Health and Wellbeing Board

11th September 2017

Agenda item

Title: Walsall Plan "Our Health and Wellbeing Strategy 2017-2020"

Priority 3: Enable and empower individuals to improve their physical and mental health
Priority 4: Maximise emotional wellbeing and resilience of adults
Priority 5: Reduce loneliness and isolation and increase support through social networks

1. Purpose

1.1 The purpose of this report is to provide an update on progress relating to priorities 3, 4 and 5.

2. Recommendations

2.1 That the HWBB notes the progress made towards these priorities and approves the programmes of work.

2.2. That the HWBB approve the proposed milestones relating to Priority 3, Priority 4 and Priority 5.

3. Report detail

3.1 Introduction

3.2.1 The section of this report covering **Priority 3** includes an update on:

- Maternal Mental Health Training for
  - Health Visitors and Midwives
  - Perinatal Mental Health Awareness Raising Training for other key stakeholders
- Mental Health Enablement
- Enhancing support for children's emotional health and wellbeing and Behaviour

3.2.2 The section of this report covering **Priority 4** and **Priority 5** includes an update on the **Healthy Resilient Communities Programme**

3.3 Maternal Mental Health Training

3.3.1 Training for Health Visitor and Midwives was provided by the Institute of Health Visitors and Midwives who were commissioned to deliver 4 x 1-day Perinatal Mental Health Awareness Training - 78 delegates were trained on the subject matter.

3.3.2 Feedback on the training included comments on renewed confidence in skills and heightened awareness to consider Perinatal Mental Health at every contact and the new ability to use the assessment tools to support early detection of perinatal mental illness as a result of the training (See Appendix 1 for Report).

3.4 Perinatal Mental Health Awareness Raising Training

3.4.1 96 additional key stakeholders have been trained on Perinatal Mental Health Awareness Raising including how to spot the signs (See Appendix 2 for report).

3.5 Rethink Enablement Service

3.5.1 The Enablement Service is the busiest it has ever been, with a nearly 50% increase in referrals compared to Q3 2016. The service is open to anyone experiencing mental health difficulties, who is 18+ and lives in the Walsall borough or is registered with a GP in Walsall. This service provides:

- 1-1 emotional support (time-limited, not "therapy" or "counselling")
- Graded exposure
- Telephone support
- Support to appointments
- Support for clients to achieve their goals
- SafeSpace group sessions
- Peer Support groups – Coffee & Cope
- Living Life To The Full – 8-week CBT workshop
- Volunteering opportunities (in development)

(See Appendix 3 for Hey Performance Indicator).

3. 6 Enhancing Support for Emotional Health, Wellbeing and Behaviour

3.6.1 The School Nursing Programme delivers FRIENDS and Parenting groups as part of the offer for Early Help. The aim is to enhance the emotional wellbeing of children and their families. Participants can be trained in more than one programme. See below an activity overview:

Type of Group	No. of CYP/ parent starting	No. of CYP /parent completing	% completing
Primary FRIENDS	19	10	52%
Teen FRIENDS	6	5	83%
Understanding Your Child's Behaviour	14	13	92%
Triple P	7	6	86%

(See Appendix for Quarter 1 Report)

4.0 Priority 4 and **Priority 5:** are reported together. These are delivered through the **Healthy Resilient Communities Programme** steering group.

4.1 The Healthy Resilient Communities Programme has been developed to enable people to stay well in their own homes for longer. Local communities need the tools to take care of themselves to reduce the escalation of need. This programme has prioritised older people in the first instance with the intention to extend to others in 2019/2020.

4.2 The vision for this programme is to enable the creation of a holistic approach to improving population health and wellbeing, to enable people in Walsall to have the best chances in life, to live independently and to have active, prosperous and healthy lives. A key contributor factor to making this happen is to intervene early, to prevent,

raise awareness and detect need early. The Healthy Resilient Communities Programme includes:

- Making Connections Walsall Programme
- Mapping and Directory
- Monitoring and evaluation
- The development of Wellbeing Plans
- The Health Chats training programme

4. 3 Please see Appendix 5 for the July Healthy Resilient Communities Update Report including Key Target Milestones.

5 Health and Wellbeing Board KPIs

5.1.1 Number of stakeholders engaged in Health Chats training – 46 people have been trained in Health Chats, 21 of who have been trained as trainers. A framework of Health Chats Trainers is to be commissioned. These trainers will roll out the Health Chats Programme across Walsall.

5.1.2 Number of older people with a wellbeing plan and the number of older people supported through MCW programme - The Making Connections Walsall programme went live on the 28th of August and therefore we are unable to report on KPIs at this stage.

6. Implications for Joint Working arrangements:

6.1 The Healthy Resilient Steering Group is tasked with shaping, planning and implementing the Walsall Together- Healthy Resilient Communities work stream. Healthy Resilient Communities interlinks with Intermediate Care Services, Place Based Teams and Access. This work stream seeks to enable a holistic approach to improving population health and well-being. It does this by working together towards improving local community resilience and increased self reliance.

6.2 The benefits of developing an integrated approach is that partnership working is essential to building and strengthening community resilience.

7. Health and Wellbeing Priorities

7.1 Enable and empower individuals to improve their physical and mental health

7.1.1 Integrating physical and mental health is a national priority. On average those diagnosed with a serious mental health illness die 15-20 years earlier than the general population. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. Walsall has a higher than regional and national prevalence of smoking (18.7%).

7.2 Maximise emotional wellbeing and resilience of adults

7.2.1 The impact of healthy lifestyles on emotional wellbeing and resilience is well evidenced in the prevention of mental illness. Asset based community development (ABCD) is an emerging approach to develop flourishing communities and enhance population wellbeing, and is becoming increasingly valuable in preserving and developing communities and services. It is well recognised that people with low mental health literacy have limited opportunities to be actively involved in decisions about their health and that their help seeking behaviours are more likely to be inappropriate and untimely.

7.3 Maternal Mental Health

7.3.1 Depression and anxiety is believed to affect 15-20% of women in the first year after childbirth. Currently the majority of Midwives and Health Visitors refer women to their GP, which is an extra step before women are referred / signposted to the necessary service. Training Health Visitors, Midwives and other key stakeholders on Perinatal Mental Health is essential to improving the mental health and wellbeing of Women and their families.

7.4 Reduce loneliness and Social isolation and increase support through social networks

7.4.1 The impact of loneliness and social isolation is damaging to health and costly to the Walsall health and social care economy. 1 in 6 elderly people have contact with a family member, friend or neighbour on less than one occasion per week and 1 in 9 elderly people have such contact month on less than one occasion per month. This is concerning as, older people who have unsatisfactory or limited social relationships have a significantly greater risk of poor health and social outcomes (Holt-Lunstad, 2010).

8.0 Appendices

8.1 The following appendices are attached

- Appendix 1 - Institute of Health Visiting Perinatal Mental Health Training Report
- Appendix 2 - Perinatal Mental Health Awareness Raising Report
- Appendix 3 - Mental Health Enablement Service KPI Update
- Appendix 4 – School Nursing Service Q1 Report
- Appendix 5 - Healthy Resilient Communities Update Report

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Training Report

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Date: April 2017 – updated 4.5.17

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About us:

The Institute of Health Visiting is a UK Centre of Excellence supporting the development of universally high-quality health visiting practice. It was launched in 2012 with the aim of supporting excellence and consistency in practice in order to improve health outcomes for all children, families and communities.

We currently offer a range of contemporary, acclaimed training programmes, developed in collaboration with some of the country's leading subject experts. We have earned a reputation for the high quality of our programmes, which have proved hugely popular as witnessed in our delegate evaluation and feedback.

The programmes can be modified and developed as necessary in order to meet the specific requirements of individual organisations, in a bespoke approach to training provision. Our fees are very competitive, with substantial reductions available to organisations who are members.

Your commission:

You commissioned:

- Perinatal Mental Health (PMH) Awareness 1-day training events
    - for up to 100 members of Community Midwifery and Health Visiting staff within your organisation as part of a wider upskilling strategy for PMH in your area
    - with clear evaluation of effectiveness of the training delivery

We have provided 4 x 1-day training events for an audience of up to 25 participants per workshop. For multi-professional training we recommended cohorts of no more than 20 participants in order to allow for the professions to learn with, from and about each other.

This allows for the optimal exchange of experience and expertise in line with the principles of inter-agency education (Centre for the Advancement of Interprofessional Education: The Definition and Principles of Interprofessional Education (2002)). However, you indicated you wished to train a proportion of Community Midwives alongside their Health Visiting colleagues and these two professions benefit from a very sound understanding of each other's roles and close working relationships, so we agreed to extend the audience groups to a maximum of 25.

We undertake an evaluation of the effectiveness of training delivery at the point of delivery in every training commission as part of our quality assurance and have provided this information in a report demonstrating shifts in knowledge and confidence around several markers for PMH for each of the events.

Agreed content of training:

iHV Perinatal Mental Health Awareness programme (Direct delivery model) – one day

Module	Content
Perinatal mental illness and why it matters	• Definition of perinatal mental health • Definitions and determinants of antenatal anxiety • Disorders of perinatal mental health • Perinatal depression • Manifestations of other mental health issues • Impact of perinatal depression /anxiety on the mother, father, infant, child and the cost to wider society • Cultural factors
Recognition and management	• NICE CG192 and the cost of perinatal mental health • Challenges of assessing for PMI- Depression Identification questions, GAD2/7 and PHQ9, EPDS • When and how to use assessment tools • Stigma • Communication skills • Interventions, including therapeutic and pharmacological approaches • Suicidal thoughts- what are the risk factors?
Safeguarding and risk	• The wellbeing plan • Safeguarding • Suicide and self-harm
Everyone's business: Your role; communication and interventions	• Communication skills • Interventions, including therapeutic and pharmacological approaches • When to refer

Commissoned work:

iHV PERINATAL MENTAL HEALTH AWARENESS TRAINING

DIRECT DELIVERY NOT CASCADE

Delivery of Perinatal Mental Health Awareness training for Community Midwives and Health Visitors

Total - 4 full day workshops

- **100 participants with a maximum of 25 per workshop**

We will provide:

- Specialist PMH trainer for duration of training;
- Co-facilitator for duration of training;
- Delegate Perinatal Mental Health information pack, including CPD learning records and Certificates of Attendance;
- Evaluation of training delivery in the form of a final report outlining shifts in reported knowledge and confidence arising at time of the training event.

You will make available:

- In-house administration for the management and booking of participants for training;
- Appropriate venue with audio-visual equipment e.g. projector, screen and speakers;
- Refreshments for participants and trainers for the training workshop.

Breakdown of costs:

- Provision of specialist trainer for duration of training for 4 days @ £950 per day
  £3,800
- Provision of co-trainer for duration of training for 4 days @ £350 per day
  £1,400
- Overnight accommodation and subsistence and travel to venue for both trainers for 4 days – costed where booked as 2 consecutive dates where possible
  £2,000
- Delegate PMH information packs (including delivery to venue) – 10 copies @ £45 each – you have outlined that 1 pack would be available to each of 8 HV bases and 2 for the Community Midwifery base
  £450
- PMH development wheel resources – to support discussion with families – 100 wheels @ £5 per participant
  £500
- Admin costs for delivery of programme (10%) **£815**
- Infrastructure and overheads (20%) **£1,793**

Cost of delivery:

£10,758

5% discount applied as iHV members

£10,220

(VAT not applicable on our training programmes)

Report on delivery of the training events commissioned:

Four separate events were delivered in January, February and March 2017. The dates were:

- 26th January 2017
- 27th January 2017
- 3rd February 2017
- 20th March 2017

Total number of training places offered:

100 – 25 participant places at each event. The places for the events were administered locally. Not all places were taken up with an 78% attendance being achieved.

