Health and Wellbeing Board

18 September 2025

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 reducing 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 bi-monthly, with a proposal to meet quarterly going forwards. It is co-chaired by the Head of Mental Health Transformation & Integration from Black Country Healthcare Foundation Trust (BCHFT) and the 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 Recently the priorities of the partnership have been reviewed and refreshed for the remainder of this financial year. This enables mental wellbeing and mental health to be considered formally alongside other related partnership activities such as creative health, nature and health etc. The partnership priorities are noted below:

Agreed objectives 25-26 Walsall Together

Objective	Includes
1.To receive and develop shared data around mental health and wellbeing to ensure improvements are evidenced and deepen understanding of the population of Walsall	Input into JSNA, sharing project outcomes, CYP data, enabling clarity around impacts, where possible segmenting from an inequalities perspective, ensuring links to wellbeing outcomes framework, enabling conversations about resource
2. To improve the range, quality and suitability of mental health & wellbeing commissions to increase sustainability via PICC, with a focus on those which are mental wellbeing or talking therapy related	e.g. Talking therapies plus, mental health first aid, bereavement services, welfare schemes, community mental health service, wellbeing grants, with attention to wider determinants and children and young people's offer.
3. To develop a shared approach to communicating both the type and resources/pathways available to support mental health and wellbeing and enabling improved access	Culture change, courses, improved visibility of referral processes, "where I am" wellbeing directory
4. To oversee and support/challenge approach dual diagnosis in the community	Closure of acute project, delivery of community project
To monitor and receive information around emerging themes and projects	Men's health, ADHD, autism, links to complex care, SMI, homeless, links to lifestyle services, wider links to CYP

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. There is appropriate information sharing with a number of other allied groups, including the Children and Young People's Emotional Wellbeing Strategy group, which has recently been refreshed.

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 The Thrive Mental Wellbeing Mobile Unit, and commissioned counselling and bereavement services continue their delivery, and a new "Ask Jan" app pilot has been launched to support the mental wellbeing of our care leavers.

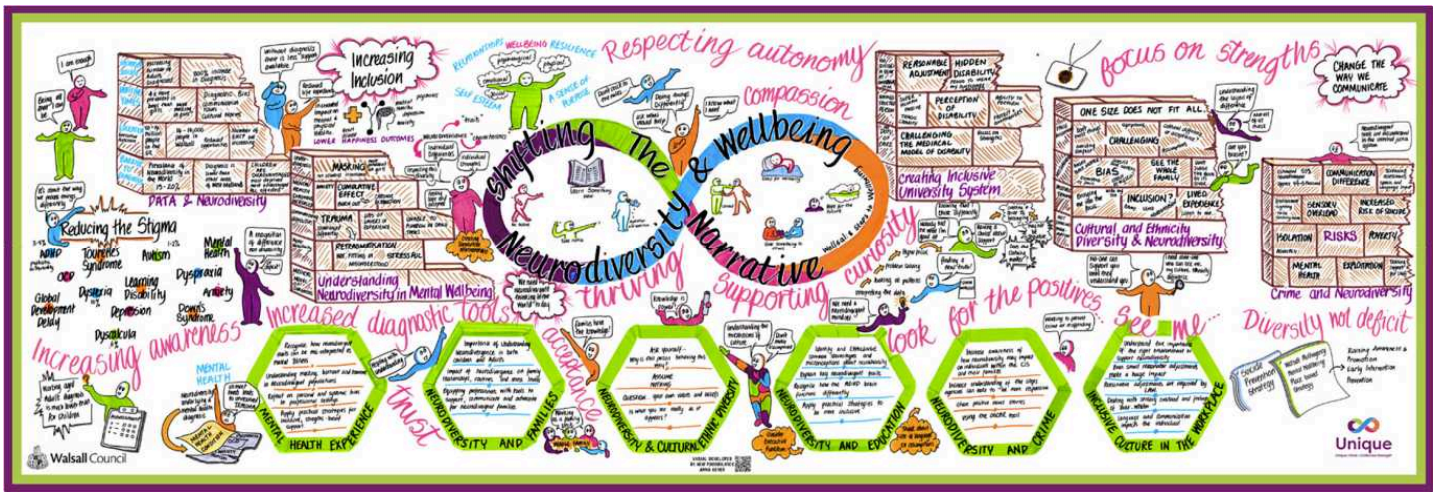
5.3 Birmingham Mind completed their second year of delivering suicide prevention and mental wellbeing training to multi-agency stakeholders. The training has received positive feedback, with 331 individuals attending the half-day sessions in Year 2 and 24 participating in the train-the-trainer sessions over the last year.

