

Walsall Children and Young People’s Mental Health and Wellbeing Transformation Strategy Action Plan 2016 – 2020
Update November 2016, July 2017, May 2018

Priority themes from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021:

1. Ensure delivery of mental health and emotional wellbeing is everybody’s responsibility

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/ who provides	Timescale and Comments	RAG
<p>Mental health first aid is offered as part of training and development. –Pilot for Mental health first aid what is the time line Publicised in toolkit (see below)</p> <p>School Nursing Service provide advice and support</p> <p>FLASH (Foster, Looked After Children Support Hub) offers training to both foster carers and social workers based on DDP and to address attachment issues.</p> <p>Proposed CYP Primary MH service will also offer training to schools and professionals in the children’s workforce</p> <p>Toolkit produced to support raising resilience in young people as well as identifying where to refer on to when young people need additional support- Launch September 12th Specific schools are offering mental health first aid for their school- how can we</p>	<p>Review of training needs to be completed with partners from Public Health and Children’s Services within 2017/18.-time scale may need adjustment</p> <p>This may involve basic awareness raising, self-harm and suicidal intent and other specific training such as signs of attachment. Monitor roll out Toolkit roll out via DWMHT, WBC Behaviour Support team and healthy schools</p>	<p>Numbers trained- who will collate this?</p> <p>Feedback of feeling confident and competent in intervene at an early stage</p> <p>Use of resource</p>	<p>New funds for training programme or to develop a train the trainers programme which following initial investment could be self-sustained.</p> <p>Secondary mental health services, school nurses and named CAMHS link could support train the trainer approaches</p>	<p>Public Health, Children’s Services and Education provided by appropriate trainers</p> <p>Public Health and wider WBC/WHT/DWMHT team</p>	<p>National proposal for Youth Mental Health First Aid training to be offered in all schools – awaiting more information.</p>	

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capture who is doing this?						
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1B- CLOSED COMPLETE
 There will be an NHSE led schools link pilot with ten schools in Walsall, testing out having named leads in each school for mental health and wellbeing with a link to a named lead within the local CAMHS.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
Improving access to effective support, points 2, 8, 9, 16

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/ who provides	Timescale and Comments	RAG
<p>There is limited primary children and young people's mental health support in Walsall. School nurses provide the focus for emotional well-being but the gap between universal, the targeted offer and accessing secondary specialist CAMHS sometime leaves children and young people bouncing between referrer and services.</p> <p>A whole pathway of all levels of support is not visible.</p>	<p>Walsall to participate with the pilot.</p> <p>10 schools selected chosen by schools forum to ensure a decent spread and representation across localities</p> <p>Review feedback on evaluation from NHSE to determine potential roll out of training to all education provision from year 2 onwards.</p> <p>Behaviour support teams in place offering schools support</p>	<p>NHSE will evaluate effectiveness, locally CCG and education will also gain feedback</p>	<p>NHSE grant of £50k</p> <p>Match funding:</p> <p>10 schools to access back fill cost of £3500 per school, cost of venue etc and for 1.5 named CAMHS lead</p> <p>Schools forum: £20k Education Development: £5k Dudley and Walsall MHPT: £15k Walsall CCG via year one transformation funds: £10k</p> <p>To roll out across all education provision will need to confirm cost of training and continue</p>	<p>NHSE lead on pilot, CCG bid in partnership – expectation of all partners and participating schools to fully engage</p>	<p>Implemented 2015/16 completion 31st March 2017</p>	<p>Green</p>

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	around YP behaviour and mental health in primary and secondary schools		CAMHS named leads.				
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1C
 All children and young people will receive good quality personal social health and economic education (PSHEE) appropriate to age and development.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention, point 2

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments		RAG
Already part of school curriculum	Review from citizen and health manager for education development	Measure as part of Ofsted inspection	None	Schools, education provider	Completed this is in place		
New resource commissioned for KS 2 to support the PHSE curriculum supporting young people to talk about and recognise their feeling	To be launched to schools 25 th June 2018. Strategic launch 15 th Feb	Resource used in primary schools		Public Health via Healthy Schools programme			

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Range of PSHE and RSE provisions via school nursing services as part of core and traded provision. This includes access to curriculum resources and toolkits for mental health and wellbeing and delivery on intervention groups to children and young people FRIENDS resilience groups	Identify risks and mitigations - Reliance on continuing funding/commissioning via Public Health	No. of schools taking up core offer No. of schools taking up traded offer		
Add in national launch of statutory PSHE	Preparation locally			School nursing school improvement public health

1D
Continued promotion of Healthy Schools Programme.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention point 2

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	Evidence	RAG
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	Continue with the promotion and take up of the programme School health profiles produced detailing the issues relating to individual schools and the areas from which their students come.	Number of schools participating – confirmed by education development centre	Existing - supported by school nurses, existing pastoral care New funding provided by Public Health to support production of resources around different relevant topics	Schools/education providers and Public Health	2017/18		

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includes a requirement to provide this support. Being piloted in 4 primary schools Roll out September/ October 2018	Discussed by school nurses in a termly visit and part of healthy schools programme						
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1E
 Schools work to meet the Ofsted Inspection Framework judgement on personal development, behaviour and welfare of children and learners. All children and young people will receive support to manage emotions, cope with change, have positive self-esteem, manage relationships and develop interpersonal problem solving skills in all schools.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
To be accountable and transparent points 2, 34 (national)

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments		RAG
Part of inspection framework and measured in each education provision *meet with Janet and discuss process	Schools and education providers to meet framework requirements	Results of Ofsted inspections	Current education providers	Current education providers	Complete this is now fully part of the Ofsted framework		

1F
 Support the role of school nurses in meeting mental health and wellbeing through the contract specification which focuses on ensuring the promotion of good mental health and wellbeing.

How does this support Future in Mind:
Promoting resilience, prevention and early intervention
Improving access to effective support, points 1,2, 16,

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Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Within the current school nurse contract specification, school nurses support emotional mental health by ensuring the promotion of good mental health and wellbeing including, supporting early intervention and identifying and helping children and young people and their families, who need support with their emotional or mental health and includes the following:</p> <ul style="list-style-type: none"> • Schools are given guidance and supported to adopt a comprehensive ‘whole-school’ approach to social and emotional wellbeing and resilience which includes suggestions for a curriculum that integrates the development of social and emotional skills within all subject areas e.g. problem-solving, coping, conflict management/resolution and understanding and managing feelings. Part of healthy schools/school profile conversation • Parenting support through courses or 1:1 support publicised • Support is given through training or advice to school staff to recognise potential issues and refer appropriately • Parents and carers are signposted to 	<p>Continue to build on this role and support – add into pathway</p>	<p>Via contract management of school nurses contract</p>	<p>Existing resource – recently tendered</p> <p>Support for provision of FRIENDS resources via Walsall Children’s Services</p>	<p>Public Health Commission, WBC Children’s Services Walsall Healthcare Trust.</p>	<p>Complete will revisit when tender process is due 3 courses offered to young people and 3 to parents each term</p>	

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<p>local services and support through newsletters, publicity at parents evenings and school nursing one stop shop advice website</p> <ul style="list-style-type: none"> • Drop-ins are publicised and provided to support parents and young people around emotional health and wellbeing • Development of primary and teen FRIENDS training offering sessions for behaviour and anger management. • Emotional health and behaviour evidenced based referral pathway for assessment and interventions • Access to parent chathealth and teen chathealth contact a school nurse • Access to local websites healthforteens and healthforkids 							
<p>1G That the support from Walsall Health Visitors includes support to maintain emotional wellbeing and picks up on signs of emerging mental health needs and signposts/refers appropriately.</p>							
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention points 1 (1.1) and 4</p>							
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG	
Health visitors contract specification includes links to early help and detection, application of the Healthy Child Programme	Strengthen response as part of action 3B and 3C to develop community based maternal MH	Contract management and participation	Existing – service will support and adopt new pathway in line with HCP	Public Health and CCG commissioner, provided by Walsall Healthcare Trust	Complete HV developed maternal mental		