Where this was managed locally within the organisation the uptake was an issue outside of our control.

The dates had been notified to practitioners as “save the date” training date opportunities prior to Christmas by the Walsall HV Clinical Lead operationalising the commission. The booking process complete with the relevant local Learning and Development department booking code was issued at the beginning of January. The first two dates in January were significantly underattended.

To support the organisation to achieve their planned reach, we agreed to increase attendance beyond our usual 20-25 cohort sizes with caveats in place regarding the potential impact upon participant comfort at the venue and effect on the delivery of some of the activities, which are best suited to smaller groups and quality of learning achieved in smaller groups. The final event saw an attendance of 37 participants.

Preparation for the training:

Pre-training preparation in the form of links to associated reading materials were sent to the HV Clinical Lead, in order that the participants could receive the preparatory materials prior to attending the events.

Venue for the training and administrative support:

A meeting room at Pinfold Health Centre, Field Rd, Bloxwich, Walsall, WS3 3JP was arranged by the organisation for each of the training events. Resource materials and training folders were delivered to the venue ahead of the training sessions.

EVENT 1

Date of event: 26th January 2017

Section a) – Numbers attending

8

Section b) – Professional background

- Community nursery nurse x1
- Specialist health visitor infant feeding x1
- Health visitor x6

Section c) - Feedback on content of the training programme delivered

Participants are asked to complete pre and post training evaluation of the programme commissioned, in terms of the following learning outcomes associated with the programme.

A score of 1 indicates the participant did not agree with the statement related to their learning and a score of 5 indicates a high level of agreement with the statement.

1. **I can confidently state why good perinatal mental health in the perinatal period is important for good infant mental health and health outcomes across the life course**

	1	2	3	4	5
Pre	**0**	**0**	**1**	**4**	**3**
Post	**0**	**0**	**0**	**3**	**5**

2. **I can recognise the clinical features of the most common perinatal mental health conditions**

	1	2	3	4	5
Pre	**0**	**0**	**0**	**5**	**3**
Post	**0**	**0**	**0**	**2**	**6**

3. **I understand key concepts (such as attachment theory) in relation to infant mental health**

	1	2	3	4	5
Pre	**0**	**0**	**2**	**4**	**2**
Post	**0**	**0**	**0**	**3**	**5**

4. **I am aware of key policy drivers and research relating to perinatal and infant mental health and know how to access these**

	1	2	3	4	5
Pre	**0**	**1**	**6**	**1**	**0**
Post	**0**	**0**	**0**	**3**	**5**

5. **I know how to use NICE CG192 to support detection of perinatal mental illness at the earliest opportunity**

	1	2	3	4	5
Pre	**0**	**1**	**5**	**2**	**0**
Post	**0**	**0**	**0**	**5**	**3**

6. **I know what help should be available for mothers and their families who need support, including those who may be at risk**

	1	2	3	4	5
Pre	**0**	**0**	**1**	**4**	**3**
Post	**0**	**0**	**0**	**4**	**4**

7. **I am clear about my professional role and feel empowered to maximise my contribution as part of the wider multi professional team to improve outcomes for women and their families.**

	1	2	3	4	5
Pre	**0**	**0**	**3**	**4**	**1**
Post	**0**	**0**	**0**	**4**	**4**

8. **Prior to today's event, how had you identified that this was an area you wanted further development in?**

- Need ongoing information for use within role
- High impact areas
- Require update of research
- Mental Health service in Walsall has been very minimal, if one of my clients need support it can be weeks before initial appointments and weeks for the next appointment
- Although I have some knowledge on how to identify perinatal mental health. I feel lost when attempting to give support in the interim whilst services are being sort to help the parent. I also feel more has to be done for the partners children
- Many of the mothers who access support for infant feeding have symptoms of mental health issues
- I am passionate about promoting the link between breastfeeding and infant/mental health for optimal outcomes

9. **Post training event: How are you going to apply new learning to your practice? What will you do differently?**

- Use screening tools more effectively

- Read NICE guidelines and policies
- GAD 2
- Look up GAD questionnaires
- PHQ
- I will use the identification questions as well as the GAD 2 questions
- New knowledge- epigenetics-incorporate into practice

Section d) - Feedback on delivery of the training programme commissioned

Participants are asked to comment on the delivery of the training programme in their post-training evaluation.

A score of 1 indicates the participant did not agree with the statement related to their perceived quality of delivery and a score of 5 indicates a high level of agreement with the statement.

1. **The training event was well-delivered in terms of administration, venue and equipment**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**3**	**5**

2. **The trainer/s were encouraging, respectful and inclusive**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**2**	**6**

3. **The teaching methods were appropriate and interesting**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**3**	**5**

4. **The teaching resources were appropriate and useful**

	1	2	3	4	5
Post-course	**0**	**0**	**1**	**4**	**3**

5. **The training event met its stated aims and outcomes**

	1	2	3	4	5
Post-course	**0**	**0**	**1**	**5**	**2**

6. **Please offer us an overall rating out of 5 for this training event**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**6**	**2**

7. And the best part?

- It provided an update/ reminder- it was good to see someone else deliver- reassured me that I was on the right track
- This training will ensure HVs/nursery nurses/ midwives all have the same standard level of knowledge
- New assessment tools GAD 2/9 and PHQ9 and how to use these tools
- Look at information that has increased my awareness
- Resources, website links, pathways
- All very informative
- Information about screening tools, interaction and sharing knowledge
- Very informative lots of resources given, nice to have slides on handouts

Personalising your PMH pledge:

"I pledge to undertake the following action in order to improve the lives of children, families and communities I work with…"

- "Disseminate how good the awareness day is and worthwhile/necessary"
- "I will look at the GAD questionnaires and PHQ9"
- "Use more websites"
- "To engage with mums and families and develop a good understanding of perinatal mental health training"
- "Negotiate a contract with families in order to complete more meaningful contacts with families when supporting and promoting good mental health"
- "Give time to all patients, mindful of patients feelings"

EVENT 2

Date of event: 27th January 2017

Section a) – Numbers attending

10

Section b) – Professional background

- Health Visitor x7
- Community Nursery Nurse x1
- Community Midwife x1
- HV Clinical lead x1

Section C) - Feedback on content of the training programme delivered

Participants are asked to complete pre and post training evaluation of the programme commissioned, in terms of the following learning outcomes associated with the programme.

A score of 1 indicates the participant did not agree with the statement related to their learning and a score of 5 indicates a high level of agreement with the statement.

1. **I can confidently state why good perinatal mental health in the perinatal period is important for good infant mental health and health outcomes across the life course**

	1	2	3	4	5
Pre	**0**	**0**	**5**	**0**	**5**
Post	**0**	**0**	**0**	**2**	**8**

2. **I can recognise the clinical features of the most common perinatal mental health conditions**

	1	2	3	4	5
Pre	**0**	**0**	**4**	**1**	**5**
Post	**0**	**0**	**0**	**0**	**10**

3. **I understand key concepts (such as attachment theory) in relation to infant mental health**

	1	2	3	4	5
Pre	**0**	**0**	**4**	**4**	**2**
Post	**0**	**0**	**0**	**3**	**7**

4. **I am aware of key policy drivers and research relating to perinatal and infant mental health and know how to access these**

	1	2	3	4	5
Pre	**0**	**1**	**5**	**2**	**1**
Post	**0**	**0**	**0**	**5**	**5**

5. **I know how to use NICE CG192 to support detection of perinatal mental illness at the earliest opportunity**

	1	2	3	4	5
Pre	**0**	**0**	**5**	**1**	**2**
Post	**0**	**0**	**0**	**3**	**7**

6. **I know what help should be available for mothers and their families who need support, including those who may be at risk**

	1	2	3	4	5
Pre	**0**	**2**	**3**	**1**	**2**
Post	**0**	**0**	**0**	**5**	**5**

7. I am clear about my professional role and feel empowered to maximise my contribution as part of the wider multi professional team to improve outcomes for women and their families.

	1	2	3	4	5
Pre	**0**	**0**	**4**	**2**	**2**
Post	**0**	**0**	**0**	**2**	**8**

8. Prior to today's event, how had you identified that this was an area you wanted further development in?

- Due to the increase in mental health concerns identified on daily basis
- Service user, need to support women antenatally and postnatally RE MH referral pathways, support groups. Need more information
- I have mums I am currently supporting and want to know how better to support them
- Yes
- More of our clients are suffering with some form of depression. It would be helpful to recognised early signs and cues. Able to understand and emphasise with parents and share verified information and support to parents.
- This is mandatory training, this was a big impact on client on our caseloads, I understand the need to update knowledge
- To learn and understand more about Perinatal Mental Health and treatment
- How to access services to support mums
- How to recognise signs of maternal mental health and my professional role

9. Post training event: How are you going to apply new learning to your practice? What will you do differently?

- Giving a clear plan to my listening visits, building connections with local support groups
- Attempt to be better at exercising mindfulness, more aware of new local pathway
- Apply to antenatal and prime contracts
- I feel more confident to put tools into practice
- Disseminate learning to other professionals i.e. midwives, GP's and maternity support workers
- Be more aware of PND
- Use the different assessment tools.
- More confident in asking the assessment questions
- Use GAD question as well as wholly screen our contacts

Section d) - Feedback on delivery of the training programme commissioned

Participants are asked to comment on the delivery of the training programme in their post-training evaluation.

A score of 1 indicates the participant did not agree with the statement related to their perceived quality of delivery and a score of 5 indicates a high level of agreement with the statement.

1. **The training event was well-delivered in terms of administration, venue and equipment**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**3**	**7**

2. **The trainer/s were encouraging, respectful and inclusive**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**2**	**8**

3. **The teaching methods were appropriate and interesting**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**3**	**7**

4. **The teaching resources were appropriate and useful**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**2**	**8**

5. **The training event met its stated aims and outcomes**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**2**	**8**

6. **Please offer us an overall rating out of 5 for this training event**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**7**	**3**

7. **And the best part?**

- Seeing new pathways and screening tools to use
- Really easy to understand the role of the health visitor in asking the question and dealing with positive answers
- The resources and articles, thank you and well done!
- Good contribution from all professional, sharing info and experiences. Role play
- Felt at ease in the group
- Good resources
- Understanding the difference between anxiety and depression
- Enjoyed the training

Personalising your PMH pledge:

"I pledge to undertake the following action in order to improve the lives of children, families and communities I work with"

- **"**By building local connections within support groups"
- "Identifying groups for fathers in Walsall"
- "I need to find out the clinical network"
- "Ask the GAD questions in full"
- "Start including dads in routine screening for mental health issues"
- "To be more aware and mindful of PND in parents and to act upon this immediately or as soon as possible"
- "I will aim to get better at exercising mindfulness to make contacts more effective"
- "Bring changes into listening visits"

EVENT 3

Date of event: 3rd February 2017

Section a) – Numbers attending

23

Section b) – Professional background

- Health Visitor x19
- Community midwife
- Family nurse supervisor

Section c) – Feedback on content of the training programme delivered

Participants are asked to complete pre and post training evaluation of the programme commissioned, in terms of the following learning outcomes associated with the programme.

A score of 1 indicates the participant did not agree with the statement related to their learning and a score of 5 indicates a high level of agreement with the statement.

