

## Health and Wellbeing Board

19 September 2024

### Delivery of the Mental Wellbeing Strategy through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership

#### For Assurance

##### 1. Purpose

The report is to update the Health & Wellbeing Board on progress made by the Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership in delivery of the [Walsall Mental Wellbeing Strategy](#) (2022 – 2032) - "Together We Can".

##### 2. Recommendation

To note the content of this bi-annual progress report.

##### 3. Report detail

3.1 This report is a bi-annual progress report on activities undertaken to date in delivery of the Walsall Mental Wellbeing Strategy. A report to Health and Wellbeing Board in March 2023 outlined new governance arrangements for the Mental Wellbeing Stakeholder Partnership, and the board has been provided with an update every 6 months from this point.

3.2 The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership is committed to taking forward:

- a. A universal partnership approach to promote good mental health and emotional resilience and prevent mental ill health for all age groups and populations.
- b. A focused and partnership approach to community-based early help and support for emerging mental illness.
- c. A proportionately targeted approach to reduce inequalities in mental wellbeing and health, to consider the clear mental health inequalities, both in terms of those who experience the greatest risk of poor mental health and in terms of unequal access to interventions.
- d. Opportunities to lobby and link mental health and wellbeing into wider population health and partnership activity across Walsall.

3.3 The Partnership has been meeting monthly and is co-chaired by The Head of Mental Health Transformation & Integration from Black Country Healthcare Foundation Trust (BCHFT) and Consultant in Public Health responsible for Mental Wellbeing at Walsall Council. It includes wide ranging membership across the partnership from the Council, the third sector, social housing (whg) and Walsall Together (health and care place-based partnership).

- 3.4 For current priorities identified for the Walsall Multi-Agency Mental Wellbeing Partnership and allied partnerships see Appendix 1

#### **4. Implications for Joint Working Arrangements:**

The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership reports to both Walsall Place (accountable to the Health and Wellbeing Board with regular updates also being fed into Walsall Together Partnership Structures) and BCHFT Lead Provider governance. The Community Mental Health Partnership (of commissioners, statutory and voluntary sector provider organisations) is accountable to the Stakeholder Partnership, and there is appropriate information sharing with a number of other allied groups, including the Children and Young People's Emotional Wellbeing Strategy group.

#### **5. Health and Wellbeing Priorities:**

- 5.1 Mental Wellbeing is one of the current priorities outlined in the Health and Wellbeing Strategy. Below is a summary of activities undertaken over the last 6 months linked to delivering the Walsall Mental Wellbeing Strategy and the above priorities.

##### *Mental Wellbeing Priorities*

- 5.2 Birmingham Mind is continuing to deliver suicide prevention and mental wellbeing training and has been reaching into communities. A wide range of multi-agency stakeholders continue to receive training, which receives positive feedback.
- 5.3 The Where I Am Men's programme is in place and running. This programme aims to coordinate initiatives which focus on improving the mental wellbeing of men in Walsall.
- 5.4 8 Steps to Wellbeing plans continue to be delivered in communities to improve the population's mental health and wellbeing and tackle stigma. These are being delivered through multi-agency partners, community engagement and through a range of other services.
- 5.5 The Walsall Suicide Prevention Strategy has been refreshed. It was launched in partnership on Suicide Prevention Day, September 10th, 2024.
- 5.6 The Draft Walsall Dementia Needs Assessment has been written and is currently under consultation with partners in the Dementia Steering Group. The needs assessment will underpin the writing, delivery and measurement of outcomes for the Walsall Dementia Strategy which is due to be refreshed in 2024-25.
- 5.7 Mental wellbeing grant funded projects are being delivered for Walsall residents, focusing on both the general public and specific projects for men. Projects are being delivered through a range of community organisations including: Caldmore Village; Mettaminds; MindKind Projects; Nash Dom CIC, Aaina and Walsall Black Sisters. Several men's mental wellbeing projects are also being established through Crowdfunding.
- 5.8 A Neurodiversity Wellbeing Programme, which aims to empower people with a lived experience to develop interventions that improve wellbeing for people who are neurodivergent was launched in March 2024, in collaboration with the Thrive

NHS programme delivered through the mental health trust. Six grants were awarded up to a value of £5000 for each individual grant.