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<p>Multiagency PNMH pathway in place</p> <p>Support needs identified through new HV Health in pregnancy service and midwifery led WREN team (Women Requiring Extra Nurturing)</p> <p>Support for women having experienced a traumatic birth offered via new Health in pregnancy service</p> <p>Community based support groups commissioned across the Borough for women experiencing lower level PNMH issues</p> <p>Black Country pilot run from the Manor for women experiencing moderate and severe mental health issues in pregnancy-No longer a pilot now running , part of local LMS (black country)- Ask Paul</p>	<p>pathway.</p> <p>On-going audit trail (1st October 17- review audit October 18)</p>	<p>identified future pathway of support for community based maternal mental health</p>			<p>health pathway with partners</p>		
<p>1H For the traded service; Integrated Behaviour Support Team (currently commissioned by Primary Schools) to continue to develop the behaviour champion approach and a pathway of support and advice around behaviour support. Consider widening the offer of the traded service to Secondary Schools.</p>							
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention Improving access to effective support; points 2, 8, 16</p>							
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments		RAG
The traded service for primary schools in	This service is not	Current	Education providers to	Schools and education	Complete		

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<p>Walsall was redesigned and re-launched a year ago. Re-launched service included access to named CAMHS nurses who work to support the behaviour support pathway. Each participating school has a named behaviour champion and staff have received training in class room management and behaviour. CAMHS nurse input acts as early point of intervention conducting the initial choice assessment/ determining if the child or young person needs referral into secondary mental health specialist provision – nurses a part of existing specialist CAMHS can refer directly into service and if choice has been conducted offer partnership appointment.</p> <p>The current traded service will also support the development of school link pilot and the development of a pathway of all services available</p>	<p>traded to academy or independent primary schools and/or secondary school provision, based on the success of the service in its first year – the access manager for education development in Walsall will propose option of traded service tailored to secondary schools and those not part of current primary response.</p> <p>Secondary school service in place</p>	<p>service accountable to purchasing schools.</p> <p>Evidence of reduction in behavioural issues, support to manage and prompt support from CAMHS nurse</p>	<p>continue with traded service and secondary schools to consider option of traded service</p>	<p>providers</p>	<p>service embedded and achieving</p> <p>Offer made to secondary schools if schools choose option this is being developed in 2017</p>		
<p>11 All parents-to-be will be offered parenting classes focussing on building a good relationship with their baby, as part of parent education classes</p>							
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention point, 4</p>							
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments		RAG
Universal offer to all parents to be (ante natal) in Walsall Based on Approach called Parenting; Birth	None –this is part of current offer – will review need to include	Already measure through	Existing	Walsall CCG and Public Health commission	Complete - Retender due in 2017		

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<p>and Beyond jointly led rolling programme run by midwifery and Health Visitors starting April 2018</p> <p>Transition to parenthood group led by the HV service taking forward different actions relating to a positive move to parenthood</p> <p>Transition to parenthood app produced offering information for all parents</p> <p>Online Solihull parenting access via midwives</p>	<p>any for additional points as part of future procurement process.</p> <p>Service provider will support pathway developed for community maternal mental health</p>	<p>existing contract and specification</p>		<p>National Childcare Trust – no longer commissioned</p>	<p>– and will include any new locally develop pathways that the service may signpost into</p>		
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<p>1J All parents will have the opportunity to attend local baby-parent groups which include sessions on parenting, access to parenting advice by telephone or on line, access to face- to –face parenting advice</p>						
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention point 4</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Though 4 children’s centres and voluntary sector such as Homestart in Walsall</p> <p>Access to support and signposting via the locality hubs for local services</p> <p>Bumps and babies groups available through children’s centres</p>	<p>Ensure the whole range of support and service available are offered as part of the pathway of support and recorded in directory of support and services</p>	<p>Children’s Centre’s Managed through Walsall Council – provide performanc</p>	<p>Existing – may need to identify further funds and business case for online support</p>	<p>Walsall Council Children’s services</p> <p>(Voluntary sector depends on funder may be Walsall Council but may also be lottery</p>	<p>2015/16 – complete - inclusion in published pathway of services and support</p>	

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<p>Telephone advice available through children’s centres and voluntary centre</p> <p>MELLOW Bumps parenting course run for vulnerable women from Jan 2018</p> <p>Transition to parenthood app produced by HV team for dissemination</p>	<p>Gap in online advice</p>	<p>e data about take up of courses and outcomes</p>		<p>fund/donation based)</p>	<p>2016/17 complete identify options for online support</p>	
<p>1K We will build on the support about parenting for parents and carers strengthening the aim to increase knowledge, skills and capacity to meet the emotional and social needs of their children.</p>						
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention point 4</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>See point 1J</p> <p>The role of parent carers is being considered as part of future task and finish group</p> <p>There is the Walsall Information and Advice and Support Service (formally the Walsall Parent Partnership Services) – focuses in children and young people with SEND</p> <p>Toxic Trio Pilot (year1)- via WPH , women’s aid and Beacon</p>	<p>As in point 1J</p> <p>Confirm compliance with child and families Act in relation to parent carers</p> <p>Parent carers of children and young people who access the specialist mental health service are offered appropriate carers assessment and on-going support.</p>	<p>As in point 1J</p> <p>Children’s services to confirm recording process</p>	<p>As in point 1J</p>	<p>As in point 1J</p>	<p>As in point 1J</p>	

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	Autism Working group meets regularly involving parents- meets once a month, (Liz Walsall)					
Evidence						
Challenges						

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021
2. Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing

<p>2A</p> <p>Review the information, advice and guidance available to children, young people, families and professionals and work with them to improve the quality of such information and improve awareness of services available in Walsall. Review the needs assessment mapping of current services and support available into a directory of services. Confirm a clear pathway of care and support for children and young people’s mental health and wellbeing in Walsall and this will be shared across all partners and used as information on web pages and in leaflets.</p>
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention Improving access to effective support point, 8.</p>

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Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Web based information patchy and not consistent This priority is an ongoing long term area of improvement. The transformation plan is already posted on the CCG website (since it was assured in November 2015).</p> <p>IN Your Shoes event run at the Manor to consult with families around experiences and information needs</p> <p>There is no CAMHS website available nor clear link between partner agencies.</p> <p>Promotion/ publicity Links to Walsall CCG website.</p> <p>School Nursing Services</p> <ul style="list-style-type: none"> • Access to parent chathealth and teen chathealth contact a school nurse • Access to local websites healthforteens and healthforkids 	<p>all partners to agree consistent approach to information</p> <p>Wider information given by midwifery service to women e.g. Photo journey of elective procedures</p> <p>Twitter and Facebook communication investigated by WHT Children's Services</p> <p>CAMHS to redesign website to include service related information and a link to the referral form. A clear link with partner agencies should also be in place.</p>	<p>Information about all services and pathway consistent, available, regularly updated</p> <p>Feedback from public following a launch of website</p>	<p>Partnership working</p> <p>Resources to be identified for a Participation Lead to work with young advisors and parents/carers to design and launch the website.</p>	<p>All partners</p> <p>CAMHS/Walsall CCG</p>	<p>The Children and Young People's Partnership Board on 2nd November 2016 confirmed that there will be consistent information on all partners' websites for CYP mental health and for this will be in place by the end of December 2016. This is now red and on action plan for further</p>	<p>AMBER???</p>

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					work January 2019	
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2B

Where the needs assessment confirmed lower than expected prevalence (take up of available mental health service both specialist and targeted) for 15 to 17 year olds, BME communities and BME males, target appropriate information and awareness raising to ensure equality and reduce health inequality.

How does this support Future in Mind:

Promoting resilience, prevention and early intervention
Improving access to effective support points, 8.