1. **I can confidently state why good perinatal mental health in the perinatal period is important for good infant mental health and health outcomes across the life course**

	1	2	3	4	5
Pre	**0**	**0**	**4**	**11**	**8**
Post	**0**	**0**	**0**	**7**	**16**

2. **I can recognise the clinical features of the most common perinatal mental health conditions**

	1	2	3	4	5
Pre	0	0	2	11	10
Post	0	0	0	6	17

3. **I understand key concepts (such as attachment theory) in relation to infant mental health**

	1	2	3	4	5
Pre	0	1	5	13	4
Post	0	0	0	7	16

4. **I am aware of key policy drivers and research relating to perinatal and infant mental health and know how to access these**

	1	2	3	4	5
Pre	0	5	7	11	0
Post	0	0	0	12	11

5. **I know how to use NICE CG192 to support detection of perinatal mental illness at the earliest opportunity**

	1	2	3	4	5
Pre	3	3	6	9	2
Post	0	0	0	11	12

6. **I know what help should be available for mothers and their families who need support, including those who may be at risk**

	1	2	3	4	5
Pre	0	0	5	12	6
Post	0	0	0	10	13

7. **I am clear about my professional role and feel empowered to maximise my contribution as part of the wider multi professional team to improve outcomes for women and their families.**

	1	2	3	4	5
Pre	0	1	7	9	6
Post	0	0	0	8	15

8. **Prior to today's event, how had you identified that this was an area you wanted further development in?**

- Maternal mental health, child and family mental health are important areas to explore when working with families and children. Positive/emotional wellbeing of family particularly mother (usually main caregiver) can promote the best outcomes for the child. There for exploring new assessment tools and getting a general refresher will enhance my practice
- Enhanced knowledge and current guidelines will promote my role as a HV
- Essential to everyday practice
- This is part of the HV role. It is an important/ key area that we are focusing on to improve outcomes for mothers and their children
- Mandatory training
- Regular update overdue
- NA
- Not up to date- some of the current tools/ approaches in Health Visiting as working as a family nurse supervisor
- Influencing commissioners
- I am used to asking questions and using EPDs. Want to learn more about other anxiety and depression scores and simple effective ideas to share with moms and dads with low risk!
- CRISIS team working arrangements
- I have noticed an increased number of women, with a history of past/current mental health issues. Therefore, I needed to gain an insight in identifying clinical symptoms and referring women to the appropriate clinics

9. Post training event: How are you going to apply new learning to your practice? What will you do differently?

- Raise awareness in any way I can, use tools (GADs), more confidence in referring on
- Use of GAD 2/7 + PHQ 9
- Utilise NICE guidance and perinatal mental health pathway and use of associated tools
- Being aware of pathways in Walsall and services available in local area
- I will continue to ask parents about their mental health. I would like to revisit the subject at each contact. Furthermore, I will utilise the screening tools.
- Use GAD tool, use the boots family trust wellbeing plan
- To utilise the GAD when required as I haven't utilised before
- Cascade to student on SCPHN course, empower other members of skill mix working together to achieve better mental health outcomes
- Need to find out what is available locally, contact details and criteria for referral. Use GAD 7 and PHQ questionnaire when appropriate
- I will use the pack as a resource
- I have found the assessment tools helpful. I have used Whooley questions in the past. I will continue to use these, however I will use EPDs where appropriate- they may be more appropriate at listening visits to measure/ evaluate improvements or deterioration in mood
- More emphasis in mental health at prenatal/ antenatal contact. Use of tools available- to use more confidently
- Conduct GAD 7
- Utilise alternate tools, highlighted importance of screening mental health antenatally
- Use more tools, spend more time talking to mums

Section d) - Feedback on delivery of the training programme commissioned

Participants are asked to comment on the delivery of the training programme in their post-training evaluation.

A score of 1 indicates the participant did not agree with the statement related to their perceived quality of delivery and a score of 5 indicates a high level of agreement with the statement.

1. **The training event was well-delivered in terms of administration, venue and equipment**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**6**	**17**

2. **The trainer/s were encouraging, respectful and inclusive**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**9**	**14**

3. **The teaching methods were appropriate and interesting**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**10**	**13**

4. **The teaching resources were appropriate and useful**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**7**	**16**

5. **The training event met its stated aims and outcomes**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**8**	**15**

6. **Please offer us an overall rating out of 5 for this training event**

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**11**	**12**

7. **And the best part?**

- Highlighted needs to monitor MH from conception onwards, introduced to questionnaires. Group activities- promoted interest/participation
- The story from the guardian

- Variation of learning tools- DVD, Role play, Group work
- The training sessions was very interesting, excellent refresher, particularly having more awareness of pathway/policies and assessment tools. I feel much more confident in supporting women / families and referring to appropriate services. Role play, video and scenarios were very useful
- Good and informative handouts, good tools
- Reviewing the tools, the video clips and discussions/ role play
- Policy and current research (update information). Good handouts
- Resources, updates on tools
- Trainers who were knowledgeable and encouraging
- Information around identification - appropriate action and referral pathway also discussion screening tools
- Visual part interesting especially clips from YouTube
- Resources to take away
- Understanding GAD tool and new anxiety questions
- Updates, groupwork, sharing experiences
- Refresh on topic, very useful. Clarification of relevant assessment teams, insight into the wealth of research available

Personalising your PMH pledge:

"I pledge to undertake the following action in order to improve the lives of children, families and communities I work with"

"Utilise screening tools more frequently when a disclosure of how mood is made."

"incorporate more forensic questioning regarding mental health concerns if relevant to child protection cases"

"Utilise the perinatal mental health pathway and associated tools"

EVENT 4

Date of event: 20th March 2017

Section a) – Numbers attending

37

Section b) – Professional background

- Health visitor x19
- Community midwife x10
- Family nurse x6
- Community nursery nurse x1
- Student HV x1

Section c) - Feedback on content of the training programme delivered

Participants are asked to complete pre and post training evaluation of the programme commissioned, in terms of the following learning outcomes associated with the programme.

A score of 1 indicates the participant did not agree with the statement related to their learning and a score of 5 indicates a high level of agreement with the statement.

1. **I can confidently state why good perinatal mental health in the perinatal period is important for good infant mental health and health outcomes across the life course**

	1	2	3	4	5
Pre	**0**	**2**	**17**	**13**	**5**
Post	**0**	**0**	**0**	**12**	**25**

2. **I can recognise the clinical features of the most common perinatal mental health conditions**

	1	2	3	4	5
Pre	**0**	**1**	**10**	**14**	**12**
Post	**0**	**0**	**0**	**10**	**27**

3. **I understand key concepts (such as attachment theory) in relation to infant mental health**

	1	2	3	4	5
Pre	**3**	**5**	**12**	**13**	**4**
Post	**0**	**0**	**0**	**16**	**21**

4. **I am aware of key policy drivers and research relating to perinatal and infant mental health and know how to access these**

	1	2	3	4	5
Pre	**0**	**12**	**15**	**10**	**0**
Post	**0**	**0**	**0**	**19**	**18**

5. **I know how to use NICE CG192 to support detection of perinatal mental illness at the earliest opportunity**

	1	2	3	4	5
Pre	**3**	**11**	**13**	**9**	**1**
Post	**0**	**0**	**0**	**17**	**20**

6. I know what help should be available for mothers and their families who need support, including those who may be at risk

	1	2	3	4	5
Pre	**0**	**2**	**19**	**12**	**4**
Post	**0**	**0**	**1**	**16**	**20**

7. I am clear about my professional role and feel empowered to maximise my contribution as part of the wider multi professional team to improve outcomes for women and their families.

	1	2	3	4	5
Pre	**0**	**5**	**16**	**13**	**3**
Post	**0**	**0**	**3**	**15**	**19**

8. Prior to today's event, how had you identified that this was an area you wanted further development in?

- Identified in PDR
- My contacts with people needing support. I realised that there were gaps in my knowledge
- Current policies- up to date practice
- To gain more knowledge
- Advised by manager to attend, used in practice and clarification needed
- I feel the area I work in, I need to develop further learning so that I am able to confidently support the women
- Yes, I feel I need more knowledge and information to be able to identify and help families
- I am interested in Perinatal Mental Health area and am a champion for infant mental health
- As a midwife, mental health awareness is a vital part of my role. During pregnancy, both antenatal and postnatal it is crucial to have a wide understanding of the effects of mental health issues
- Mandatory, recognising that PMH is on the increase and more support is required for families
- Increase in perinatal mental illness, awareness of support for these clients
- Mandatory. However, recognise a need for further training as PMH is on the increase
- PDR's 1-1s. Updated myself via journals, NICE guidelines
- Yes as am unclear of pathway to access mental health services if required
- I am interested in perinatal mental health in pregnancy and outside pregnancy. I feel I understand mental health problems as I have personal experience of them. I can emphasise with patients
- Yes
- Perinatal mental health is becoming an ever-increasing issue especially in today's society, with inequalities and ever increasing stresses of everyday life. This is having an impact on our role
- Need to update my knowledge due to being on maternity leave

- To enhance my practice, to learn about policies and procedures

9. Post training event: How are you going to apply new learning to practice? What will you do differently?

- Take more time during a conflict to listen!
- Use GAD 2 questions at visits
- GAD 2 questions
- Set up core plans if have previous history- liaise with CPNs etc
- Having awareness of the signs and symptoms to detect perinatal illness
- Utilise all tools GAD-7, PHQ-9, EPDs on assessment
- Use GAD 2 questions
- Utilise information provided at today's training, more aware of the genetic links
- Early recognition, follow pathways
- I have gained valuable knowledge and undertaking regarding different mental illnesses and I now feel confident with referring in my role
- Listen more to women, look for trigger factors, explore risk factors and signs of symptoms, offer help promoting.
- Ensure that PH2 and PH9 and GAD7 are completed
- I feel more confident having a pathway to follow and tools to use within the pathway
- Use the new assessment tools in everyday practice
- Use GAD not just Whooley
- To read more NICE guidelines and core guidelines. Use new tools GAD 7 PHQ 9.
- Should be more confident using the tools to identify perinatal mental health issues. What questions to ask? New tools to use, GAD2, GAD7, PHQ9, suicide red flags
- Use assessment tools – pathways
- I now know how and which tool I will be using on my clients. I am also confident when to make referral and where to refer too
- I now have a clear vision of referral process when working with mothers and depression
- Way I word things. Use GAD 7
- Use tools

Section d) - Feedback on delivery of the training programme commissioned

Participants are asked to comment on the delivery of the training programme in their post-training evaluation.

A score of 1 indicates the participant did not agree with the statement related to their perceived quality of delivery and a score of 5 indicates a high level of agreement with the statement.