- 5.9 Four Young People's enterprise projects have been commissioned and are mobilising.
- 5.10 The Thrive Mental Wellbeing Mobile unit continues to successfully deliver across Walsall, supporting people with challenges which influence their mental health and wellbeing. This partnership between Bloxwich Community Partnership, Manor Farm Community Association, Citizens Advice Sandwell and Walsall and Walsall Community Transport continues to support the delivery of wellbeing plans for people in Walsall. An update on the evaluation is due to be presented at the mental wellbeing multi-agency partnership meeting 9th October 2024.
- 5.11 Community Bereavement and Counselling services also continue to deliver and receive positive feedback.

### *Mental Health partnership priorities*

- 5.1 Brownhills Community Association and a consortium of local providers have begun delivery of a programme of support for the Wider Determinants of Health:

**Walsall**

The proposed projects encompass a range of well-being activities, such as outdoor pursuits like cycling, nature walks, and local excursions using public transport to explore community-focused initiatives. Additionally, there will be indoor activities like Chair Yoga and exercise programs promoting 10,000 steps, as well as table tennis and badminton to encourage regular physical exercise. ESOL (English for Speakers of Other Languages) and Digital Literacy classes will also be offered to foster new skills, independence, and empowerment, along with providing valuable advice and support.

**Lead Organisation:**  
Brownhills Community Association

**Provider partners:**  
The Walsall Community Network  
Aiana Community Hub  
Aspire4U  
Brownhills Community Association  
Citizens Advice Bureau  
Manor Farm Community Association  
MindKind  
Rethink Walsall  
Walsall FC Foundation.

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

- 5.2 Initial data received from the programme shows extensive use of the offer from Brownhills, Citizens Advice Bureau, Manor Farm and Mindkind. Support is being offered to other providers to increase activity. An end of year evaluation will be completed in Quarter 4 of 24/25 to support decision making on future commissioning. This evaluation will be taken through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership.
- 5.3 Recovery College commissioned additional course provision from local VCSE providers in Walsall to expand the offer in diverse communities. The evaluation has shown that the VCSE commissioned courses had a higher uptake from BAME communities. Additional courses for the new prospectus are in the process of being commissioned.

- 5.4 Ablewell have been commissioned by BCHFT to improve access to Welfare Rights support for people with Severe Mental Illness.
- 5.5 Across the Black Country there has been an intensive period of coproduction for a new Talking Therapies (TT) model for the Black Country which will maintain the core NHS Talking Therapies model and then expand to include a Plus offer which will support people with a more holistic offer provided by multiple provider partners (TTPlus).
- 5.6 There are several VCSE organisations who have collaborated on the proposal for TTPlus in Walsall and have requested that One Walsall act as Lead Organisation. The TTPlus pilot is due to begin delivery in October and evaluation of the project will be taken through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership.

Walsall TT Plus  
Lead Organisation:  
One Walsall  
Aiana Hub  
Aspire 4 U  
Dorcas  
EWA CIC  
Mettaminds  
Mindkind Project  
Restoration Therapy  
WPH Counselling

- 5.7 We now have seven Primary Care Mental Health Workers, funded jointly from primary care and BCHFT in post. They will act as a “first point of contact” for those contacting primary care with mental health needs.
- 5.8 Work is in progress to develop an improved pathway for those with Severe Mental Illness (SMI) to enable them to better access health checks.
- 5.9 We have developed and are implementing a dual diagnosis pathway for those accessing secondary care having both mental health and drug and alcohol issues.

