

Health and Wellbeing Board

17 October 2016

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

Purpose

- 1.1 In March 2015, the Department of Health and NHS England published ‘Future in Mind, protecting, promoting and improving our children and young people’s mental health and wellbeing.’

This publication set out a five year national vision to transform mental health and wellbeing support for children and young people.

‘Future in Mind’ confirmed the Government’s commitment to allocate additional resources for Clinical Commissioning Groups (CCG’s) to improve mental health services for Children and Young People.

The document required each CCG to lead on the completion of local Children and Young People’s Mental Health and Wellbeing Transformation Plan.

- 1.2 This report gives an update to Walsall Health and Wellbeing Board about the process of the strategy and implementation of transformation plan produced in 2015.

2. Recommendations

- 2.1 That the Health and Wellbeing Board:
- note the process 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.

3. Report details

- 3.1 From April to October 2015 Walsall Public Health completed an up to date needs assessment for children and young people’s emotional wellbeing and mental health.

- 3.2 A strategy 'Walsall Children and Young People Mental Health and Wellbeing Strategy' was developed alongside the needs assessment and was based on the key recommendations contained in the needs assessment.
- 3.3 The actions to implement the recommendations in the needs assessment and reflect the priorities in the strategy formed the basis for the Walsall Emotional Wellbeing and Mental Health Transformation Plan.

Transformation plans cover the whole range of services for children and young people's mental health and wellbeing, from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. The focus was not just about the use of any additional funds available, but about the role and commitment of all partners to bring about change.

- 3.4 Walsall CCG led on developing the strategy and transformation plan. This included engagement with all partners. The recommendations from the needs assessment, the priorities from the strategy and the actions in the transformation plan were reported to the Health and Wellbeing Board in December 2015 and a dedicated development session about the strategy and transformation plan was held in April 2016

The GP clinical lead for mental health, Dr Kaul, has been involved and engaged in the development and continuous implementation of the strategy and plan.

- 3.5 NHS England requires that a 'refresh' of the transformation plan is submitted in a final version by the 31st October 2016. Walsall CCG is co-ordinating the refresh and it will contain the progress of transformation in Walsall and future intentions.

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', formed in April 2016 and meets bi monthly.

This group is facilitated by the lead Commissioner for Children and Young People's Mental Health 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

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

and 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

Appendix A: Walsall Children and Young Peoples Emotional Wellbeing and Mental Health Transformation Plan – Progress and Future Intentions

Appendix B: Walsall Children and Young People's Mental Health and Wellbeing Strategy summary on a page

Author

Alicia Wood – Senior Commissioning Officer

☎ 602452

✉ alicia.wood@walsall.gov.uk



Walsall Clinical Commissioning Group

**Walsall Local Transformation Plan for
Children and Young People’s Mental
Health and Wellbeing
– One year later**

2015 – 2020

October 2016 Progress and Update

Foreword

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 transformation action plan (which included the needs assessment and strategy as appendices) received assurance from NHS England in November 2015. Additional transformation funding was available from December 2015.

This document describes our achievements to date and how we have utilised the additional resources to accelerate the transformation of our local mental health and emotional wellbeing service offer over the next five years.

The contents of this document will be reflected in the refresh of the strategy. The transformation action plan is continuously updated and additional actions identified will be incorporated and included as appendices with the final refresh submission on the 31st October 2016.

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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.

The strategy and transformation plan were produced to confirm our priorities and

Walsall's 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.

actions needed to achieve them and started following approval from January 2016 through to 2020.

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2. Progress against the priorities in the strategy and transformation action plan

Priority One: Make sure delivery of mental health and emotional wellbeing is everybody's responsibility

Key aims: 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 about mental health and wellbeing needs with the people who work with children and young people and to improve understanding of the help and support available and when it is necessary to seek specialist support.

Successes:

1. Schools link pilot in 10 schools in Walsall. This pilot aimed to develop a named CAMHS link for 10 schools in Walsall and for each school to have a named mental health lead.

Two days were facilitated by the Anna Freud Centre to introduce the principles of the 'CASCADE' framework. The framework supports partners involved in supporting Children and Young People's mental health. The model

is clarifies the role and are responsibilities of all partners and confirms agreed point of contact in school and CYP mental health services.

Walsall extended the pilot to run until March 2017. The pilot has been fully evaluated. The CAMHS link has produced a local pathway for schools to help them imitate the pilot and implement a process of having a designated mental health lead in the school, a clear understanding of the role of schools and confirms the local pathway to access further support and help.