1. The training event was well-delivered in terms of administration, venue and equipment

	1	2	3	4	5
Post-course	**0**	**0**	**3**	**17**	**17**

2. The trainer/s were encouraging, respectful and inclusive

	1	2	3	4	5
Post-course	0	0	0	11	26

3. **The teaching methods were appropriate and interesting**

	1	2	3	4	5
Post-course	0	0	2	13	22

4. **The teaching resources were appropriate and useful**

	1	2	3	4	5
Post-course	0	0	0	13	24

5. **The training event met its stated aims and outcomes**

	1	2	3	4	5
Post-course	0	0	0	12	25

6. **Please offer us an overall rating out of 5 for this training event**

	1	2	3	4	5
Post-course	0	0	0	11	26

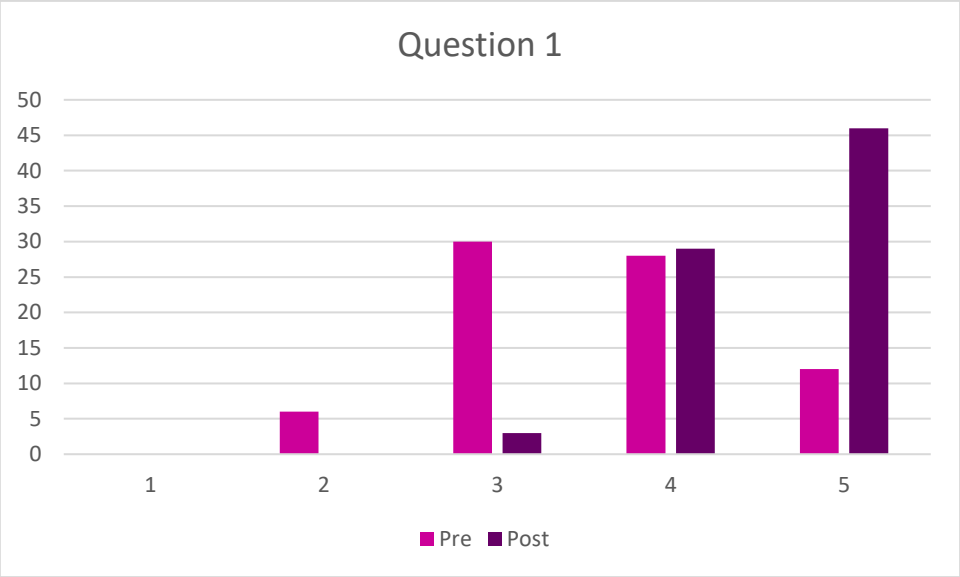
7. And the best part?

- Lecturers were extremely informative, knowledgeable and approachable
- Learning activities/group work.
- Use of tape recorders for role playing of hearing voices
- It was very informative and useful
- Application of information, current provision and referral
- Awareness of Tokophobia
- All
- Learning about new tools, epigenetics, listening to recordings/ role play
- Interactive approach, evidence based information- what will work well in practice
- Interactive tips- YouTube re: black dog etc
- Epigenetics- very interesting- only a short induction!
- Interactive, friendly
- Enjoyed listening to other professionals' experiences, to give me more insight
- Interaction between group- role play, listening to hearing aids to understand people who suffer from psychosis
- Enjoyed group interaction
- Good to refresh- interesting subject
- Informative session, trainers enthusiastic about perinatal mental health
- Having a clear pathways, tools and evidence based practice
- Using the earplugs to show what it was like having to hear voices. Thought that was very effective
- Really enthusiastic speakers- very knowledgeable and engaged the whole audience
- Hearing voices exercise
- All informative and appropriate for my role, pathways very useful, useful to explore ways to support clients with mental health disorders
- The trainers' knowledge and passion in delivering the training- helped me to absorb new knowledge
- Good facilitators, psychosis session and earphones- powerful exercises to demonstrate impact of psychosis on a person
- Pathway
- Course is very informative and well presented
- Both ladies were interesting and engaging

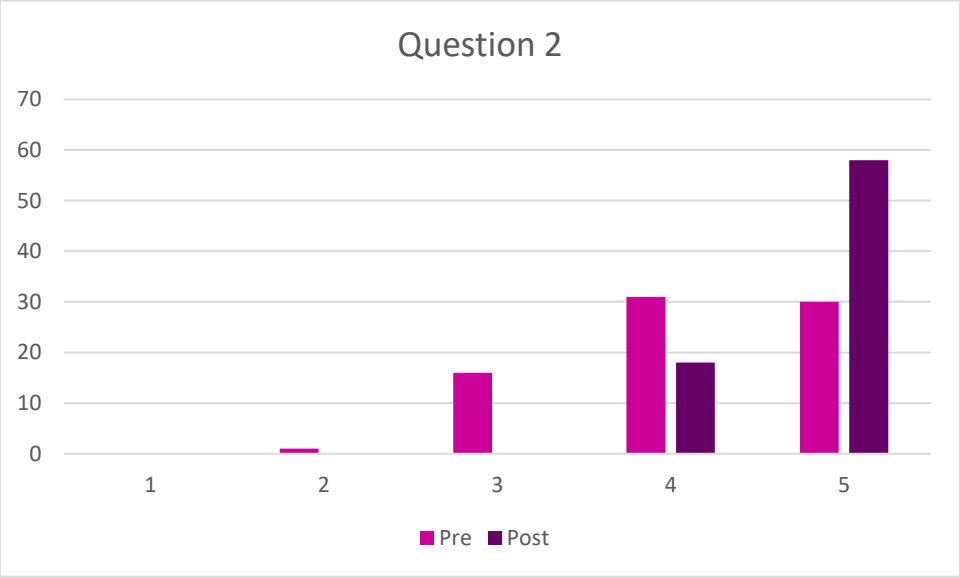
Overall summary of results for all events

Content of training:

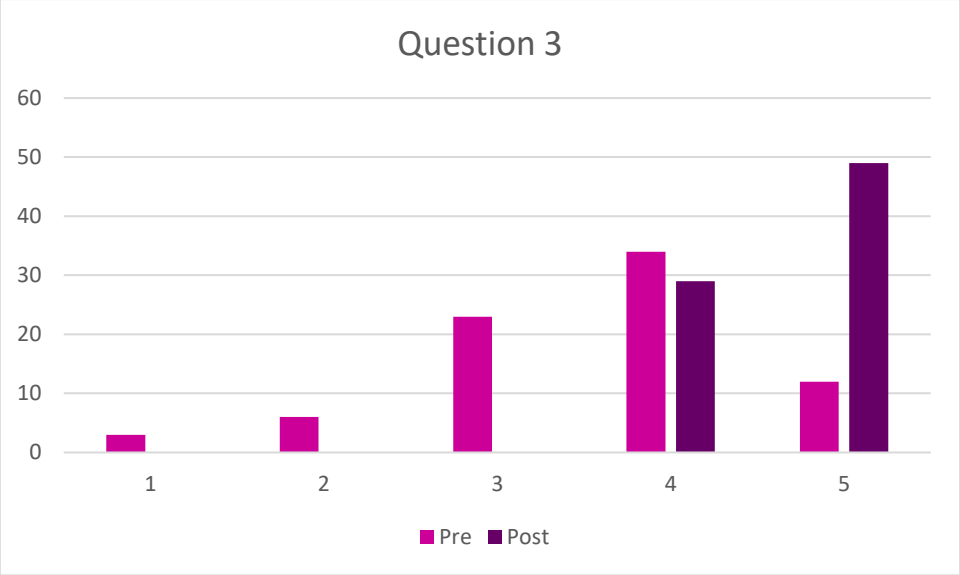
1. **I can confidently state why good perinatal mental health in the perinatal period is important for good infant mental health and health outcomes across the life course**



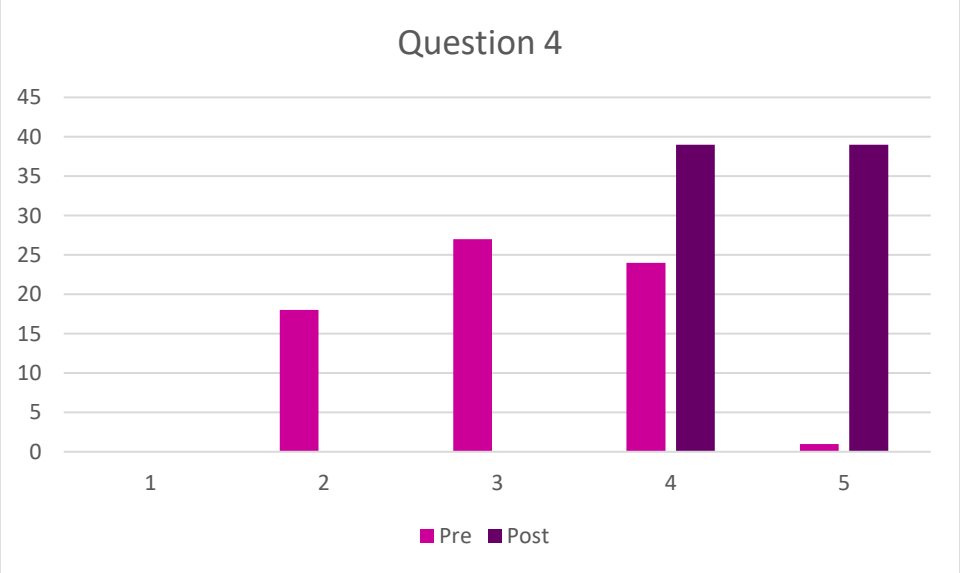
2. **I can recognise the clinical features of the most common perinatal mental health conditions**



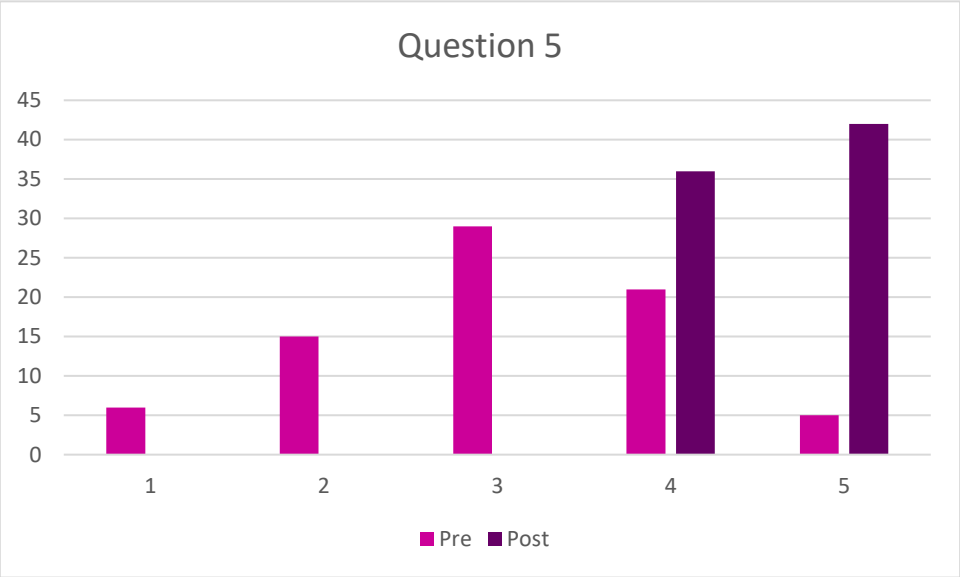
3. I understand key concepts (such as attachment theory) in relation to infant mental health



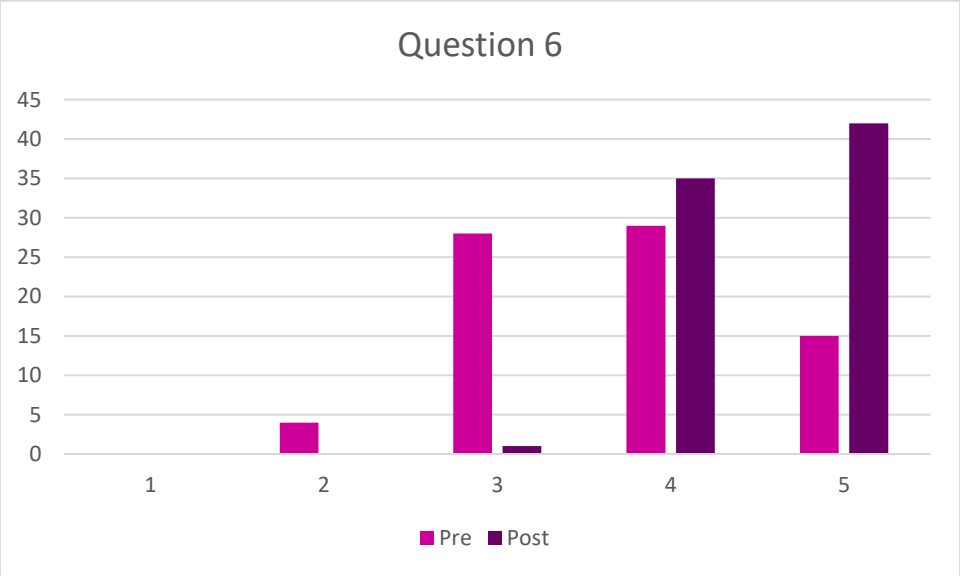
4. I am aware of key policy drivers and research relating to perinatal and infant mental health and know how to access these