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
None other than universal – we need to establish why the prevalence is lower	As above specific attention to targeting schools and areas with information where BME community and 15 to 17 year old Current counselling provision given capacity to do further outreach work	Future data confirms increased take up in accordance with expected national prevalence	CCG use of transformation fund to enhance targeted counselling support to enable capacity for outreach	All partners and providers	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	
CAMHS do not provide a dedicated service for vulnerable groups- dedicated clinician in post.	Review of CAMHS data to be undertaken to determine number	Review of data to identify	Resources required to recruit a dedicated CAMHS clinician and the design of a specific	CAMHS/Walsall CCG		

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<p>Specialist cross cultural counselling provision via WPH (specialist provision within one school)</p> <p>One Walsall (specialist role)</p>	<p>of young people from vulnerable groups accessing the service in order to identify where provision is required to enable a dedicated CAMHS clinician to be recruited.</p>	<p>improvement in access rates of vulnerable groups in CAMHS</p>	<p>pathway required.</p>		<p>with young males aged 15 to 17 and those from BAME.</p> <p>Completion of liaison days due in November 2017</p> <p>January 2019</p>	
<p>Evidence</p>						
<p>Challenges</p>						

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021:

3. Improve prevention, early help, earlier recognition and intervention

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3A						
Review current services and support, review how services are accessed with the aim of removing barriers and to provide support at the earliest point.						
How does this support Future in Mind:						
Improving access to effective support points 6, 7,16						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>No single point of access across services in place. Some examples of working together as providers and partners but not embedded. Criteria to access to specialist CAMHS leaves a gap between scope of current commissioned targeted and universal provision</p> <p>Already reviewed access and available resources and services</p>	<p>Work with all partners to develop pathway which removes the barriers</p> <p>For commissioned services or in house services to adopt the pathway and provide a seamless response</p>	<p>Pathway in place with help at earliest point</p>	<p>Partners and providers working together to develop pathway (facilitated by CCG)</p> <p>CCG transformation funds to increase capacity to current targeted and specialist response with first year funds and reduce waiting times, long term funding to support of single point of access and to redesign the targeted (tier 2) response.</p>	<p>All partners and providers</p> <p>CCG specifically for targeted and specialist</p> <p>Public Health and education for universal and overlap with targeted in schools</p>	<p>2016 Develop pathway and increase capacity of CCG provisions to reduce waiting times</p> <p>2017 Pathway adopted, single point of access in place and redesigned targeted services/primary mental health services</p> <p>2017 single point of access will be in place for tier 2/3</p>	
<p>An MDT meeting for young people is held weekly attended by all partners. Referrals are 'filtered' to the most appropriate service in order for no referral to ever be rejected but also to provide a streamlined response.</p>	<p>A dedicated pathway for GP's to access CAMHS is to be put in place in order to reduce the strain on A&E and provide</p>	<p>Reduced admissions to A&E and review of access data to CAMHS</p>	<p>No additional resource required.</p>	<p>CAMHS/Walsall CCG</p>		

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<p>WHT hosts a multi-disciplinary referral panel as a single point of access for referrals for professionals across partnership (involves therapies/school nursing and community paediatrics. CAMHS invited to attend</p>	<p>support to GP's with complex cases. Young people this way would be kept in the community rather than being hospitalised.</p>	<p>for those using priority appts.</p>			<p>from September 2017. Signposting and referrals to other partners/resources will also be part of the process.</p> <p>March 2019.</p>	
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<p>3B Enhance existing maternal, perinatal and early year's health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.</p>						
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention points:1,4</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Lots of good practice across children's services, children's centres, early help, maternity services, health visitors response, family nurse partnership, independent and voluntary sector and adults primary mental health but not completely embedded as a whole pathway response</p>	<p>Partners and providers to confirm current pathway and work together to review, identify gaps to be met to strengthen the response</p> <p>Transition to</p>	<p>Pathway identified in place and available</p>	<p>Partnership work redesign of current.</p> <p>Maternal MH needs covered in 3C</p>	<p>All partners and providers</p>	<p>Completed parenting courses in place, early help embedded and reviewed</p>	<p>Amber ??</p>

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	parenthood app developed and multiagency group meeting					
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3C
 Develop a maternal mental health pathway to have a response which supports the specialist inpatient mothers and babies unit, providing a robust community response (including as a minimum access to a specialist perinatal mental health consultant offered through the birth unit).

How does this support Future in Mind:
Promoting resilience, prevention and early intervention points:1,4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Maternity services and health Visitors/Family nurse partnership and early help/children centres flag if referral needed into MH following routine basic screening.</p> <p>If known to secondary services MH already involved</p> <p>Specialist in patients mothers and babies commissioned by NHSE</p> <p>CCG led on task and finish group specific to maternal mental health 2014/15 and have business case already developed with proposal for investment required to strengthen the current community</p>	<p>Strengthened response in MH where services prioritise maternal mental health needs and have capacity to prioritise</p> <p>Local access in birth unit to perinatal specialist mental health consultant</p>	<p>Pathway into mental health specific to maternal mental health from primary care to secondary</p>	<p>Funding for increased capacity of nurses and practitioner specialising in maternal mental health</p> <p>Funding for local unit to have access to a perinatal mental health consultant</p> <p>Based on prevalence consideration of a Black Country or Pan trust between Dudley and Walsall to be considered.</p> <p>Use of funds specific to improve maternal mental</p>	<p>CCG</p>	<p>2015/16 Health visitors implemented maternal mental health pathway with partners</p> <p>2017 Identified specialist MH requirements co-commissioning options</p> <p>2017 BC wide bid for NHSE</p>	<p>GREEN???</p>

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response and pathway			health		fund made awaiting funding Pilot service established at Manor to support women	
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3D						
Improve access to a wide range of resources that provide support for emotional and psychological difficulties by reviewing the current services.						
How does this support Future in Mind: Improving access to effective support – general and point 8						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Full review of secondary specialist service already started May 2015 range of support mapped into pathways</p> <p>Mapping of existing services and resources complete</p> <p>Behaviour support has been mapped as part of the Healthy Child Programme. This compliments the mapping of mental health and emotional wellbeing resources. This mapping also included confirming the current workforce.</p> <p>CCG funded targeted response focuses on short term counselling based on</p>	<p>Complete mapping and identification of current pathway services and resources</p> <p>Identify further types of intervention and support to be included in future procurement/ commission</p> <p>A model of tier 2/targeted mental health services and primary mental health is being developed</p>	<p>Pathway in place with all options of resources identified</p>	<p>Other actions cover the training and capacity building for universal workforce</p> <p>CCG transformation funds to support redesign of targeted and specialist services and to increase range of support available at earlier stage increasing capacity and developing a blended service between targeted and specialist</p>	<p>CCG provision – NHS provider and independent and voluntary sector</p>	<p>Review 2015/16</p> <p>Mapping completed as part of NA</p> <p>Short term funds allocated to face to face counselling service</p> <p>2017 Use of short</p>	

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<p>psychodynamic approach (evidenced based) but further review of range of support needed to be considered following needs assessment Also need to link in with future intention to adopt IAPT in Walsall</p> <p>Provision of resilience groups to CYP 5-19 and also for parents/carers via school nursing services Universal core offer group and traded offer</p>	<p>with the aim to start to mobilise the model during January 2017 onwards.</p> <p>This will include a single point of access for all referrals and include self-referral.</p>				<p>term funds to reduce waiting time for treatment appointment</p> <p>2017 Targeted MH service to be implemented</p> <p>2017 2 permanent posts will be funded to support continued levels of waiting times achieved with short term funds</p>	
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3E
 Options to implement a single point of access will be considered and implemented (for example as part of Early Help response or as a Primary Care CAMHS within GP surgeries with the aim of; strengthening support to those who work with children and young people, intervene at the earliest point and refer into CAMHS or signpost into other appropriate services/support within the pathway of mental health and wellbeing support.