We also added the additional role for the pilot and that was to support the early help locality panels by attending and supporting partners in case discussions.

Work to promote the pathway to the rest of the schools in Walsall will take place during November to March 2017.

2. 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.

Gaps:

The offer of mental health awareness training is offered through the Children's Services Learning and Development Programme; however this needs to be reviewed.

Future intentions:

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

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

Feedback has confirmed that 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.

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

Successes:

1. Increased access to advice from the face to face counseling service. 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.

Future intention:

This priority is an ongoing long term area of improvement. The intention is to have consistent information for all partners' websites for CYP mental health.

Priority Three: Prevention and 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. Feedback confirms that:

- There isn't enough support to help with significant behavioural issues and there is the perception that many children are not able to access the secondary specialist mental health services.
- Awareness of the online counselling service and the face to face counselling service is inconsistent.
- Walsall GP's fed back they want a single point of access to refer children and young people to when they have mental health and wellbeing needs.
- GP's, Schools and other professionals fed back they feel there is a gap in support between the help they offer, school nurses and health visitors offer and CAMHS.

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.

Successes:

1. Behaviour support mapped as part of the Healthy Child Programme complimenting the mapping of mental health and emotional wellbeing resources. This mapping also included reviewing the current workforce.
2. Short term additional capacity has been given to the face to face counselling service to increase capacity 2 days a week enabling more CYP to access counselling.
3. Short term additional capacity has been given to the online counselling provision to ensure they have the capacity to provide additional hours

counselling for CYP (monitoring confirm increased demand for the service in 2015).

4. GP liaison nurse role: This role started in February 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 formed meets every week to consider these cases. This panel 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. This process has considered 271 cases since April 1st 2016 and had almost stopped any referral being bounced back to GP's with a CYP having unmet needs.
5. Maternal mental health. Walsall Health Visitors Service reviewed and developed a revised local maternal mental health pathway in partnership with maternity services and included mental health services. The Black Country STP has applied for funds on behalf of the Black Country to implement the specialist mental health support required to enable access to a dedicated perinatal mental health consultant and dedicated specialist mental health nurses.

Future intentions:

A model of tier 2/targeted mental health services and primary mental health is being developed with the aim to mobilise the model during January 2017 onwards.

This will include a single point of access for all referrals and include self referral. Walsall will have a workforce identified from across the 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.

The workforce will consist of professionals from universal, targeted and specialist services to ensure IAPT is embedded across the whole pathway.

16/17 increase in funds to the CYP MH transformation allocation (allocated to Walsall CCG) are being used to implement a model of primary mental health/targeted tier 2 to complement the existing services and resources commissioned by other partners to form a complete pathway.

Priority Four: Access to evidenced based, high quality services

Targeted and specialist mental health services should have appropriate professionals in the team and should provide evidence based support.

Specialist mental health services (CAMHS) are supporting children and young people with more complex mental health needs.

Many GP's felt they cannot access the specialist secondary mental health services CAMHS for their patients.

Children and young people who meet the criteria to access the secondary specialist mental health service and who are not in crisis, experience long waiting times for the follow on appointment, after their first initial assessment appointment.

Children and young people in emergency crisis are admitted to the paediatric ward of the local acute hospital.

Successes:

1. Funding to increase capacity within secondary mental health service (CAMHS) funded long term. Waiting times are reducing and there is evidence to show increase in the number of CYP being accepted into the service and supported.

	30/11/2015	31/03/16	30/06/16	30/09/16
Priority Choice	2 weeks	No wait	1 week	No wait
Choice	6 weeks	8 weeks	7 weeks	5 weeks
Partnership	232 waiting – longest wait = 282 days/shortest wait = 5 days/average wait = 133 days	127 waiting – longest wait = 141 days/Shortest wait = 13 days/average wait = 71 days	198 waiting – longest wait = 201 days/Shortest wait = 6 days/average wait = 114 days	167 waiting – longest wait = 257 days/Shortest wait = 7 days/average wait = 125 days
Medic	24 weeks	16 weeks	15 weeks	13 weeks
Psychology	74 weeks	30 weeks	54 weeks	30 weeks
Psychotherapy	53 weeks	47 weeks	52 weeks	No wait
Family Therapy	12 weeks	15 weeks	24 weeks	24 weeks
Occupational Therapy	14 weeks	23 weeks	28 weeks	20 weeks
ADHD	No wait	No wait	No wait	8 weeks
ASD	8 weeks	No wait	No wait	No wait
Eating Disorders	There is currently no waiting list for Eating Disorder patients as they receive an appointment as soon as a patient is referred due to them being extremely high risk.			