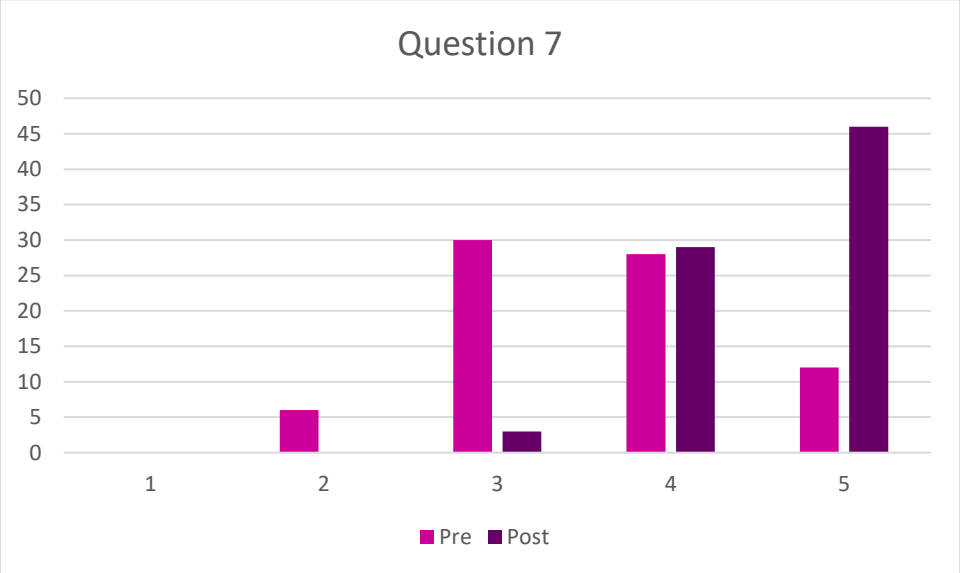
5. **I know how to use NICE CG192 to support detection of perinatal mental illness at the earliest opportunity**



6. **I know what help should be available for mothers and their families who need support, including those who may be at risk**



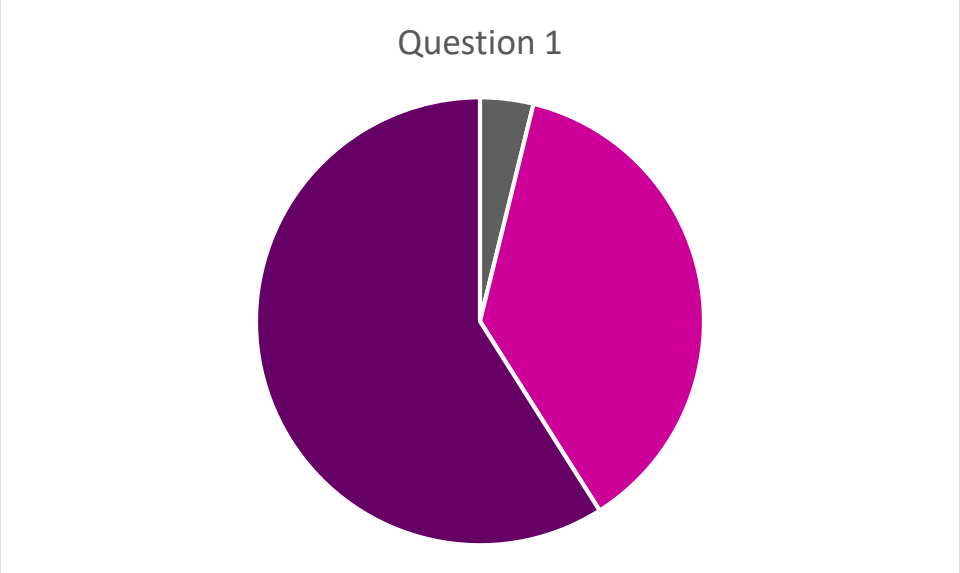
7. **I am clear about my professional role and feel empowered to maximise my contribution as part of the wider multi professional team to improve outcomes for women and their families.**



Delivery of training:

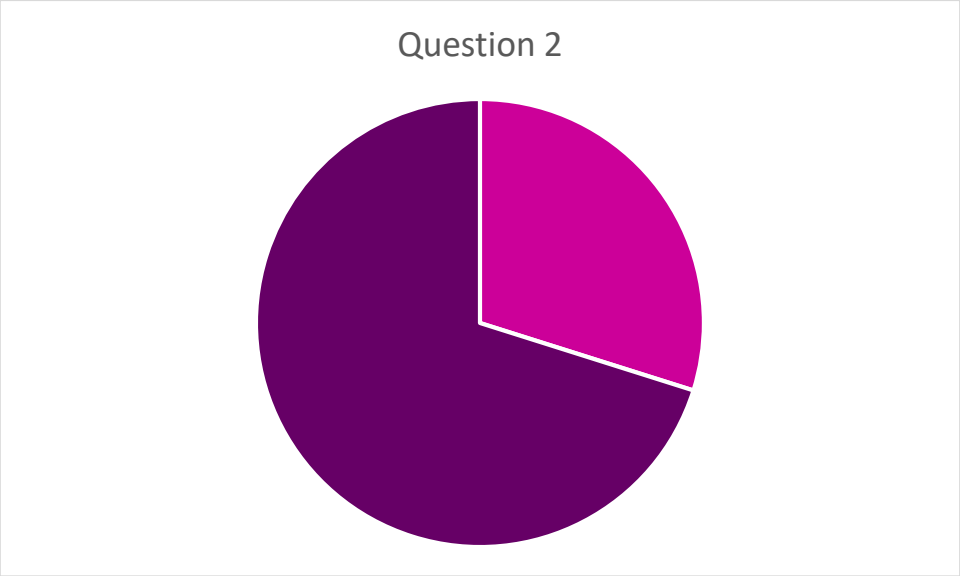
1. **The training event was well-delivered in terms of administration, venue and equipment**

	1	2	3	4	5
Post-course	**0**	**0**	**3**	**29**	**46**



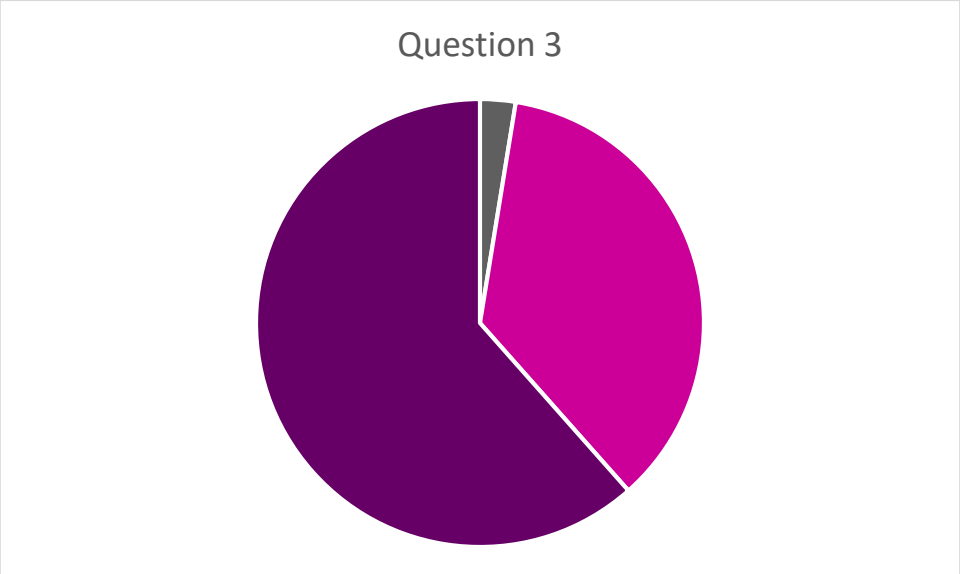
2. The trainer/s were encouraging, respectful and inclusive

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**24**	**54**



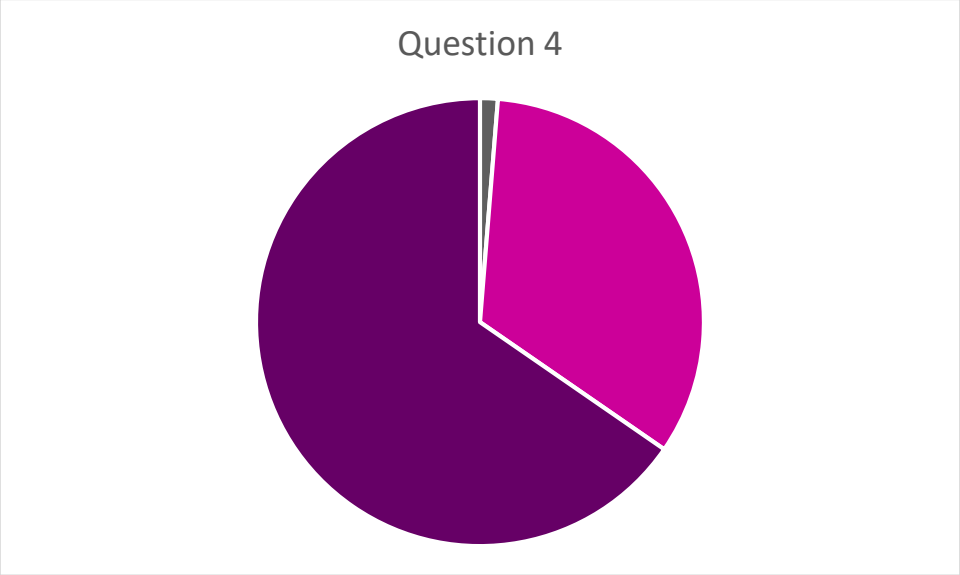
3. The teaching methods were appropriate and interesting

