	6	5	5	4	4
Number of patients who did not attend prior to 1st contact	28	20	34	32	22
Number of patients who cancelled prior to 1st contact	17	23	19	18	8
Re-Referrals received within 12 months to SPA for the same reason	8	4	2	2	1
Re-Referrals received within 12 months to SPA for a different reason	11	9	13	16	22
Average length of episode in days (referral to discharge date)	378	257	340	376	303
Number of Referrals discharged from services	200	210	181	199	153
Eating disorders waiting times - number of urgent referrals seen within 7 days	2	4	1	4	1
Eating disorders waiting times - number of urgent referrals not seen within 7 days	0	0	0	0	0
Eating disorders waiting times - number of routine referrals seen within 28 days	6	3	5	5	2
Eating disorders waiting times - number of routine referrals not seen within 28 days	0	1	0	0	0
Number of referrals to MHST	87	88	76	43	10
Number of referrals that receive support from MHST (excluding group activities)	223	242	247	252	170
Number of MHST referrals on to SPA	0	0	0	0	0
Number of under 18s under EIP services	4	2	2	1	2
% of young people/adults that are known to Camhs and return to access Adult mental health services	N/A	N/A	N/A	N/A	N/A

* This information has only been captured electronically since July 2022

Black Country
Mental Health, Learning Disabilities and Autism
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	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Additional referral information - summaries					
Referral Outcomes (Discharge Reason)					
Admitted elsewhere (at the same or other Health Care Provider)	1	1	0	1	1
CLIENT did not attend	9	13	18	21	16
CLIENT refused to be seen	1	2	0	0	1
CLIENT requested discharge	12	13	7	6	5
Did not opt in	5	10	2	9	10
Moved out of the area	9	5	4	4	2
No further treatment appropriate	46	41	32	38	45
Treatment completed	117	125	118	120	73
Source and Number of Referrals					
Acute Secondary Care: Emergency Care Department	0	0	2	0	4
Child Health: Community-based Paediatrics	19	23	16	20	9
Child Health: Hospital-based Paediatrics	48	48	36	40	16
Child Health: School Nurse	2	0	0	4	2
Independent sector - Medium Secure Inpatients	0	0	0	0	1
Internal Referral	1	1	2	2	0
Justice System: Police	0	0	2	0	0
Justice System: Youth Offending Team	1	0	1	0	0
Local Authority and Other Public Services: Education Service/Educational Est'mnt	107	98	97	40	1
Local Authority and Other Public Services: Housing Service	0	0	0	0	1
Local Authority and Other Public Services: Social Services	11	9	20	20	22
Mental Health Drop In Service	0	1	0	0	0
Other Independent Sector Mental Health Services	5	3	10	1	3
Other Primary Health Care	1	1	1	2	1
Other secondary care specialty	1	8	0	7	3
Other SERVICE or agency	2	0	3	3	0
Other: Telephone or Electronic Access Service	0	1	2	1	0
Permanent transfer from another Mental Health NHS Trust	1	0	0	1	0
Primary Health Care: General Medical Practitioner Practice	134	154	132	163	87
Self-Referral: Carer/Relative	11	6	8	12	10
Self-Referral: Self	0	1	1	1	0
Talking Therapies	0	1	0	1	0

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Additional referral information - summaries					
Referrals by Age Group					
2. 1 to 4	13	13	10	10	8
3. 5 to 9	83	83	73	85	41
4. 10 to 15	188	203	213	185	79
5. 16+	60	56	37	38	32
Gender					
Female	189	191	180	171	87
Male	155	163	153	147	72
Not Specified	0	1	0	0	1
Ethnic Description					
Asian or Asian British - Any other Asian background	0	1	0	3	1
Asian or Asian British - Bangladeshi	5	1	1	1	0
Asian or Asian British - Indian	9	7	9	3	5
Asian or Asian British - Pakistani	12	19	11	14	9
Black or Black British - African	4	2	6	2	1
Black or Black British - Any other Black background	1	1	1	0	2
Black or Black British - Caribbean	1	3	6	5	2
Declined to State	12	15	14	24	7
Mixed - Any other mixed background	3	2	5	4	3
Mixed - White and Asian	1	3	6	5	2
Mixed - White and Black African	1	1	2	1	1
Mixed - White and Black Caribbean	10	11	12	17	5
Not known	29	34	31	21	9
Other Ethnic Groups - Any other ethnic group	3	2	1	2	1
Other Ethnic Groups - Chinese	0	0	0	1	0
White - Any other White background	10	5	9	6	0
White - British	243	247	219	207	111
White - Irish	0	1	0	2	1

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Children In Care

KPI	Apr-24	May-24	Jun-24	Jul-24	Aug-24
1. Referrals received	8	1	3	2	2
2. Current Children in Care caseload	62	27	26	29	27
3a. Referrals (external) that were assessed within specialist CAMHS	2	0	3	1	0
3b. Number of initial contacts completed in month	1	1	2	0	0
4. Referrals that were allocated for intervention from specialist CAMHS	1	1	1	1	1
5. Number of contacts within BCH	86	70	77	22	10
6. Average waiting time from referral to seen (weeks) - routine referrals	4	3	11	0	0
7. Number of patients that DNA before first contact	1	0	0	0	0
8. Number of patients that cancel before first contact	0	1	0	0	0
11. Average length of episode (referral to discharge date in days)	50	232	622	755	151
12. Number of Referrals discharged from services	1	2	5	1	4
Additional referral information - summaries					
Referral Outcomes (Discharge Reason)					
CLIENT refused to be seen	0	0	1	0	1
Did not opt in	0	0	0	0	1
Moved out of the area	0	0	1	0	0
No further treatment appropriate	1	1	0	1	1
Treatment completed	0	1	3	0	1
Source and Number of Referrals					
Child Health: Community-based Paediatrics	0	0	0	2	0
Child Health: Hospital-based Paediatrics	2	0	0	0	0
Local Authority and Other Public Services: Housing Service	0	0	0	0	1
Local Authority and Other Public Services: Social Services	5	0	2	0	0
Other SERVICE or agency	1	0	0	0	0
Primary Health Care: General Medical Practitioner Practice	0	1	1	0	0
Self-Referral: Carer/Relative	0	0	0	0	1

KPI	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Referrals by Age Group					
3. 5 to 9	4	0	0	0	0
4. 10 to 15	2	1	2	2	1
5. 16+	2	0	1	0	1
Gender					
Female	5	0	2	0	2
Male	3	1	2	2	0
Ethnic Description					
Declined to State	1	0	0	0	0
Mixed - White and Asian	1	0	0	0	0
Mixed - White and Black Caribbean	0	0	1	0	0
White - British	6	1	3	2	2