5.4 The Where I Am Men's programme is in place and running, now as part of a partnership between MindKind, MettaMinds and Walsall Football Club. It aims to coordinate initiatives that focus on improving men's health and mental well-being in Walsall.

5.6 A number of grant funded projects supporting mental wellbeing have recently been launched in Walsall. Crowdfund Walsall is also launching a programme of small grants to support Dementia awareness.

5.8 The Neurodiversity Wellbeing Programme, launched in March 2024, empowers individuals with lived experiences to develop interventions for neurodivergent individuals. Five grant-funded projects, each awarded up to £5000, are being delivered by Diverse Mind Community, Bread4life, Walsall Black Sisters, Mosaic, and Onwards. Each project offers unique support, from parent groups and arts-based activities to advocacy and holistic family support. For example, Mosaic is working with Street Teams who support those who are being exploited or at risk of exploitation particularly those who are vulnerable/neurodivergent.

5.9 A neurodiversity conference, focusing on well-being and a range of intersecting topics including criminal justice, culture, diversity, and education, was held on June 26th at Bescot Stadium. A conference report is being finalised, with a view to establishing a partnership Neurodiversity working group. See below for visual created during the conference.



5.10 An action plan has been developed to support the Walsall Suicide Prevention Strategy 2024-2029.

Mental Health priorities:

5.11 The Talking Therapies Plus model launched in October 2024. The model is designed to offer a more flexible and culturally sensitive counselling offer alongside the core NHS Talking Therapies service. It is provided by the organisations shown below.

An evaluation of the model delivery has shown:

- 63% of people that accessed the offer were from a non-white British background. This compares to approximately 30% nationally for the NHS Talking Therapies offer
- 67% of those that accessed the offer were from those postcodes that are classified as the most deprived (Core 20)
- Most people had between 7 and 12 sessions
- Across the Black Country 74% of people 'moved to recovery' which is the term used to demonstrate whether someone has demonstrated improvement when using recognised wellbeing tools (GAD-7 & PHQ-9). The national NHS Talking Therapies target for this measure is 50%.

The programme has been extended until end March 2026 and, in the Autumn, a further evaluation and planning process will be undertaken to make recommendations on the future of the programme for 2026/27.

5.12 The new Older Adult wards at Dorothy Pattinson hospital have continued to evidence a positive impact on the health and wellbeing of older adults by providing state of the art inpatient services. The next step in developments in Older adult care is the establishment of the Hospital at Home Team which was presented at Scrutiny Committee in Walsall recently. This is a model that brings intensive community support into people's homes to enable them to stay in their home

environment even if experiencing a crisis which should reduce the need for inpatient admissions or make those admissions as short as possible.

5.15 Developments in Urgent Community Response for Mental Health in the last 12 months has seen a reduction in incidences of people being placed under a section 136 of the Mental Health Act by police with people in crisis and brought to the attention of police being supported in a less restrictive way.

5.16 The Work Well programme has been in place for nearly 12 months and has seen increasing referrals month on month to support people with disabilities or ill health to remain in or return to work. The second phase of the programme is also mobilised which includes multiple community delivery partners including Manor Farm and Murray Hall in Walsall. It also includes a nationally recognised partnership with primary care related to sick notes.

5.17 The Patient and Carer Race Equity Framework is a national programme that ensures that Mental Health Services provide services in a way that eradicates racial inequality and improves outcomes for racialised communities. The next phase of this programme will be to establish an independent community oversight and advisory group.

5.18 Safety planning training for GPs will be delivered in September and October as part of our commitment as a partnership to suicide prevention.

5.19 There have been amendments to the referral criteria for the Adult ADHD Diagnostic Service which were presented at Scrutiny committee in July 2025. Although this will see a change from open access to a risk stratified access criteria temporarily, it will also mean that those most as risk from not receiving a diagnosis will be seen more quickly. Further work is being undertaken to look at the future model for the service in line with the finding of the national taskforce. Early findings from the taskforce are clear that a multi-agency, partnership approach will be needed to manage the unprecedented demand. A Black Country ADHD needs assessment is also being conducted.

Authors

Laura Brookes - Associate Director of Partnerships, Black Country Healthcare Foundation Trust
Laura.brookes1@nhs.net

Helen Billings - Head of Partnerships and Development, Walsall Together
helen.billings@nhs.net

Nadia Inglis – Director of Public Health, Walsall Council
nadia.inglis@walsall.gov.uk