	1	2	3	4	5
Post-course	**0**	**0**	**2**	**28**	**48**



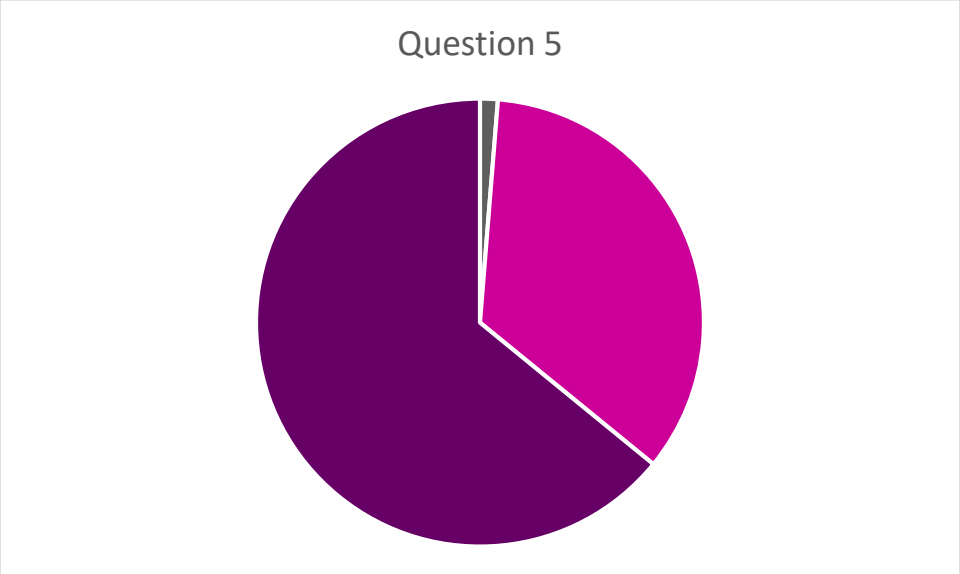
4. **The teaching resources were appropriate and useful**

	1	2	3	4	5
Post-course	**0**	**0**	**1**	**26**	**51**



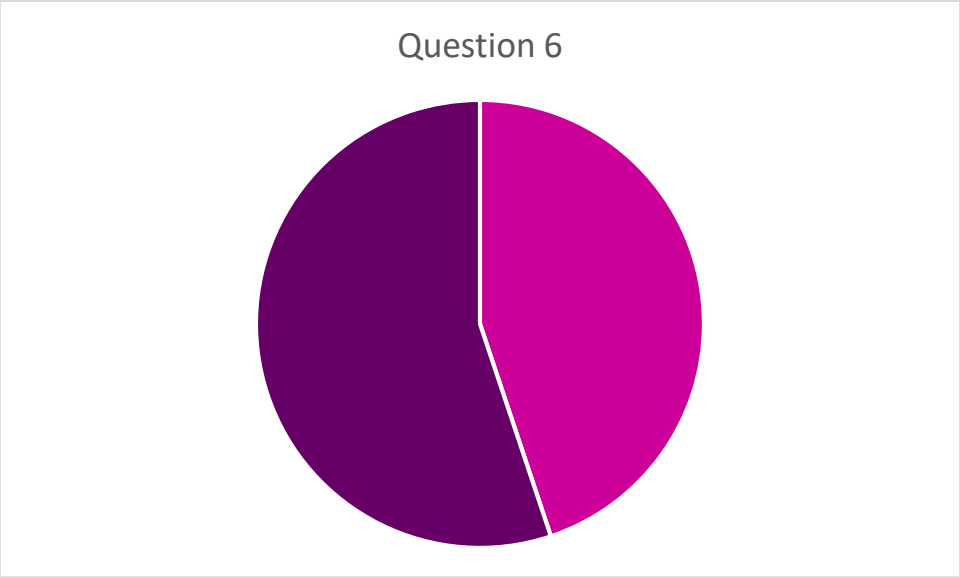
5. **The training event met its stated aims and outcomes**

	1	2	3	4	5
Post-course	**0**	**0**	**1**	**27**	**50**



6. Please offer us an overall rating out of 5 for this training event

	1	2	3	4	5
Post-course	**0**	**0**	**0**	**35**	**43**



Analysis of feedback data and final comments

We are delighted with the outcomes of the delivery of this commission overall; the evaluation data and comments reveal the effectiveness of the programme delivered overall.

Quantitative data

What stands out is the quantitative data showing shifts in learning across the 5 cohorts for each of the learning outcomes stated, with consistently higher post-training scores reported, demonstrating a return on investment at the point of delivery of the training.

What was noticeable was the wide range of self-reported knowledge and skills from participants prior to the training; with low pre-training scores reported by the participants for several of the learning outcomes. These transformed into higher post-training knowledge and skills scores for almost every participant, but affected the range of post-training scores seen. Where we usually seek a minimum score of 4 or 5 post-training we continued to see a small handfuls of 3's scored for this commission, but these scores of 3 still represented a shift in their prior knowledge and skills.

Qualitative feedback

The written feedback provided by participants was also very informative for the themes it offered:

<u>Reason for attending training:</u>

- Mandatory training/ advised by manager to attend
- Individual need to update knowledge on PMH/ personal interest in subject area
- Need to update skills on managing individuals with perinatal illness/ mental illness - rise in prevalence seen in practice

Post-training impact on practice:

- Lots of comments on renewed confidence in skills and heightened awareness to consider perinatal mental health at every contact
- Many cited ability to now use the assessment tools to support early detection of perinatal mental illness
- Others acknowledged new awareness of the care pathway
- Some were going to disseminate their learning further amongst colleagues who had not attended

The most enjoyable part of the training:

- The balance of activities in the training
- The knowledge and enthusiasm of the trainers
- Specific training activities e.g. simulation/ hearing voices exercise, videos, policy and research review, assessment tools
- Provision of pathway information
- Listening to colleagues/discussions

Areas for improvement: We do ask for areas for improvement and use suggestions to make changes made where appropriate. Most comments on improvements revolved around delivery issues related to the venue, such as the layout of the room and facilities and the heat/temperature and these where beyond our control, although the trainers did their best to address issues at the time as fully as possible as they were aware of the issues reported.

The participants (at some of the events) also indicated they would have valued more information regarding the newly introduced care pathway and the presentation of this across the events was variable, dependent on the attendance of the Clinical Lead to share the new standard procedure for practice with the participants. Again the trainers had attempted to tackle the gaps in local knowledge by asking the admin team at the venue to print out copies of the local pathway for the participants to discuss and review, which they generously did, but input from the local area for discussions around the background to and development of the local pathway and management of the politics of this is a piece of partnership working we do value for the clear benefits it offers participants.

Final comments

Our trainers Victoria Gilroy and Barbara Potter were very aware of the sensitive time period for the participants during the first couple of training events, with the introduction of the

management of change process that week, which was potentially impacting the job roles of some of the participants and affected the mood level of the participants and the level of engagement in the room at times. Later events were more buoyant and engagement improved, although the large cohort size agreed for the final event was challenging at times in the management of time needed to complete the programme delivery and activities. Once again, we valued the assistance provided by Jill Day, Sandra Farmer and Lorraine Clarke in organising the administration of the events, the support from the teams at the venues, and overall the contributions brought by the participants themselves.

Recommendations

Recommendations to the organisation based upon the outcomes of this training include:

1. Continued focus on prioritising and planning Perinatal Mental Health training updates as key CPD for all midwifery and health visiting team staff to consolidate the recent training attended and offer further opportunities to train for those who did not access a place on this programme.
2. Support to midwifery and health visiting staff to help them understand the significance of the local care pathway in order to support its universal and effective implementation, e.g.
    a. laminated care pathway copies so that staff may be able to keep with them in practice and refer to it when necessary;
    b. staff information and facilitated discussion at professional meetings to clarify the position of the pathway and prevent any misconceptions or concerns that would undermine effective adherence to the recommended care pathway.
3. Support to teams e.g. restorative supervision or further training in order to maintain resilience during challenging periods of change, which will maintain the levels of compassion satisfaction and the ability of the staff to engage fully with their work and support the needs of their clients.

    Note: We do provide a Resilience Awareness programme, which offers participants an opportunity to consider a number of simple strategies that can support them to remain compassionate whilst practising in complex roles remain in order to look after their own emotional wellbeing. Please contact us if you would like more information.

Our training portfolio

The Institute prides itself on its very high quality, and popular, contemporary training and events. Our training portfolio is extensive, with a wide range of subject areas developed by leading experts.

We also offer programmes covering the following subject areas:

- Infant Mental Health;
- Sleep Assessment and Intervention;
- Developing Resilience;
- Building Community Capacity;
- Domestic Violence and Abuse;
- Contemporary Issues in Safeguarding and Child Protection;
- Accident prevention;
- Healthy Weight, Healthy Nutrition;
- Outcomes Frameworks;
- Leadership.

Feedback on training with iHV

This report concludes our delivery of this training commission on your behalf. However, we constantly strive to improve quality throughout the process of commissioning to delivery of our training and always wish to ensure satisfaction from the commissioning organisation. Please do let us have feedback on your experience of working with the Institute from proposal stage through to final reporting. If you have any concerns at all please raise these at the earliest instance with the Head of Department, Education and Quality.

Best wishes

Karen Stansfield

Head of Department, Education and Quality
Institute of Health Visiting
karen.stansfield@ihv.org.uk
07809 644674

PERINATAL MENTAL HEALTH AWARENESS TRAINING

Final Evaluation Summary

Final evaluation of training

Cost £3500

5 Sessions plus two extra sessions delivered to the health visiting forum and healthy pregnancy team and one planned for the community midwives.

Sessions ran from February 2017 to August 2017

Booking was via internal ESR in Walsall healthcare and Eventbright. This was done via admin within public health Walsall. There was some confusion regarding the booking of the Blakenall Session which was deemed fully booked but with only two in attendance. This seems to have been an error in the booking process. Other sessions where well attended. Only comments were the difficulties of clinical staff in the hospital getting release from roles to attend training. I think another date in the hospital would have been beneficial.

Publicity was done via Eventbright, internal promotion within Walsall healthcare via email, communication team and intranet. Emails sent out to publicise by the clinical network was sent out.

The venues were excellent.

Date/Venue	Attendance	Break down of attendees
28/3/17 Walsall Manor Hospital	22	7 Maternity 1 unknown 1 The Beacon 2 Early Help 3 Health visiting 3 Rethink 1 Stop Smoking 1 Clinical Health Psychology 1 Community Midwife 1 Maternal Link worker 1 Wolverhampton CCG
25/4/17 Blakenall CC	2	1 Walsall healthcare 1 Acorns Children's Hospice
30/5 17 EDC	29	1 Perinatal community team 2 Blakenall Sure Start 1 Health Visiting 2 Community Midwives 1 CAMHS 10 Early Help 1 Mental Health

		1 Student learning disabilities nurse 1 Acacia 3 Maternity 1 psychotherapy 1 Student nurse (adult) 1 unknown 1 Pandas Foundation 1 Antenatal Clinic 1 NHS ?
20/6/17 EDC	26	2 Health Visiting Support 6 Blakenall sure start 1 PSA Alumwell Schools 1 Perinatal services 1 Midwife (burton hospital) 3 Breastfeeding Network 1 Learning and Development 3 Birchills children's centre 1 Health Visiting 4 Maternity Unit 1 BSMHFT 1 Early years 1 Homestart
03/07/17 EDC	17	1 Acorns children's hospice 1 GP 7 Blakenall CC (differing services) 2 Birmingham City University (student Midwives) 2 Breastfeeding network 2 Darlaston CC 1 Perinatal community health 1 Bethel Doula Service

There were also 2 specialist midwives that turned up but left saying they knew all the info.

5 sessions	
Over All Attendance	96
Different services Represented	50
Overall Ratings for session;	
10	23
9	15
8	22
7	14
6	3
5	2
Positive Feedback included	More awareness of PNMH and the impact of PNMH on families. More knowledge of local/national support. Understanding of types of PNMH and who it can affect. How to support families in own roles. Helpful to have personal experience included in session as it made it more real. Video was moving and explained the impact on those affected. Surprise at statistics of families affected, especially around PTSD and OCD. The work Walsall has done to improve care given families. How to refer families for support locally. How birth experiences impact on PNMH. What PTSD is in relation to PNMH. That Suicide is the biggest cause of maternal death nationally. What they can do in their services to support families. That women struggle to ask for help and how to support this. The role health visitors play in supporting women. How PNMH impacts society. The pathway in place for health visiting. The need to make sure the services who attended have pathways to support PNMH.