### **Background papers**

None

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## Appendix 1

Priority area and oversight group	Overview	Proposed measure at Place	Walsall Together Responses
<p><b>1]Mental Health Prevention, Promotion &amp; Health Equity</b></p> <p><b>Mental Wellbeing Stakeholder Group</b></p>	<p>Building local intelligence across the lifecycle (including MH needs assessments and community engagement) to inform a more coordinated and informed approach to service development and resource allocation.</p> <p>Delivery against Prevention Concordat</p> <p>Mental wellbeing awareness raising within communities</p> <p>Consideration of wider determinants of health as they link to mental health</p> <p>Consideration of specific inequalities</p>	<ul style="list-style-type: none"> <li>Design dashboard for monitoring progress against mental wellbeing strategy, for sign off by Health &amp; Wellbeing Board</li> <li>Social value distribution of funding to community-based universal and targeted services</li> <li>Reduction in need for referral to secondary MH services</li> <li>Improve citizen and patient outcomes, as evidenced through mental wellbeing dashboard (to be developed)</li> <li>Impact of wider determinants of health VCS workstreams</li> </ul>	<p>May need a shared oversight of VCSE work with resilient communities</p> <p>Also needs careful management of interdependencies with determinants work and Talking therapies plus, see 7) below</p>
<p><b>3]Physical Health of SMI and LDA cohort</b></p> <p><b>Mental Wellbeing Stakeholder Group</b></p>	<p>A coordinated programme across partners that not only meets the health targets (e.g. for physical health check completion or vaccinations) but also offers pro-active intervention and explores preventative opportunities to improve and prioritise access for these at risk groups.</p> <p>Roll out of national 'Reasonable Adjustments' requirements for LDA cohort across all health and care partners.</p>	<ul style="list-style-type: none"> <li>SMI and LDA Physical Health Checks and Vaccinations targets</li> <li>Outcome/experience measure relating to impact of checks</li> <li>Effective monitoring of health check outcome</li> <li>Waiting times for SMI/LDA cohort across key physical health pathways</li> <li>Compliance with national tobacco dependency measures</li> <li>Taking learning from above to initiate focused effort on maintaining physical health of all patients (not only SMI/LDA) alongside supporting patient mental health improvement</li> </ul>	<p>Good progress already at place for this,</p>
<p><b>4]Dual Diagnosis</b></p> <p><b>Mental Wellbeing Stakeholder Group</b></p>	<p>Increasing integration across mental health services and place-based substance misuse services to avoid people falling through gaps, providing more seamless pathways and development of workforce skills and competencies.</p>	<ul style="list-style-type: none"> <li>Pathways for secondary and primary care in place, monitored and using process and outcome measures</li> </ul>	<p>Secondary care element now moving to closedown/business as usual for Walsall Together, with fast track for escalation to CPLG if required</p>
<p><b>6]Neurodevelopmental</b></p> <p><b>Mental Wellbeing Stakeholder Group</b></p>	<p>Coordinate the local delivery of improvements and recommendations including those identified through the co-produced Black Country All Age Autism Framework</p> <p>Embedding shared care arrangements (e.g. for ADHD) across primary and secondary care services</p>	<ul style="list-style-type: none"> <li>TBD - Citizens and families reported improvements</li> <li>No. of GPs &amp; PCNs who operate MH shared care practices</li> </ul>	<p>Need to consider links across all ages, and more than just autism possibly. May need a specific and new project as lots of threads to coordinate and areas where currently little activity or provision</p> <p>Again links to children's alliance re SEND cohort. Propose an adult project for Walsall together</p>
<p><b>7]Integrated community mental health pathway</b></p> <p><b>Mental Wellbeing Stakeholder Group</b></p>	<p>Increasing the range of preventative and early help mental health interventions delivered through the voluntary and community sector close to local communities</p> <p>Embedding more seamless pathways and shared care arrangements across primary care and secondary mental health services</p> <p>Making every contact count</p>	<ul style="list-style-type: none"> <li>Outcome measures linked to Tier 1 and Talking Therapies Plus interventions (TBA)</li> <li>Number of PCNs receiving transformed MH offer</li> <li>Reduction in need for referral to secondary MH services, and related reduction in waiting times</li> <li>Meeting 4 week target</li> <li>No. of GPs &amp; PCNs who operate MH shared care practices</li> <li>Impact of Talking therapies VCS workstreams</li> </ul>	<p>Links to integrated primary care teams and primary care development</p> <p>Also a line of sight through to family safeguarding</p>