How does this support Future in Mind:
Improving access to effective support point 7 and 8

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more	Who commissions/who provides	Timescale and Comments	RAG
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			funding/ new service)			
<p>There isn't one single point of access for all services.</p> <p>This was a key finding from the needs assessment.</p> <p>Awareness of whole range of support not consistent.</p> <p>If not accepted into secondary service referral returned to referrer with suggested options.</p> <p>Access into CAMHS can be via the following routes:</p> <ul style="list-style-type: none"> • Priority slots with crisis CAMHS team • Weekly MDT meeting • CAMHS Nurses in Behaviour Support Team • CAMHS Duty Service 	<p>Review options to implement single point of access for range of services. With input at earliest point triage and initial screening. Review option to bring choice initial assessment into the single point of access. For this to also be linked to the named leads for CAMHS and to be the SPA for MASH, Early Help, GP's and schools.</p> <p>Review range of support to ensure sufficient capacity for referral into targeted services to take place where secondary mental health service not appropriate and develop a blended model.</p> <p>Review data for all pathways into CAMHS and evidence reduced access rates to A&E and increased access</p>	<p>Single point of access for referral into support for emotional wellbeing and support</p> <p>Clear response for referral of identified support and options to meet need</p> <p>Audits</p>	<p>CCG transformation funds</p> <p>For the SPA process to be piloted</p> <p>To increase the capacity of existing and to implement further services which provide a wide range of support to act as a blended model with the Single Point of Access.</p> <p>No resources required.</p>	<p>CCG with input from children's services, education and public health</p> <p>CAMHS/Walsall CCG</p>	<p>2016 implement pilot of GP liaison role</p> <p>2017 Implement model of targeted MH</p> <p>On-going</p>	

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	rates to CAMHS.					
Evidence						
Challenges						

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 - 2021:

4. Improve access to evidenced based, high quality services

4A

Reduce waiting times by completing a review of the current specialist secondary mental health service – CAMHS, to understand capacity and resources within the service. The different specialist services within the team will be mapped, pathways established and evidence based interventions confirmed with targets for and waiting times established. We will direct resources to redesign services.

How does this support Future in Mind:
 Improving access to effective support
 To be accountable and transparent points 17, 37

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Data from targeted CCG provision is already robust and provides detail as required to inform commissioning	Formalise through contract and specification data	Reduction in waiting time for	Short term funding from CCG transformation plan 201516 and 16/17 to reduce current	CCG and D&WMHPT	2016 reduced waiting list for internal	

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<p>intentions.</p> <p>For the specialist secondary mental health service the current data reporting is part of the contract is based on number of face to face contacts.</p> <p>Data was gained through submitting One off information requests (from 2013 onwards) to gain data specific to waiting times and referral data.</p> <p>Through task and finish group started in May 2016 (led by CCG with finance, contracts, project management and commissioning lead and CSU input), work with current NHS provider D&WMHPT undertaken to establish data requirement in line with national minimum data set. Established referral numbers, sources, accepted into service, DNA rate, waiting time for choice (initial assessment) routine cases.</p> <p>Have full staffing structure confirmed.</p> <p>Gained data about the internal waiting times to start identifying capacity and resource issues and also start considering re-design. For example an ADHD and ASD clinic have been put in place to improve support but also free up some medic time, the 0 to 5 pathway revised in partnership with children with disabilities centre etc.</p>	<p>requirements.</p> <p>Target resources to reduce current waiting times in short term and long term redesign service to ensure most effective approach in place</p>	<p>routine case including the internal waiting time following initial assessment – using baseline of waiting times data 2016 – that the average routine initial appointment waiting time was 10 weeks and average routine second appointment or partnership of 8 months.</p> <p>KPI to be set initially 4 weeks for choice and</p>	<p>waiting list</p> <p>Long term funds for clearly identified gap in pathways causing ‘bottlenecks’</p>		<p>pathways</p> <p>2017 Reduce partnership appointment waiting list by 40%</p> <p>Achieved by end q4</p> <p>Partnership appointment waiting list has been removed and the service is now on full booking – achieved Q4 2017-18</p>	
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Have draft score card which trust has produced in line with reporting requirements		8 weeks for partnership . With review once single point of access in place.				
4B Work with providers to support development of IAPT (Improving Access to Psychological Therapies) locally.						
How does this support Future in Mind: Developing the workforce – 43						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Previously partnership bid for West Midlands was not successful. CAMHS part of CYP IAPT Midlands Collaborative. Clinicians attending training courses in supervision, Systemic Family Practice, CBT, Enhanced Evidence Based Practice and Leadership & Strategic Transformation	To partner with other CCG's and learning collaborative and submit bid for IAPT when funding available. Workforce planning and development will be finalised and identify workforce gaps in tier 3, tier 2 and universal services. Where there have been recruitment issues these will be	IAPT programme in place for all talking therapies to be evidence based and collecting routine outcomes monitoring date Quarterly Reporting	IAPT national fund Resources to be identified for further training from September 2018	CCG and all providers including NHS, independent, voluntary sector and statutory services CAMHS/Walsall CCG	2017 Following review of workforce and implementation of targeted mental health service and review of targeted tier 2 2017 joined Midlands collaborative, formed strategy group	

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	<p>flagged to show there is national shortage and how this will impact future recruitment. Also in agreement with DWMHPT there will be flexibility around some posts difficult to recruit to – whereby practitioner/allied professional options will also be considered.</p> <p>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 within the timescales required by performance assurance areas, which requires all areas to be part of CYP IAPT by 2018. Walsall</p>	<p>into CYP IAPT Collaborative</p>			<p>training to start in October</p> <p>HEE to work with CCG’s to support review of workforce.</p> <p>November 2018</p>	
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	<p>commits to becoming part of a collaborative to have CYP IAPT in place. This was confirmed by partners in the Children and Young People's Partnership Board on 2nd November 2016. The workforce will consist of professionals from universal, targeted and specialist services to ensure IAPT is embedded across the whole pathway.</p>					
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<p>4C Continuously review the Deliberate Self Harm Pathway to ensure it is effective and for all partners and providers to support the pathway to meet needs of children and young people when they need support in a crisis</p>						
<p>How does this support Future in Mind: Improving access to effective support</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Walsall CCG and partners agreed a DSH pathway following task and finish work in 2012/13. Pathway clearly establish and in place.</p>	<p>Pathway, policy and procedures revised to reflect any changes arising from review of pathway.</p>	<p>Up to date pathway and associated policy and</p>	<p>Existing</p>	<p>CCG, partners and providers</p>	<p>2016 Review tier 4 data 2016</p>	

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<p>Regular review lead by designated nurse/safeguarding lead for CCG to review effectiveness.</p> <p>Pathway needs to be responsive and include the two proposals to review all age psychiatric liaison in Walsall and also to look at possibilities of changing response of automatic admittance to the Paediatric Assessment Unit now tier 3 plus is embedded</p>	<p>Ensure needs of LD groups are fully met and supported with input from LD/CAMHS to tier 3 plus service and in event of admission to tier 4 see action point: 5L</p>	<p>processes in place.</p> <p>Evidence of good practice</p>			<p>Data from ward 21</p> <p>2016 Complete update of pathway and policy</p>	
<p>4D Evaluate the effectiveness of the pilot of the 'ICAMHS' to ensure it meets the Mental Health Crisis Care Concordat in relation developing approaches to support children and young people on a 24 hour basis for emergency mental health crisis.</p>						
<p>How does this support Future in Mind: Improving access to effective support point 12 and 13</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Walsall CCG piloted tier 3 plus in 2016. Evaluation has confirmed: a reduction in use tier 4 inpatient provisions by 71% from 2014 figures. .</p> <p>Recent admissions have also been planned and the YP hasn't been in a crisis situation requiring admission to the acute PAU.</p> <p>Impact to PAU numbers presenting have increased but length of stay significantly</p>	<p>Complete evaluation and report to CCG MH programme board and Safety Quality and Performance Board</p> <p>Continue to manage in community (where appropriately to prevent admission to tier 4) and keep tier 4</p>	<p>Tier 4 uptake to remain below expected national prevalence (this is already confirmed through</p>	<p>Gap identified in medic time as current model is nurse led – use of short term and long term funds to meet the gap in medic support from the remaining eating disorders funds</p> <p>NHSE pump prime funds confirmed in Oct 2016 for 24/7 liaison mental health</p>	<p>CCG and NHS provider – links to NHSE</p>	<p>2016 – medic in place</p> <p>2017/18 review of all age psychiatric liaison</p>	