April 2016 – September 2016

F2F Contacts	6799
NF2F Contacts	2488
DNA's	665 (8.9%)
Referrals	783
Referrals accepted (after screening)	633 (81% acceptance rate)
Discharges	302
Caseloads	CAMHS Walsall - 1084 CAMHS Tier 3.5 - 66 CAMHS LD Walsall – 125
Looked After Children	We currently have 129 LAC in the CAMHS service including FLASH and 2 LAC in the Learning Disabilities team

- Increasing evidence based interventions on offer including DBT (Dialectical behaviour therapy), DPP (dyadic developmental psychotherapy) and Learning disabilities (LD) /CAMHS training in LD and sexually harmful behaviours)

Training	Dates	Staff
ADOS2	November 2015	7 staff (varying disciplines)
DBT	February 2016 (1 week) October 2016 (1 week)	9 staff (varying disciplines)
RODBT	Variety of dates between September 2015 and April 2016	1 – Eating Disorders specialism
Eating Disorders Conference	March 2016	1 – Eating Disorders specialism
DDP	May 2016	1 – LAC specialist
Harmful sexual behaviours in male adolescents	November 2015	1 – YOT specialist
ACT for long term physical health	October 2015	1 – Clinical Nurse Specialist
Mindfulness for stress course based in BDSR & MBCT	October – November 2015	1 – Clinical Nurse Specialist

- Pathways within the secondary mental health service mapped and NICE recommended interventions confirmed.
- Approach to manage ‘did not attends’ reviewed and a text messaging service introduced. Where consent is given on referrals contact with other partners who can support attendance are also notified of appointments.
- Development of a dedicated CYP Community Eating Disorder Service. This is a pan trust model with Dudley CCG. In partnership a service model was agreed, a specification has been produced (which includes the requirements within current national guidance). Recruitment to the team has been underway with 2 posts still to be filled. Mobilisation of the service will take place between October and November 2016 with service start in January 2017.
- ICAMHS (crisis and treatment at home service) now has permanent staff in place following conformation for recurrent funding from 2016 onwards. It is fully staffed and mobilised. Additional transformation funds have been allocated to increase the medic input to also support this service. This service has reduced the number of admissions into both acute and inpatient CAMHS and in most admissions reduced the length of stay.

ICAMHS provides daily support to the local acute trust paediatric ward (resulting in a reduction of length of stay with the majority of YP being discharged same or next day).

ICAMHS provide home treatment to try to de-escalate situations where a hospital admission may be required. ICAMHS also support the CPA process for inpatient CYP and ensure that discharge from hospital is supported by supporting Children's Services to identify how future needs will be met such as if the YP requires a residential setting

Where a YP is able to return home to family ICAMHS support discharge by ensuring there is a treatment and care plan in place to meet the needs of the CYP in the community setting.

7. Walsall has reviewed the register of section 117 aftercare duties for CYP in Walsall.
8. Walsall CCG maintains a working relationship with NHS England Specialised Commissioners who commission inpatient CAMHS. 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.

Walsall receives regular data about admissions to tier 4 specialist inpatient CAMHS and reviews the impact of current community based response (ICAMHS).

Gaps:

Although inpatient admissions reduced significantly following the mobilisation of ICAMHS this has now levelled out. ICAMHS has limitations – it is not funded to be 24/7 it is a service 8 to 8 every day of the week. Due to capacity the intervention is meant to be short term and obviously the team cannot be with a YP all day and night.

Recently Walsall has experienced an increase in admission for CYP with and MH need and LD and or autism. Walsall CCG commissioners are reviewing the cases as part of reflective practise to identify gaps or potential key times where additional support may have supported a de-escalation of the situation. 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.

Future intentions:

The current proposal to gain additional funds from NHSE – aware of continued gaps in psychology and clinicians to support the start of treatment. There is also a demand for family therapy. This may not reduce the waiting times for an initial appointment

'choice' but would reduce the current waiting times for 'partnership' the start of treatment which at present has the shortest waiting time of xxxm, the longest waiting time of xxx and an average of xxx

Developing local tier 4 response and developing a place of safety/crisis provision is being picked up by the BC STP with Wolverhampton CCG leading on MH, as part of a future BC proposal.

