

Health and Wellbeing Board

12 June 2017

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

Purpose

1.1 NHS England required that a 'refresh' of the CYP mental health and wellbeing transformation plan was submitted by the 31st October 2016. Walsall CCG co-ordinated the refresh and it contains the progress of transformation in Walsall and future intentions. Further amendments were requested and a final version was submitted in November 2017. These documents can be found on:

<http://walsallccg.nhs.uk/stay-well-walsall/nhs-services#mental-health>

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

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 The refreshed plan was given partial compliance in November 2016. Further evidence to support the plan was submitted and NHSE are working with the CCG to address the areas which require further compliance. (appendix 1 – KLOE feedback and CCG response).

3.2 Progress of transformation:

- The CYP eating disorders service started to operate in January and is 100% compliant with required assurance areas.

- The NHSE funded short term waiting list initiative has exceeded the targets set and we now have a reduction of patients from referral to treatment (not first assessment but second or third appointment to access treatment) (appendix 2 – evidence from quarter 3 and 4 2016/17)
- The targeted mental health service (tier 2) has been recruited to and will start in September 2017. This service will be across localities/hubs and children's centres and offer targeted (tier 2) mental health support.
- The intensive support service for LAC is in the process of being recruited and will start in September 2017. This service is above and beyond current commissioned service to support children placed in the in house internal residential units.
- A toolkit and pathway of emotional wellbeing and mental health support and resources in Walsall is being developed by a short term task and finish group. Intention to complete by start of school year to enable awareness raising sessions.
- Walsall joined the Midlands CYP IAPT (improving access to psychological therapies) collaborative and training will start in October 2017.
- Walsall CCG is supporting Black Country wide bids and developments for:
 - improving access to inpatient provision and the local community support when in crisis,
 - perinatal mental health support,
 - health and justice pathway development.

3.3 Use of 17/18 transformation funds: agreed by implementation group, GP clinical lead to

- Meet short fall of funding identified for the dedicated YOS CAMHS role cost
- Fund 2 permanent posts within DWMHPT CAMHS to continue the impact of the short term waiting list reduction initiative
- Increase the overall resource recurrently for the online counselling provision (which for 3 years has been over utilised to the original contract value and reimbursed at year end). This service is currently provided by Xenzone and is Kooth.com. This resource will be subject to a tender process.

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 Finance and Programme Board. Reports and updates are also considered by the Walsall Children and Young People's Partnership Board.
- 4.4 The CCG acts on behalf of partners to report progress about the implementation of the transformation plan to Walsall Health and Wellbeing Board.
- 4.5 With the recent dissolution of the Joint Commissioning Unit a due diligence exercise is being undertaken by the CCG and Council to ensure smooth transition of respective role and remit for CYP mental health and wellbeing. The CCG has reviewed the role and a new post has been funded and developed. The post is a Commissioning Manager who will specifically work around CCG commissioning for complex children and young people including mental health and wellbeing.

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 1 NHSE feedback on 2017 submission of plan

Appendix 2 DWMHPT Q3 Q4 evidence

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Locality:	Walsall	
CCGs	Walsall	
Overall RAG rating*	PARTIALLY CONFIDENT	
KLOE section (e.g. Transparency & Governance)	KLOE line number	CCG Response
Transparency & Governance	Lines 10 and 12 Is the refreshed LTP the result of engagement with a wide variety of relevant organisations, including children, young people and their parents/carers, youth justice and schools & colleges? Does it evidence their participation in: - service planning - treatment and supervision?	Evidence of service user engagement in needs assessment and original needs assessment, transformation strategy and action plan. Additional evidence provided to demonstrate participation in service planning with DWMPT and CCG commissioner engagement with Youth Of Walsall Additional evidence provided to confirm provider ensuring involvement in treatment and supervision
	Line 17 Is the refreshed LTP published on local websites for the CCG, local authority and other partners? Is it in accessible format, with all key investment and performance information from all commissioners and providers within the area? Does it include specific plans to improve local services?	The LTP is on the CCG site and in the Walsall CYP Partnership Board meeting 2 nd November confirmed support from all partners for the plan and associated documents to be on partners website
Understanding Local Need	Line 21 Does the plan make explicit how health inequalities are being addressed?	The JSNA and Needs assessment has been attached as supporting evidence to the final submission
	Line 22 Does the plan contain up-to-date information about the local level of need and the implications for local services?	Up to date information in JSNA, and needs assessment attached as evidence in final submission as well as data from providers.