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<p>reduced for majority of patients with same or next day discharge.</p> <p>Consideration of review against NICE recommendation to admit into acute to determine if alternative safe approach can be deployed through A&E and part of psychiatric liaison response.</p> <p>Out of hours 8pm to 8am no emergency cover other than informal agreement for Adults MH response again will consider this as part of review of all age psychiatric liaison service.</p>	<p>admission to below national expected prevalence.</p> <p>Continue support to acute and review pathway to ensure DSH response is robust</p> <p>Ensure service support CPA process and enables planned discharge from tier 4</p> <p>Work with colleagues and provider to develop all age psychiatric liaison service</p> <p>Pilot medic time to tier 3 plus service – as this is currently provided through general community based secondary mental health service.</p>	<p>data collated in 2016)</p> <p>length of stay in acute for 95% of cases same or next day discharge</p> <p>Reduction in admission to PAU – have current baseline figure but need to wait for work with A&E to set implementation date.</p> <p>Reduce length of stay in tier 4 (enabling discharge into community) based on</p>	<p>service in emergency departments.</p>		
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		2014/15 figures. Have an all age out of hours emergency response for MH – can't set KPI's until proposed service in place.				
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4E Review age appropriate care in inpatient settings (not being admitted to an adult ward)						
How does this support Future in Mind: Improving access to effective support point 12 and 13						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Incident in Walsall very low (2 this year to date) and by exception only flagging serious incident report Recent case has led to further review to ensure process is robust Provision of place of safety and a 136 suite	Gain assurance of current process in event of admission	Review conducted and complete to ensure that admission to adult	See actions 4J for place of safety and 136 suite.	CCG and NHS trust	2016 Admission by exception only 2017 Review options for 136/place of safety	

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options under consideration		wards is not routine but by exception only				
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4F						
Work with commissioners from across the Black Country to work together to commission services to meet the current guidance for community based eating disorders.						
How does this support Future in Mind: Improving access to effective support point 12 and 13						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Walsall has eating disorder service from 12 onwards. Current service limited by capacity of team.</p> <p>Walsall will partner Dudley CCG to develop the CYP CED response</p> <p>Working with Dudley CCG, we plan to continue to commission an all age Community Eating Disorder (ED) Service. We have been working with D&WMHPT to design this service and a Business Case has been submitted with a projected cost for our total ED funding allocation. The existing eating disorders service already meets the Access and Waiting Time Standard for Children and Young people with and Eating Disorder Commissioning Guidance.</p>	<p>Agree model in line with guidance</p> <p>Confirm arrangements to access dietician on a Black Country wide basis</p> <p>Revise current specification</p> <p>Identified KPI's</p> <p>Short term workforce development of staff to access specialist training to increase skill.</p>	<p>Swift access to community based evidence based treatment by confirmation of access to treatment reported on the performance scorecard.</p> <p>Confirmation of the</p>	<p>Specific Eating Disorders Funding to develop community based eating disorders service for CYP</p>	<p>CCG – Walsall and Dudley</p> <p>Pan Trust D&WMHPT</p>	<p>2016 Agreed model</p> <p>Agreed specification Recruitment commenced mobilisation service start Jan 17</p> <p>June 17 – service implemented and 100% meeting access and waiting times</p> <p>April 18 – 100% meeting access and waiting times</p>	

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<p>We have undertaken a needs analysis with D&WMHT</p> <p>These caseloads do not currently accept referrals for include bulimics and binge eaters. The total number of children and young people, up to the age17 referred to the service last year was of which 62 were accepted onto the caseload (77.5% acceptance rate). Of these 47 (78.3%) are between ages 14-16 and the remainder 13 (21.7%) are between ages 10-13. For adult the respective figures were 186 and 65 equating to a 34.9% acceptance rate. Further breakdown of the age range of the adult’s caseload demonstrates that of the 65 clients only 17 were between the ages 17-25 (26.2%) and the remainder 48 (73.8%) were older than 25.</p> <p>From the analysis of the age stratification of the caseloads, we are proposing that funding should be allocated to commission a 0-18 year’s old eating disorders service and based on proportional allocation of the available £149,00 funding for Walsall we are proposing that £85,000. Should be apportioned to this service.</p> <p>The remainder of the funding will be used to increase capacity to the Home Treatment Tier 3+ service medic time which will also support the eating disorders service.</p>	<p>Information to be collected at every stage of the care pathway and for every contact if clinically appropriate; to ensure data completeness at key time points during the care pathway for paired outcome measurement and monitoring of change; To administer a comprehensive range of Patient Reported Outcomes Measures (PROMs), alongside Patient Reported Experience Measures (PREMs) and monitoring of goals.</p>	<p>dedicated team offering specialist interventions demonstrated by evidencing the post graduate skills of the team benchmarked against NICE. Data to confirm outcomes captured through changes in scores of CGAS etc (minimum dataset and CYPIAPT measures)</p> <p>Number of cases supported</p> <p>Reduction/prevention</p>				
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<p>Non recurrent surplus from 2016/16 will fund training for the team.</p> <p>Further work needs to be undertaken with the service to understand why so many under 17s meet the acceptance criteria and why they are presenting so late.</p> <p>Also need to determine what the pathway for people not accepted into the service.</p>		<p>of escalation to tier 4 setting (based on expected national prevalence) have current data of take up of tier 4 as baseline</p> <p>Support for discharge from tier 4 setting confirmed</p> <p>100% compliance to have waiting time - referral to treatment minimum within 4 weeks for routine and 1 week for urgent cases in</p>				
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		<p>accordance with guidance</p> <p>Reduction of transfer to adult services. Use of baseline figures from 2016 of numbers transitioned to adult eating disorder services. Confirmation of outcomes including numbers managed by GP / how many transition to secondary services.</p> <p>Confirm the numbers of cases with</p>				
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		co morbid symptoms which required onward services.				
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4G
 Work with commissioners from across the Black Country and NHS England Specialist Commissioners to ensure adequate levels of local inpatient services are provided for those who need it and consider regional approaches to commission services to meet the needs of children and young people accessing specialist inpatient provision.

How does this support Future in Mind:
 Improving access to effective support point 12 and 13 14

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Wolverhampton CCG leading on co-commissioning pilot with recommendations for BC need Walsall CCG commissioned has regular contact with BC commissioners and NHSE specialist commissioner s in relation to tier 4 inpatient provision	Support implementation of recommendations from pilot	Access to locally based inpatient services where possible	Some transformation funds may be used to support pilot project work, joint working with NHSE around current procurement and commission of tier 4 inpatient	BC CCG's NHSE NHS Provider Trusts	2017 Confirmation of BC approach in final report – need to access funds/pilot June 2017 Wolverhampton CCG leading on bid for tertiary models of care	

4H
 Work with commissioners from across the Black Country to consider working together to commission crisis services and to implement a designated place of safety. Include all

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partners such as the police and youth offending services and the liaison and diversion and street triage services to build on existing support and be prepared for future changes such as the development of the super custody block in the West Midlands (Smethwick).

How does this support Future in Mind:
 Improving access to effective support point 19

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Identified as need further work to engage with BC commissioners to support development of services Currently police access support by duty for social care or apply deliberate self-harm pathway. Work with regional liaison and diversion service to be conducted	Establish current support Review to identify gaps Work collaboratively to have co-commissioned response	Place of safety available for under 18's	LA and CCG to consider how to fund a BC response	CCG/LA	2016 Local arrangement with social workforce made clear on how to access out of area CAMHS 2017 Approach regional commissioners Tier 4 under 13 years service being consulted on	

4I
 CCG Commissioner and specialist service to review process of accessing/transferring to services when moving from one area to another, to ensure this is a seamless as possible and to work with regional commissioners and out of area services to agree process.