Some of the comments included;

‘I felt emotional and embarrassed by my lack of knowledge, inspired to help.

‘Courage to speak out for families’

‘I would like to create a leaflet for our service to give to families we support’

‘I felt sad to know that so many women suffer in silence’

‘When I qualify as a Midwife I hope to ask women how they really feel’

‘Through the training, I feel that I am now more aware of the signs of PNMH and the pathway in place for that mom’

‘It took me back to my own experience of PNMH 22 years ago. I feel I have a better understanding.’

“Its showed me how important it is to ask mums about their birth experiences.’

The facilitator shared her experience. It brought home what I felt when I had my 1st baby – alone/ isolated/low mood.

‘Everyone needs this training!’

‘Thank you, your passion and commitment is inspiring.’

This was the promotional Leaflet

Walsall Council

Healthy WALSALL

Walsall Hospitals NHS
NHS Trust

FREE Multiagency Awareness Session
Perinatal Mental health and Walsall Maternal Mental Health Pathway Training

This session is aimed at all agencies that have contact with pregnant women or women who have just had a baby and their families.

Book Now

Session Dates

- 28th March 10am-12am
  Walsall Manor Hospital
- 25th April 10am-12am
  Blakenall Sure Start Centre
- 30th May 10am-12am
  Education Development Centre, Pelsall Lane
- 20th June 10am-12am
  Education Development Centre, Pelsall Lane
- 3rd July 1pm-3pm
  Education Development

- What is perinatal mental health?
- Learn about how many families are affected nationally.
- Where families can access support and information.
- What it's like to be affected by perinatal mental health.
- What you can do to support families.
- Find out about Walsall's Maternal Mental Health Pathway.
- The impact of domestic violence and substance misuse on maternal mental health.

TO BOOK

ease complete booking form (attached) with preferred dates and email to:

jamila.bi@walsall.gov.uk , alternatively please access Eventbrite for further information and booking

Loving baby Lt

Contract Statistics Summary for 6211 - Contract - Walsall Council and Walsall CCG - Walsall Enablement Service

for the period: 01/04/2017 - 30/06/2017

Summary usage statistics 01/04/2017 - 30/06/2017

1. Service use and referral 01/04/2017 - 30/06/2017

Service usage between 01/04/2017 - 30/06/2017	
Service usage	**Cases**
Referred to service 01/04/2017 - 30/06/2017	43
Declined from service 01/04/2017 - 30/06/2017	11
Started using service 01/04/2017 - 30/06/2017	23
Finished using service 01/04/2017 - 30/06/2017	22
Used service 01/04/2017 - 30/06/2017	76

Notes on calculations and definitions:

Referred
Any case that has been referred during the period. Details of referring organisation available in section 3.

Declined/Chose not to use the service
Any referred case that has either been declined by the service; cancelled by the service user prior to using the service; or cancelled by the referrer after the referral was received by the service. Totals are based on submission status being set to Declined and the case end date being within the date period specified. Summary details of declined cases are shown in section 2. New referrals that were declined in the period are shown in section 3 along with where the referrals have come from.

Started
Any case that started using the service within the stated period. This requires a service start date to have been entered on RIS.

Finished using the service
Any case that completed using the service during the stated period. Requires a case closed date to have been entered on RIS and status changed to Done. This total does not include cases that were declined or did not use the service at all, but does include incomplete cases (i.e. where used the service for any period). The breakdown of closed cases is in section 2, showing whether clients completed using the service/left early.

Used service
Any case that used the service at any point within the stated period.

Support Plan data is provided in this report for any case that used the service within the period.

Please note that the figures above should be looked at as completely separate totals as they are not mutually exclusive, i.e. a case could be referred, start, and complete during the period. This case would also appear in the Used service figures. More details on what makes up these totals are provided

throughout the report.

2. Declined/Closed cases 01/04/2017 - 30/06/2017

Declined Cases - Reason case closed 01/04/2017 - 30/06/2017	Cases
Incomplete - Started using service but client chose not to continue	1
Service not used - Did not engage/use service at all after referral accepted	8
Service not used - Referral cancelled by client	2

Closed Cases - Reason case closed 01/04/2017 - 30/06/2017	Cases
Complete - Completed using service	20
Incomplete - Left whilst using service as admitted to other service/hospital	1
Incomplete - Started using service but client chose not to continue	1

Where totals do not match those in section 1, the closure reason may be blank in RIS field "Case closed reason".

3. Referrals to the service 01/04/2017 - 30/06/2017

Referrals between 01/04/2017 - 30/06/2017 (Referral routes and Organisation name)	Referral accepted/to be reviewed	Declined by Client/Did not engage	Total
NHS	**18**	**1**	**19**
Community Mental Health/Recovery Team	**4**	**0**	**4**
Via Talking Therapies	2	0	**2**
Early Intervention	2	0	**2**
Home Treatment Team	**4**	**1**	**5**
Other NHS referral route (not listed above)			
One You Walsall	10	0	**10**
Local Authority	**2**	**0**	**2**
Local Authority/Social Services			
Wilbraham Court	2	0	**2**
Voluntary	**9**	**1**	**10**
Other voluntary/non-profit organization (not Rethink)			
Kaleidoscope +	3	0	**3**
The Beacon	3	1	**4**
Jobcentre Plus	2	0	**2**
Talent Match	1	0	**1**
Criminal Justice System	**0**	**1**	**1**
Police	**0**	**1**	**1**
Self	**7**	**4**	**11**
Self referral	7	4	**11**
Total referrals	**36**	**7**	**43**

4. Waiting times, time at service and returning to the service 01/04/2017 - 30/06/2017

Time in days	Started 01/04/2017 - 30/06/2017	Used 01/04/2017 - 30/06/2017	Completed 01/04/2017 - 30/06/2017
Waiting time - Average num days referral to start date	51.35	40.11	40.27
Time at service - Average num days start to end date (or 30/06/2017)	39.83	260.30	219.95

Number of clients returning/readmitted	Clients returning 01/04/2017 - 30/06/2017
30 days since previous discharge	0
90 days since previous discharge	0
1 year since previous discharge	0

Support Plan Summary 01/04/2017 - 30/06/2017

5. Personal Goals

Goals Summary between 01/04/2017 - 30/06/2017		
Recovery Star link	**Opened**	**Closed**
Managing Mental Health	29	25
Self Care	1	1
Living Skills	2	2
Social Networks	5	7
Work	5	4
Relationships	0	0
Addictive Behaviour	0	0
Responsibilities	1	1
Identity and Self Esteem	5	3
Trust and Hope	1	0
Benefits Advice Outcome Measure	1	1
Day to Day Contact Record Only	1	0
None of the above	0	0
Total goals	**51**	**44**
Life Domain link	**Opened**	**Closed**
Be healthy	3	10
Economic wellbeing	6	8
Enjoy and achieve	16	9
Make a positive contribution	5	1
Stay safe	20	16
None of the above	1	0
Total goals	**51**	**44**

The table above shows all goals that were opened or closed during the reporting period against Recovery Star and Life Domain links.

Goal Reviews between 01/04/2017 - 30/06/2017				Goal Reviews Time Taken (Minutes)			
Recovery Star link	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
Managing Mental Health	53	68	193	10,710	2,560	3,585	16,855
Self Care	1	1	1	30	10	30	70
Living Skills	3	3	4	195	55	45	295
Social Networks	12	12	45	1,570	490	375	2,435
Work	8	9	22	1,075	275	375	1,725

Responsibilities	1	1	2	150	50	60	260
Identity and Self esteem	5	6	16	745	185	30	960
Trust and Hope	1	1	3	240	70	60	370
Day to day contact	1	1	15	395	150	95	640
Not specified	1	1	3	150	60	0	210
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

The table above shows all goal reviews carried out during the reporting period against the relevant Recovery Star link.

Goal Reviews between 01/04/2017 - 30/06/2017				**Goal Reviews Time Taken (Minutes)**			
Town (based on client address)	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
Birmingham	1	1	2	80	25	0	105
Brownhills	2	2	7	540	110	270	920
Coventry	1	2	4	110	40	50	200
Great Barr	1	2	2	50	20	0	70
Walsall	56	89	268	13,370	3,445	4,035	20,850
Wednesbury	1	1	2	50	25	30	105
Willenhall	4	6	19	1,060	240	270	1,570
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

Goal Reviews between 01/04/2017 - 30/06/2017				**Goal Reviews Time Taken (Minutes)**			
PC area (based on client address)	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
B4	2	3	4	130	45	0	175
CV2	1	2	4	110	40	50	200
WS1	11	20	69	2,795	870	585	4,250
WS10	7	15	38	1,890	405	395	2,690
WS2	10	14	37	1,730	460	250	2,440
WS3	13	19	69	3,705	945	1,785	6,435
WS4	3	4	10	435	125	10	570
WS5	4	6	18	1,025	235	320	1,580
WS8	4	5	13	760	175	315	1,250
WS9	7	9	23	1,620	365	675	2,660
WV12	3	4	12	580	170	120	870
WV13	1	2	7	480	70	150	700
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**

				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

Goal Reviews between 01/04/2017 - 30/06/2017				**Goal Reviews Time Taken (Minutes)**			
Local council (based on referral data)	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
	40	57	200	10,350	2,295	3,565	16,210
Blakenall	1	2	5	290	120	120	530
Walsall	1	1	4	230	75	90	395
Walsall Metropolitan Borough Council	23	42	91	4,280	1,375	880	6,535
Wolverhampton City Council	1	1	4	110	40	0	150
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

Goal Reviews between 01/04/2017 - 30/06/2017				**Goal Reviews Time Taken (Minutes)**			
Hospital ward (based on referral data)	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
	66	103	304	15,260	3,905	4,655	23,820
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

Goal Reviews between 01/04/2017 - 30/06/2017				**Goal Reviews Time Taken (Minutes)**			
Review contact type	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
➢ Not specified	21	23	30	1,420	355	440	2,215
Contact via a 3rd party	1	1	1	30	10	0	40
E-Mail	2	4	4	55	50	0	105
Face to face	54	77	154	9,570	2,250	3,530	15,350
Group Work/Attendance	17	19	26	1,975	340	220	2,535
Letter	2	2	2	30	25	0	55
Meeting with client and other parties	7	7	10	645	120	345	1,110
Phone	37	45	77	1,535	755	120	2,410
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