Priority area and oversight group	Overview	Proposal measure at Place	Walsall Together Responses
9) Building local relationships and networks across professionals  <b>Mental Wellbeing Stakeholder Group</b>	<ul style="list-style-type: none"> <li>Networking opportunities to continue to improve existing relationships across multi-agency professionals</li> <li>Developing opportunities to share learning and provide operational feedback locally across professional teams</li> <li>Opportunities to share changes and transformation plans across professionals/teams</li> <li>Building joint intelligence (data) and communications systems/channels</li> </ul>	Qualitative feedback	Some good links emerging with social prescribers and physical health teams in MH. We could purposefully and incrementally build these connections around topics of shared interest, and monitor/report on this through MW & MH meeting, shouldn't need a formal project. <b>Driving forward the 8 Steps to Wellbeing programme across place partnerships</b>
10) Enablers  <b>Mental Wellbeing Stakeholder Group</b>	<ul style="list-style-type: none"> <li>1) State of Wellbeing opportunities to locally embed a) services to improve access and productivity</li> <li>2) Workforce - Developing local recruitment campaigns and promoting health and care as a career choice</li> </ul>		Understanding impacts communities, data, inequalities. Also shared project support
<b>PRIORITIES OVERSEEN BY OTHER GROUPS</b>			
2) Suicide Prevention  <b>Suicide Prevention Group</b>	<p>In addition to the trust prioritisation of suicide prevention of people in services, work place, basic partner to be actively involved in the development of a Place Based Suicide Prevention plan that recognises that a higher proportion of people that complete suicide are not known to MH services. Will be using progressing holistic and systemic approaches to improving the mental health and wellbeing of local people as a joint priority including raising awareness of suicide, encouraging help-seeking behaviour amongst high risk groups and tackling the social, health and economic factors that increase suicide risk.</p>	<ul style="list-style-type: none"> <li>Agreement of Suicide Prevention Plan by Health &amp; Wellbeing Board, with KPIs agreed</li> </ul>	Governance sits within committee for this work, with a local line to Mental Wellbeing Stakeholder Partnership
5) Children and Young People's Emotional MH and Wellbeing (Getting Advice)  <b>CYP Emotional Wellbeing Group</b>	<p>building common understanding and coherent and resource efficient advice and signposting mental health and wellbeing support for children, young people and families, and specifically those who need support for usual challenges but are struggling to navigate them independently with the usual 'first-line' support.</p> <p><i>Note – we would like to avoid duplication of the existing governance established locally for this priority through the CYP Emotional MH and Wellbeing Boards – see next slide.</i></p>	<ul style="list-style-type: none"> <li>Children, young people and families reporting easier access to appropriate support and better awareness of where support is available.</li> <li>Numbers of referrals to Getting Help CYP MH services</li> <li>Reduced waiting times for Getting Help CYP MH services</li> </ul>	To be discussed in Children's Alliance. Governance through local and regional children and young people's Emotional Wellbeing Boards. Links to existing project, adolescents with complex needs
8) Reducing unnecessary mental health admissions / delays  <b>System Operational Group</b>	<p>Developing a coordinated approach to providing support for housing, homelessness and those with no recourse to public funds</p> <p>initially developing high intensity work case model (IPM) across both areas (already in Wolverhampton)</p> <p>Consider interface with adult social care</p>	<ul style="list-style-type: none"> <li>No. of MH inpatients who were homeless</li> <li>No. of MH inpatients with no recourse to public funds</li> <li>HSL measures – activity, experience and A&amp;E attendance</li> </ul>	A more acute conversation, maybe not the right people in the partnership, and so proposal that system operational group leads on this priority