How does this support Future in Mind:
 Improving access to effective support 15

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Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>When accessing services out of area cases transferred by Walsall CAMHS to locally based services.</p> <p>Very often have waiting time to access and not all out of area CAMHS offer same level or range of support – some being purely limited to psychiatric, psychology offer.</p> <p>Have prior approval process in place and have started to work with out of area providers to confirm best way to ensure needs are met by developing SLA's short term contract to enable capacity in the out of area services.</p> <p>When children are placed in specialist residential provision out of area CCG has an assurance oversight group lead by designated safeguarded nurse lead and supported by Lac nurses, Walsall CAMHS and commissioners to gain assurance of health needs being met</p> <p>Work with social care in sourcing placements to ensure MH needs are met and where possible engage providers in local area to agree package of support/intervention</p>	<p>Process in place</p> <p>Shared with other commissioners and providers</p>	<p>Needs met</p>	<p>Existing</p>	<p>CCG</p>	<p>2016 Local social work force process confirmed</p> <p>2017 Link to regional commissioners</p>	

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4J						
Review transition from CAMHS (child and adolescent mental health services) to adult mental health services to ensure there are effective processes in place and consider the evidence base to extend age range of CAMHS to be up to aged 25 years or to develop a transition support service. Ensure that the needs of vulnerable groups are met to avoid the cliff edge effect of cut off from children’s services to adults.						
How does this support Future in Mind: Improving access to effective support point 15						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>CQUIN last year on transition confirmed processes and policies.</p> <p>Further data provided as part of needs assessment on 18 to 25 age group</p> <p>Data through task and finish group on last quarters transitions and where transitioned to</p> <p>CAMHS to start recording further data to capture evidence base on gaps in where to transition to- to support business case to CCG for 17 to 25 year old provision</p> <p>Social care are developing a transition social work team with co –located social workers – CAMHS will support the pathway Targeted support is already in place to support the 18 to 25 year old in continuation from accessing pre 18</p>	<p>Build evidence base for needs of 18 to 25 to develop business case for CCG</p> <p>Identify gaps and propose options and solutions</p> <p>Toolkit to identify support available for young people at transition (19 -25 years)</p> <p>Needs of Care Leavers identified through New belongings group</p>	<p>Successful transition and reduction in crisis because needs not met</p>	<p>Business case to CCG for funds for 18 to 25 year old needs</p>	<p>CCG and social care</p> <p>In house social work teams</p> <p>NHS Providers, independent sector and voluntary sector</p>	<p>2016 Clear transitional arrangements in place</p> <p>2017 Gain evidence base of costs to raise CAMHS to 18 for 2018/19</p> <p>Gain evidence for CCG to review on costs of 18 to 25 year old provision</p> <p>CQUIN 2017 transition – New paperwork has been designed and put in to</p>	

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					practice/ partner work complete around identifying gaps and difficulties in transition and case note audits are currently being completed.	
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4L						
Review the approach to managing the 'did not attend' for appointments with the specialist service. To ensure all agencies involved can support the child, young person or family to engage and attend future appointments; and to not close the referral/case unless they no longer need the service.						
How does this support Future in Mind: Caring for the most vulnerable point 20						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Provider started text reminders and has a process in place. Referrals and professional involved are engaged when DNA DNA rate in 2014/15 9% Aim to reduce and strengthen response.	Share process and approach with all partners and children and young people and families so they are aware of how they will be supported to engage with services Review in 3 months impact of text reminder and approach	Reduction in DNA's using baseline data from 2016 as a starting point.	Existing	CCG NHS Trust	2016 Reviewed DNA rate 6.8% still need to do some more work in 2017	
Evidence						

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Challenges

Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 - 2021:
Ensure we meet the needs of vulnerable children and young people

5A						
Work both with local provider and partners to ensure appropriate enquiry and screening for violence, abuse, sexual abuse and exploitation is part of mental health assessment process						
How does this support Future in Mind: Caring for the most vulnerable point 24						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/ more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Current provider has met with social workers and have a screening tool to start to use to complement the existing risk assessment process in place	Assurance of tool and implementation	In place as policy/process Numbers of assessments confirmed as part of	Existing	N/A	2016 Local CSE pathway in place Ask DWMHT adult services to input here!	

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		data recording				
		Numbers identified and how supported and referred into appropriate services				

5B Work with local stakeholders, commissioners from across the Black Country and NHS England Specialist Commissioners to co-commission services which ensure the support is appropriate and meet the needs of children and young people when they have been sexually exploited and/or abused.

How does this support Future in Mind:
Caring for the most vulnerable point 29

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Local discussions have taken place between children's services, safeguarding leads and the current services which are commissioned to provide assessment and support, with CCG to review local needs as part of strategy and needs assessment work and to build into pathway. Further work to engage with BC commissioners , police and NHSE to ensure	Establish current support Review to confirm meets needs Identify gaps Work collaboratively to have co-	Needs met Services in place	Local/BC resources to ensure response is robust NHSE for areas under specialist commissioning (SARC)	BC CCG's NHSE NHS Provider Trusts Specialist provider of SARC	2016 Local arrangement confirmed CSE pathway within CAMHS 2017 WLSB conducting review of local	

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<p>current community response is robust and to support development of services</p> <p>Currently out of area support where not met by SARC would be through out of area non contracted CAMHS or built into the social care package of support (if placed in residential CCG funds health elements)</p>	<p>commissioned response</p>				<p>services</p>	
<p>5C Work with commissioners from across the Black Country and NHS England Specialist Commissioners to co-commission services which ensure the support is appropriate and meet the needs of children and young people when they are youth offenders and placed in secure or youth offending institutions.</p>						
<p>How does this support Future in Mind: Caring for the most vulnerable point 29</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Local discussions have taken place between youth offending services, youth services and street teams etc with CCG to review local needs as part of strategy and needs assessment work and to build into pathway.</p> <p>Engaged with BC commissioners and NHSE to ensure current community response is robust and to support development of services</p> <p>Currently out of area support whether through out of area non contracted CAMHS or built into the youth offending institution package of support</p>	<p>Establish current support</p> <p>Review to confirm meets needs</p> <p>Identify gaps</p> <p>Work collaboratively to have co-commissioned response</p> <p>Meeting with Health and Justice Commissioner</p>	<p>Evidence of meetings and discussions</p> <p>Feedback and input from all partners and stakeholder s evidenced</p> <p>Confirmed pathway of local offer</p>	<p>Local/BC resources to ensure response is robust</p> <p>NHSE for areas under specialist commissioning</p>	<p>BC CCG's</p> <p>NHSE</p> <p>NHS Provider Trusts</p> <p>Youth Offending Institutes</p>	<p>2017 H&J bid opportunity for local funds</p> <p>NHSE via SCN commenced pathways work</p> <p>Links being developed between YOS and substance misuse services</p>	

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<p>Walsall CCG commissioner meetings with the Health and Justice Commissioner to consider how to engage.</p> <p>CAMHS YOS pathway confirmed.</p> <p>Joint post between YOS and CAMHS in place.</p>	<p>Meeting with key partners and health and justice commissioner</p> <p>Workshop event in January/February with key stakeholders to confirm local offer and pathway and how it support regional commissioned services.</p> <p>Enhancement of current provision required to support CYP leaving secure units to successfully embed them back into their local community.</p>	<p>and support linked to regional services and gaps identified</p> <p>Needs met in YOI</p> <p>Reduction in pre-admission rates.</p> <p>Feedback from young people.</p>	<p>Resources required for a dedicated post across Dudley & Walsall</p>	<p>YOS/CAMHS/CCG/NHS England</p>	<p>September 2018</p>	
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<p>5D Ensure there are specific care pathways for children and young people within each vulnerable group (for children and young people who have a special education need and disability – SEND all agencies will support the pathway and where applicable support the development of Education Health and Care Plans).</p>						
<p>How does this support Future in Mind: Caring for the most vulnerable point 10</p>						
Current response	Action needed	How will this be	Resources needed (i.e. service redesign within	Who commissions/who	Timescale and Comments	RAG