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 to raise the age of secondary mental health specialist services (camhs) acceptance to 18 year old.

Priority Five: Make sure we meet the needs of vulnerable children and young people

There are some children and young people who may be considered at more risk of developing mental health and wellbeing needs and 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 has mobilised. 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 who are within a reasonable travelling distance.
2. The birth to 5 year old pathway for neuro development has been reviewed and implemented across partners
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 matter 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. Localities with clusters of schools have been developed in 2015/2016 to embed the early help response in Walsall and include multi agency input.
7. Meetings held with regional Health and Justice Commissioner and key partners in Walsall to develop joint approaches in supporting CYP within the justice system and also to develop relationship with the liaison and diversion service.
8. Partners support the development Education Health and Care Plans and there is a clear local offer.
9. Dedicated CAMHS professional placed within Youth Offending Service
10. Secondary 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 will be confirmed clearly.

Gaps:

MASH – arrangements for mental health worker not yet determined.

<i>Priority Six: Being accountable and transparent</i>

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.

Successes:

1. Development of local performance data scorecard for secondary mental health CAMHS to be included in 17/18 contract.
2. Online service and face to face service provide regular data and performance information as part of contract.
3. Local service secondary mental Health (CAMHS) is reporting to the MHSTD (site for national data collation).
4. Governance of strategy and transformation implementation embedded.
5. Development of the Sustainability & Transformation Plan (STP)

Walsall's CYP MH transformation plan is aligned to the Black Country STP, the ambition of the STP is to operate as 'one NHS commissioner' across the Black Country, leading to: substantial reductions in care and service variations; standardised services; maximisation of resources and workforce through better use of skill mix; alignment with WM Combined Authority regeneration and MH Commission strategy.

This opportunity focuses on developing an integrated commissioning and service delivery model. By sharing best practice and aligning to the work of other agencies/partners the aim is to reduce variation; improve access, choice, quality and efficiency; and develop new highly specialised services in the Black Country such as Children's Tier 4, secure services and services to manage those with personality disorders.

By agreeing common service specifications/models across CAMHS, we will be able to develop standardised and potentially more cost effective solutions, minimising 'differentiated' services and 'service flavours'. By comparing service delivery approaches across the Black Country and performance, opportunities to reduce variation will be identified. With the aim of reducing role duplication, streamline service management and allow investment in front line staff development and up-skilling. There will also be further opportunities to develop this across the wider local health economy (West Midlands) through the work in the MERIT vanguard.

Standardisation will:

- Simplify access to services improving health and wellbeing for users, families, staff and communities
- Have common responsive and standardised all age Early Intervention services
- Combat variation in care and service delivery across the Black Country
- Ensure clear, simplified pathways for users, ensuring most effective use of resources
- Achieve economies of scale for providers and reduction of duplication
Improve utilisation in front line services through better skill mix usage and reduction in temporary and locum costs

CAMHS is embedded in the BC STP as part of the Mental Health workstream. With the 'amalgamation' of the providers, there will be horizontal integration of services in order to introduce efficiencies and savings.

The STP includes the high level plans by senior managers (from the 4 CCGs) that there will be the consideration commission services that cross the footprint.

Walsall and Dudley CCG already share a pan trust specification for CEDs CYP and tier 3.5 ICAMHS. Regular contact and communication enables information sharing with the aim of aligning services provided by the same provider trust.

Gaps:

Engagement with CYP, families and carers takes place with each service provided to gain feedback and input into the individual services.

Engagement to develop the needs assessment, strategy and transformation action plan was extensive. There is a gap in the need to ensure CYP are represented and in a position to influence and inform future transformation. CYP, Families and carers engagement and involvement in the strategic development needs to be developed further.

Future Intentions:

Confirm representation from Walsall Youth Council. Develop engagement and involvement plan to ensure CYP inform and lead further service transformation.

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.

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.

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

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

Priority 1:

Make sure delivery of mental health and 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:

Prevention and early help, earlier recognition and intervention.

Walsall Mental Health and Wellbeing Strategy for Children and Young People 2015 - 2017

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; removing barriers and making 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.

Priority 4:

Access to evidenced based, high quality services

Priority 5:

Make sure we meet the needs of vulnerable children and young people.

Priority 6:

Being accountable and transparent.