LTP Ambition 2016-2020	Line 25 Does the plan have a vision as to how delivery will be different in 2020?	Strategy and action plan updated and attached in final submission
	Line 29 Does the plan address the whole system of care including: <ul style="list-style-type: none"> - routine care 	Evidence to show waiting list initiative for 15/16 outcomes, further capacity in tier 3 CAMHS 16/17 and short term 16/17 NHSE funds to continue improvement of accessing routine care with 17/18 increase to transformation funds to fund recurrent increased capacity. Short term funds to train workforce in evidence based approaches used in 15/16.
Collaborative Commissioning	Line 39 Does the LTP include details about creating joint plans to: <ul style="list-style-type: none"> - develop a local integrated pathway for CYP requiring beds that includes plans to support crisis, admission prevention and support appropriate and safe discharge? - ensure join up with Health and justice Commissioners to develop local integrated pathways,(including transitioning in or out of secure settings, SARCs and liaison & diversion) 	Evidence: Tier 3.5 (ICAMHS) interface with paediatrics and NHSE specialised commissioners BC wide pilot and report in relation to tier 3 – 4 3 meetings held with H&J commissioner Jenny Watson YOS CAMHS role confirmation of pathway to transition in and out of secure settings Confirmation of the current SARC response in Walsall (and further actions identified)
CYP Improving Access to Psychological Therapies (CYP IAPT)	Line 41 Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include: <ul style="list-style-type: none"> - collaboration and participation; - evidence-based practice; - routine outcome monitoring with improved supervision? 	Participation is evident but commitment to membership is still in progress Walsall CCG and partners commit to become part of a collaborative during 2017.
Early Intervention in Psychosis (EIP)	Line 53 If so (the LTP identifies an EIP service), does this include the full pathway for all CYP, including those who present to the specialist CYP MH service?	Evidence supplied with final submission: DWMHPT pathway into EIP with CAMHS EIP revised specification reflects national requirement for referral to

		treatment, evidence based intervention and all age support (joint assessments with CAMHS).
Impact and Outcomes	<p>Line 55 The LTP is a five-year plan of transformation. Do you have:</p> <ul style="list-style-type: none"> - a roadmap to achieve the LTP vision, including trajectories which include clear year on year targets for improving access and capacity to evidence based interventions - examples of projects which are innovative and key enablers for transformation; - examples of how commissioning for outcomes is taking place? 	<p>Evidence provided in the final submission:</p> <p>Updated strategy and action plan</p> <p>Targets for waiting lists identified</p> <p>Target to implement primary MH service to improve access to evidence based interventions</p> <p>Training of workforce in evidence based approached confirmed</p> <p>Examples in strategy of projects – schools link. FLASH, intensive support service</p> <p>Example of ED spec with both outputs and outcomes</p>
Other Comments	<p>Line 57 Does the plan highlight key risks to delivery, controls and mitigating actions? Workforce , procurement of new services not being successful or delayed....</p>	<p>Evidence provided with resubmission:</p> <p>Risk table first produced January 2016</p> <p>Updated for November 2016</p>
	<p>Line 58 Does the plan highlight or prompt the use of innovation particularly in relation to the use of social media and apps that can be shared as 'best practice'</p>	<p>Evidence provided in final submission:</p> <p>DWMHPT use of IPADS</p>

Region: West Midlands

DCO:

CCG: Walsall

Narrative summary of local plans for reducing average waiting times for treatment by March 2017	As at 30th September 2016 the waiting times for Walsall CYP for an initial appointment (choice assessment) was 5 weeks for routine cases and no wait for priority cases. We identified longer waiting times for the partnership appointments (following initial assessment to then start further treatment). The CCG has worked with DWMHPT to analyse the waiting times from referral to treatment for the first partnership appointment to specialised service/clinics. This has identified that additional resource is required to reduce the waiting times for the first partnership appointment. Therefore the short term funding from NHSE will be used to employ: 1 Band 7, 1 Band 6 and 1 Band 5 nurses. Some of these proposed posts will continue to be funded from April 17 onwards recurrently, utilising the increase to the 2017/18 baseline allocation of CYP MH transformation funds , and as such aim to keep waiting lists and times reduced.
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Service Description:	Column A	Column B	Column C	Column D	Column E
Numbers on CYP under 18 on waiting list	Latest position known as at 30/09/2016	Quarter 3 31/12/2016		Quarter 4 31/03/2017	
		Planned reduction	Actual reduction	Planned reduction	Actual reduction
Total number of CYP waiting for treatment	167	40	57	40	42
Average waiting time from referral to treatment (days)	125	96	95	75	66
Total number of CYP referred in last quarter	367				

Mental Health Services Data Set	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	
Average waiting time from referral to treatment (days)		125	95	66	Indicative data items. These data will be provided from the MHSDS in Q3 2016/17 to support comparison and analysis with CCG-reported information.
Number of CYP waiting for treatment for 4 - 6 weeks		24	31	12	
% waiting for 4 -6 weeks		14%	28%	18%	
Number of CYP waiting for treatment for 6 - 8 weeks		10	47	4	
% waiting for 6 - 8 weeks		6%	43%	6%	
Number of CYP waiting for treatment for 8 - 10 weeks		23	21	9	
% waiting for 8 - 10 weeks		14%	19%	14%	
Number of CYP waiting for treatment for more than 12 weeks		110	12	14	
% waiting more than 12 weeks		66%	10%	21%	

41% (29) are less than 4 wks