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		measured	current funding/more funding/ new service)	provides		
Have pathway in place and local offer confirmed. Supported by CAMHS via existing pathways including 0 to5 and LD CAMHS provision	Confirm current approach – and that information is available to all professionals and children and young people and families and carers	Specific pathways in place and subject to on-going review	Existing	Council/CG and Education	2016 CAMHS and MH clear in local offer SEND draft strategy produced 2017 CCG developed group to audit and review CCG response, process and identify action plan of gaps this will include MH and WB SENDi provision being reviewed though multiagency group	
5E Ensure specialist secondary mental health services – CAMHS are represented on the multi-agency safeguarding hub.						
How does this support Future in Mind: Caring for the most vulnerable point 25						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
MASH started in October – MH have virtual	Through SPA	MASH can	Through intentions to have	CCG NHS Provider	2016	

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<p>link.</p> <p>Will ensure through development of SPA that MASH is able to have representation and support</p>	<p>development ensure MASH needs access to a named CAMHS lead.</p>	<p>access CAMHS advice and support</p>	<p>SPA</p>		<p>CCG confirms health support to MASH and early help hub.</p> <p>2017 Named link based on locality as part of CYP targeted mental health service not physical located in MASH</p>	
<p>5F Parents with mental health problems and their children will receive coordinated intervention and support</p>						
<p>How does this support Future in Mind: Caring for the most vulnerable general</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>CAMHS provides options of family therapy and will work closely with Adult MH</p> <p>Through work with social care Toxic Trio group started to develop adult MH in capturing data and confirmed how they interact with CAMHS</p>	<p>Continue and complete task and finish group</p>	<p>Process in place</p>	<p>Existing and may draw from councils early help/ toxic trio funds to enhance</p>	<p>CCG and Council</p> <p>Provider Trust independent sector, voluntary organisations and in house teams</p>	<p>2016 Confirmed parental MH is recorded by CAMHS and where appropriate family therapy offered. Clear internal referral process between adults MH to CAMHS for CYP.</p>	<p>AMBER??</p>

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					CQC comments received March 2018 with 2 specific recommendations that adult record keeping meets trust standards and that adult risk assessments consider the impact of the adult's mental health on their children	
5G						
Implement the targeted 'looked after children' mental health service to help stabilise placements and prevent placement breakdown.						
How does this support Future in Mind: Caring for the most vulnerable point 28						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Social care fund staff within CAMHS based on historical CAMHS grant. A formal agreement and specification has been produced to put in place a targeted LAC service which also supports behavioural needs and will have support Walsall LAC placed in the Black Country area. Focus on support to carers too.	Agreement signed off. Recruitment of additional staff Commence service	Numbers of LAC and carers etc supported Placements which have been prevented from breaking	Social care funds as listed in section 6E	Walsall Council – but will delegate CCG through section 75 agreement to manage as part of main contract	2016 Service fully staffed and mobilised service model, leaflets and specification in place	

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5H Children and young people with specific mental health needs, and their parents will have access to service user/parent support groups.						
How does this support Future in Mind: Improve access to effective support point 11						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Parent carers group in place Further work needed to confirm service user groups	Review current offer Confirm gaps Work with providers and partners to develop	Access to groups	To start existing – may need funds to put new groups in place	All partners	2016 Confirmed current groups and support	

5I Walsall commissioners and officers (from both CCG, Council and education), and the specialist services involved will; support NHS England when an admission to a specialist CAMHS inpatient hospital is needed and will support a co-ordinated multi agency response for pre admission care treatment assessments, any gate keeping requirements/assessment, will support reviews while in hospital through CPA processes and care treatment reviews and will work together to enable discharge back to the community with all need being met.						
How does this support Future in Mind: Improve access to effective support Caring for the most vulnerable point 14						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG

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<p>If the child or young person is Walsall based the existing CAMHS will ensure they support this gate keeping process</p> <p>Commissioner with partners to ensure social care input into the pre admission gate keeping The tier 3 plus service engages in CPA process</p> <p>Local Commissioner engages and flags actions from CTR process and supports discharge process</p> <p>This needs to be formally recorded as a process within Walsall to support NHSE colleagues</p>	<p>Formally record process already in place – share with NHSE commissioner to gain agreement</p>	<p>Input to all gate keeping pre assessments</p> <p>CTR support and CPA discharge planning support evidenced</p>	<p>Existing</p>	<p>N/A</p>	<p>2016</p> <p>Tier 3.5 pathway confirmed</p> <p>CTR process confirmed</p> <p>Risk register developed</p> <p>Pathways aligned with NHSE S</p> <p>2017</p> <p>Co-commissioning options with BC commissioners</p>	
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Evidence

Challenges

6Ensure we are accountable and transparent

6A
 Strengthen performance management in this area by working with partners to develop and implement mental health and wellbeing performance measures (linked to national

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and clinical guidance).						
How does this support Future in Mind: Developing the workforce Making Change Happen To be accountable and transparent points; 45 40 36						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Already determined data on referrals, case load and prevalence. Want to develop waiting times</p> <p>Measure against pathways aligned to NICE</p> <p>Introduction of outcomes measure in line with ROM</p>	<p>Basic data requirements formally agreed As part of contract negotiation for 16/17 develop performance information and outcome measures</p> <p>Information to be collected at appropriate stages of the care pathway and for every contact if clinically appropriate; to ensure data completeness at key time points during the care pathway for paired outcome measurement and monitoring of change; To administer a</p>	<p>KPIS developed agreed and measured</p> <p>Score card provided as part of contract management</p> <p>Assurance of annual review of pathways against NICE guidance</p> <p>Confirmation of outcome</p>	Existing	All partners commissioners and providers	<p>2016 Provider submitted to NMDSMH</p> <p>Provider adopted goal based outcomes tool</p> <p>Scorecard agreed to be in contract</p> <p>2017 implemented score card and MHNMDS</p> <p>IAPT will also include outcomes</p>	

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	comprehensive range of Patient Reported Outcomes Measures (PROMs), Impact of transformation plan to be identified	measurements routinely collected and evidence of impact in support to the individual patient based on monitoring.				
6B						
Ensure all pathways of support are based on national and clinical evidence based support and intervention consider new innovations and participate where possible in national pilots						
How does this support Future in Mind: To be accountable and transparent 33						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
CCG commissioner to keep up to date with new pilots and initiatives and participate/ bid as appropriate Within CCG specification and contracts requirement laid out of evidence based interventions. For tier 2 CCG provision all support is provided by appropriately qualified professionals with clinical supervision and	Completion of pathways within specialist services by December 2016 Mapping whole pathway is covered in action	Pathways available as information clearly showing links to evidence based intervention	Existing – will be undertaken in partnership with all commissioners and providers	N/A	2016 CAMHS mapped pathways against NICE and training programme actioned	

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<p>support with evidence based support.</p> <p>A task and finish group led by the CCG with the existing specialist secondary mental health provider has started to map the current pathways within the service and map against NICE guidance</p> <p>School nurses receive support from CAMHS</p> <p>Parent courses are based on the Triple P model of evidence based support</p>						
<p>Evidence</p>						
<p>Challenges</p>						
<p>6C Implement governance to have oversight of the strategy and transformation plan.</p>						
<p>How does this support Future in Mind: To be accountable and transparent points 30 31 46</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG

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<p>In 2016, a project group specific to Children and Young People’s Emotional Wellbeing and Mental Health in Walsall formed to have oversight of the development of an up to date needs assessment, strategy and production of a transformation plan. This project group reports to the Walsall Children and Young People’s Partnership Board.</p> <p>Three sub groups formed and support the remit of the project group. A needs assessment development group, a strategy development group, and a task and finish group (specifically between Walsall CCG and the specialist child and adolescent mental health service (CAMHS). Each group has specific functions and separate terms of reference.</p> <p>Walsall Public Health conducted the needs assessment of children and young people’s emotional wellbeing and mental health in Walsall, on behalf of all partners and facilitated the needs assessment development group. The key findings and recommendations of the needs assessment were presented to the Walsall Children and Young People’s Partnership Board on 14th</p>	<p>The strategy development group will reconfigure to act as the strategy and transformation action group; meetings have been scheduled during 2016/16 to enable this. Membership with include key stakeholders and representation from Youth of Walsall and service users of children and young people’s mental health services</p> <p>The progress on the action plan will be reported to the CCG Mental Health Programme Board and the Children and Young People’s Partnership Board with an annual or 6 monthly report being prepared for Walsall Health and Wellbeing Board.</p>	<p>Action plan Timescale and Comments and Comments met and outcomes achieved</p>	<p>None – existing structure facilitate by both CCG and Council</p>	<p>N/A</p>	<p>Completed 2016/17</p> <p>YP membership not achieved</p>	<p>AMBER??</p>
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<p>October 2016. The needs assessment was produced in partnership with key stakeholders. The recommendations within the needs assessment are based on both evidence of need and the feedback from children and young people, their families and carers and professionals who work to support children and young people.</p> <p>The strategy development group is led by Walsall CCG and facilitated the development of the draft Children and Young People’s Mental Health and Wellbeing Strategy (at version 12 in January 2016). The final priorities of the strategy and the actions in this plan were presented to the Children and Young People’s Partnership Board on 14th October 2016. The strategy incorporates the key recommendations from the needs assessment and also ensures the priorities identified give a strategic direction for all partners which encompasses the national agenda to transform children and young people’s mental health and wellbeing as set in Future in Mind and the subsequent Transformation Guidance. The group consisted of key stakeholders, in addition one to ones</p>						
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<p>with all partners were conducted to ensure the strategy is based on input from all partners. The Transformation plan includes the actions arising from the strategic priorities.</p> <p>The task and finish group facilitated by Walsall CCG aimed to: fully understand the current CAMHS offer, determine current pathways and map them against evidence based guidance, establish capacity and workforce, understand waiting times from initial appointment to partnership to accessing specialist, gain comprehensive data about referral numbers and sources, acceptance and take up of service (establishing clear DNA – did not attend data). A scorecard of regular data about the service has been developed between the CCG and provider, with the view to develop key performance indicators to measure outcomes.</p> <p>With this information the group focused on identifying solutions to transform the service in accordance with the priorities identified within the needs assessment, strategy and transformation plan.</p>						
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<p>The final needs assessment, strategy and plan will be considered at future meetings during December 2016 of the; CCG Mental Health Programme Board and Improving Outcomes Committee and the Walsall Health and Wellbeing Board.</p> <p>The future governance has been mapped. The strategy development group will become the strategy and transformation plan implementation review group and will review the actions on a bi monthly basis under the oversight of the named commissioner for children and young people mental health from Walsall CCG</p> <p>The task and finish group will refocus activity to implement revised services. These groups will report to the mental health programme board (which feeds into the CCG improving outcomes committee). Updates on implementing the action plan will be recorded monthly through the CCG project management office process.</p> <p>Reports to the Children and Young People Partnership Board and the Health and Wellbeing Board will be</p>						
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agreed and will probably be quarterly/six month intervals.						
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6D						
Develop consultation and engagement plan to ensure continuous involvement and engagement with: children and young people, their families or carers, key stakeholder/professionals who work to support children and young people in Walsall and representative from Walsall Healthwatch and Walsall Voluntary Action.						
How does this support Future in Mind: Making Change Happen To be accountable and transparent						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
CCG and Council ensure consultation and engagement takes place in line with the duty to consult and existing policy and procedures in place. Engagement of key stakeholders, children and young people has been on-going as part of the development of service transformation and redesign with then CCG, the development of the needs assessment and the strategy and transformation plan.	Add to current engagement activity by producing a formal plan to confirm the CCG and Council commitment to involve and engage and include how information will be shared, how feedback will be gain and opportunity to be involved in shaping services is open to key	Plan produced and followed, with regular review	Existing resource as a duty across all partners to engage and involved Potential use of transformation funds to conduct focus groups/survey work as part of redesign of services	All partners but led by CCG	2016 Strategic representation confirmed Providers confirm engagement with service feedback and individual achieving goals representation on implementation group to be confirmed	

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<p>CAMHS host service user engagement events periodically throughout the year.</p>	<p>stakeholders, children and young people, their families, carers and Walsall Healthwatch and Walsall Voluntary Action</p> <p>CAMHS Participation Lead required</p> <p>Board of young advisors to be recruited</p> <p>Parent/carer advisors group to be recruited</p> <p>Strong link required with CYP IAPT Young Advisors</p>	<p>Creation of a CAMHS participation strategy</p> <p>Feedback from young people/parents/carers</p> <p>Service re-design</p> <p>Website design</p>	<p>Funding for a dedicated participation lead</p> <p>Funding for website design</p>	<p>CAMHS/Walsall CCG</p>	<p>In the CYPP board Youth of Walsall confirmed that members will engage and become involved in the future service development and transformation. Meetings have been schedule in November 2016.</p> <p>2017 Implement continuous engagement and involvement – this is currently red until engagement is embedded</p> <p>January 2019</p>	
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6E
 Review workforce planning and development of universal, targeted and specialist workforce to meet future needs.

How does this support Future in Mind:
 Developing the workforce 27, 40, 42

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Individual providers conduct their own	Work with provider	Production	Work to be completed in	All commissioners	2016	

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<p>planning and development</p> <p>Children’s services access support through learning and development</p> <p>Haven’t had a co-coordinated approach to consider all sectors and levels of support for emotional wellbeing and mental health</p> <p>CAMHS clinicians currently undertaking CYP IAPT training</p>	<p>trust has established capacity in service and gaps, and have also considered future skill base/mix</p> <p>Feedback from school nurses, health visitors and education as well as other key stakeholders has identified training needs to for universal and some targeted.</p> <p>Training needs to be afforded to all partners across the borough in order to develop workforce</p>	<p>of review of current workforce, mapped against gaps in services and types of interventions needed at all levels with recommendations for future need</p> <p>Specifically for specialist complete the mapping of current workforce (already started) against pathways linked to NICE guidance and the current staffing/ resources available to identify the needs in capacity, resource and</p>	<p>partnership between current commissioners and providers</p> <p>Short term CCG transformation funds to target training needs for specialist and targeted provision and also support the role out of any train the trainer approach whereby trainers from across the workforce provide the on-going training once trained.</p> <p>Funding required by all partners to be able to recruit to train</p>	<p>and providers in Walsall</p> <p>All partners/Walsall CCG</p>	<p>Complete review and CCG to fund short term for CCG provision</p> <p>2017</p> <p>Clear picture of future need use of transformation funds for CCG provision</p> <p>Public Health/Education and Walsall Council to consider review findings to reflect in the in house teams and services, commissioned services including the voluntary and independent sector.</p> <p>Work with HEE to access support to complete this activity</p> <p>January 2020 – However there is no funding available to support the</p>	
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		skills Quarterly Reporting into CYP IAPT collaborative			training of staff.	
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6F Commitment to complete up to date needs assessment as a minimum every five years.						
How does this support Future in Mind: To be accountable and transparent point 39						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Up to date needs assessment specific to children and young people emotional wellbeing and mental health in Walsall conducted and completed. Intention to refresh within a minimum of 5 years	To inform JSNA H&WBB priorities and the strategy for mental health and emotional wellbeing	Up to date needs assessment to be undertaken during 2020	Public Health resources	Commissioned by Walsall Local Children’s safeguarding Board and Walsall Children and Young People’s Partnership Board	Due 2020	
Evidence						
Challenges						