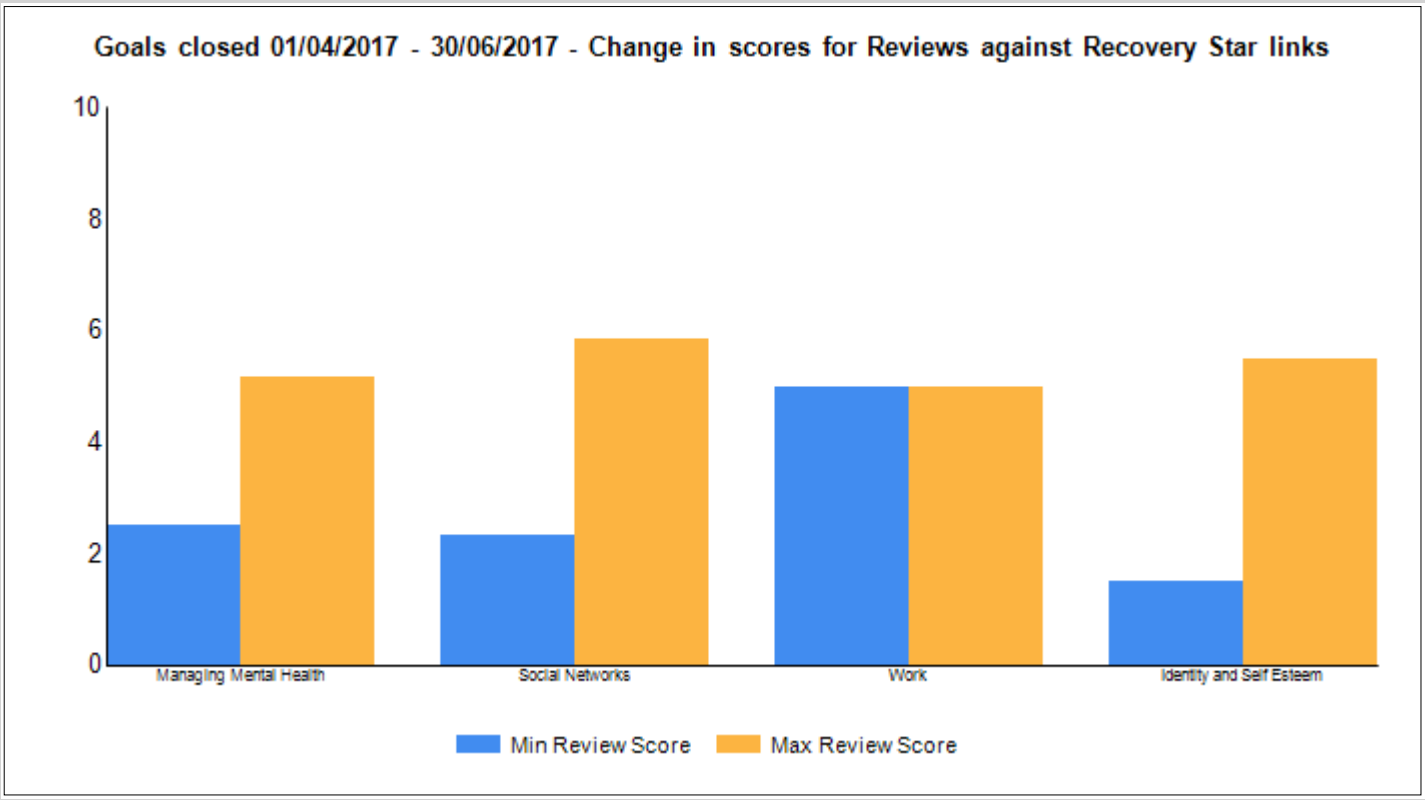
Goal Reviews between 01/04/2017 - 30/06/2017				**Goal Reviews Time Taken (Minutes)**			
Recovery Star link/Goal name	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
Managing Mental Health							

Attend appointments	1	1	6	**300**	60	180	540
Attend bereavement counselling.	1	1	3	**80**	40	30	150
Attend Living Life To The Full workshop	9	9	24	**465**	60	0	525
Coffee & Cope	1	1	1	**120**	20	45	185
GP appointment	1	1	2	**90**	20	75	185
One to one emotional support	47	49	147	**260**	50	70	380
Phone call to Dorothy Patterson	1	1	1	**30**	10	0	40
PIP assessment	1	1	1	**60**	10	30	100
Ring Daughters School	1	1	1	**30**	10	0	40
Safe Space	1	1	3	**270**	35	135	440
Support to appointment	1	1	1	**30**	15	0	45
Support to meetings	1	1	3	**70**	30	0	100
Self Care							
Ring to request PIP forms	1	1	1	**30**	10	30	70
Living Skills							
Get my own place to live	1	1	2	**120**	20	45	185
Housing issues	1	1	1	**60**	20	0	80
Support to meetings	1	1	1	**15**	15	0	30
Social Networks							
Attend art group	2	2	5	**45**	10	30	85
Attend computer course	1	1	3	**135**	30	0	165
Attend physio	1	1	4	**75**	40	0	115
Attend SafeSpace	1	1	4	**120**	40	0	160
Go out independently	2	2	11	**165**	70	105	340
Widen social networks	5	5	18	**65**	40	0	105
Work							
Attend benefit assessment	2	2	2	**90**	10	140	240
Job centre appointment	1	1	1	**60**	10	0	70
Voluntary work	4	4	14	**365**	100	10	475
Work	2	2	5	**270**	95	135	500
Responsibilities							
Housing Issues	1	1	2	**150**	50	60	260
Identity and Self esteem							
Attend SafeSpace	1	1	3	**210**	30	0	240
Emotional support	2	2	7	**240**	60	0	300
Interview panel	1	1	2	**80**	40	30	150
Voluntary work	2	2	4	**215**	55	0	270
Trust and Hope							

Voluntary work	1	1	3	**240**	70	60	370
Not specified							
Benefits	1	1	3	**150**	60	0	210
Day to day contact							
Daily Contact	1	1	15	**395**	150	95	640
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

Goals Closed between 01/04/2017 - 30/06/2017	First Score		Last Score		Difference	
Recovery Star link	**Avg**	**N**	**Avg**	**N**	**Avg2 - Avg1**	**% change**
Managing Mental Health	2.50	6.00	5.17	6.00	2.67	106.67%
Social Networks	2.33	6.00	5.83	6.00	3.50	150.00%
Work	5.00	1.00	5.00	1.00	0.00	0.00%
Identity and Self Esteem	1.50	2.00	5.50	2.00	4.00	266.67%
Total goals	**2.47**		**5.47**		**3.00**	**121.62%**

The table above shows scores for all goals that were closed during the reporting period against Recovery Star links where start and end scores have been added to RIS. N = number of goals reviewed.



Goal Reviews between 01/04/2017 - 30/06/2017				Goal Reviews Time Taken (Minutes)			
Month	**Num Cases reviewed**	**Num Goals reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
April 2017	51	70	98	**5,170**	1,460	1,865	8,495
May 2017	51	70	103	**5,075**	1,280	1,465	7,820
June 2017	55	71	103	**5,015**	1,165	1,325	7,505
Totals	**66**	**103**	**304**	**15,260**	**3,905**	**4,655**	**23,820**
				(254.33 hrs)	**(65.08 hrs)**	**(77.58 hrs)**	**(397.00 hrs)**

6. Recovery Star Outcomes

Recovery Star Outcomes Summary between	Num Cases	Num

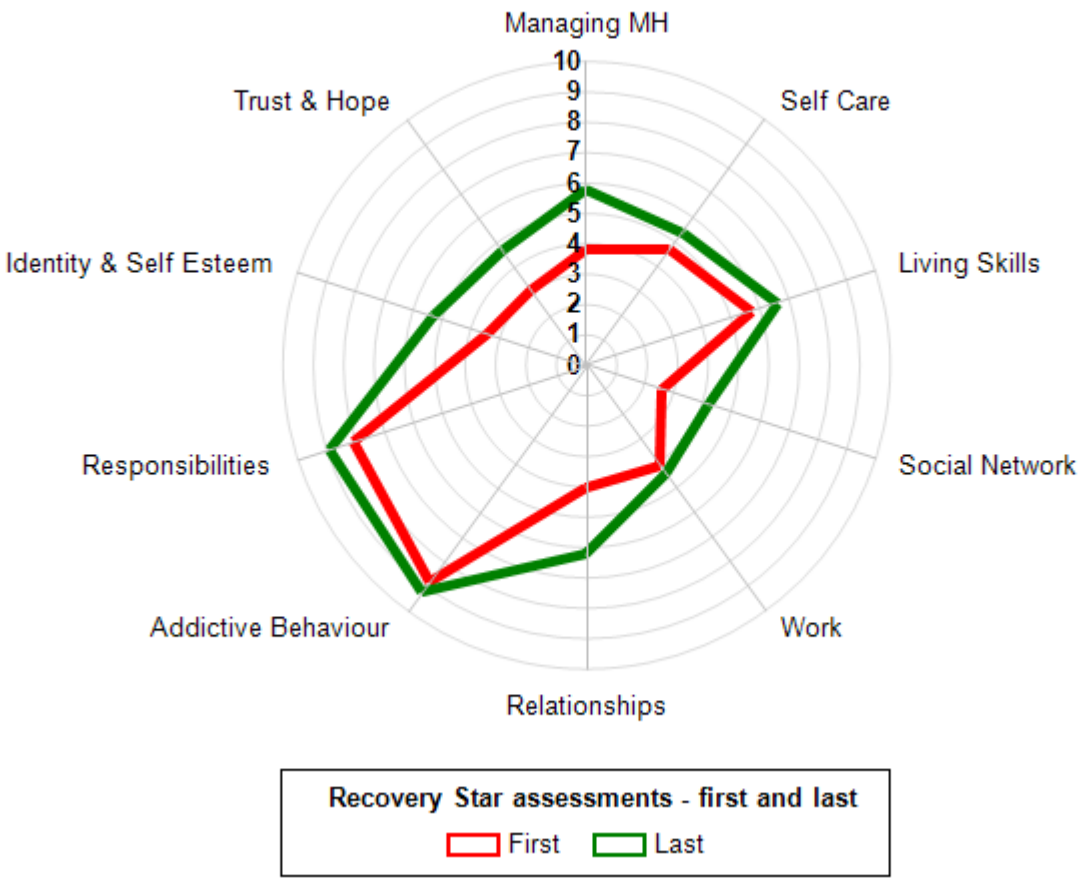
01/04/2017 - 30/06/2017	reviewed	Recovery Star reviews
April 2017	8	8
May 2017	9	9
June 2017	8	8
Total	**25**	**25**

This shows all Recovery Star reviews carried out during the reporting period. Note that the total count of cases reviewed is not necessarily the total of all rows above. This total summarises all cases reviewed, i.e. some cases will be reviewed multiple times within the period and therefore are not duplicated in the totals field for *Num cases reviewed*.

Recovery Star scores for clients leaving between 01/04/2017 - 30/06/2017

Recovery Star	Start					End					Change	
Scores	Min	Max	Avg	SD	N	Min	Max	Avg	SD	N	Diff in Avgs	% change
Mental Health	1.00	6.00	3.80	1.48	10.00	4.00	8.00	5.80	1.23	10.00	2.00	52.63%
Self Care	2.00	10.00	4.70	2.58	10.00	2.00	8.00	5.40	1.84	10.00	0.70	14.89%
Living Skills	2.00	10.00	5.70	2.75	10.00	4.00	10.00	6.60	2.32	10.00	0.90	15.79%
Social Network	1.00	6.00	2.60	1.65	10.00	2.00	8.00	4.20	1.99	10.00	1.60	61.54%
Work	1.00	9.00	4.10	2.42	10.00	2.00	9.00	4.40	2.12	10.00	0.30	7.32%
Relationships	1.00	8.00	4.00	2.79	10.00	3.00	9.00	6.20	1.87	10.00	2.20	55.00%
Addictive Behaviour	5.00	10.00	8.80	1.81	10.00	6.00	10.00	9.20	1.48	10.00	0.40	4.55%
Responsibilities	4.00	10.00	8.10	2.28	10.00	6.00	10.00	8.90	1.52	10.00	0.80	9.88%
Identity & Self Esteem	1.00	7.00	3.40	2.01	10.00	4.00	7.00	5.30	1.06	10.00	1.90	55.88%
Trust & Hope	2.00	5.00	3.10	1.10	10.00	2.00	8.00	4.70	1.57	10.00	1.60	51.61%

Recovery Star scores are shown for cases which were closed during the period only. N = number of cases; SD = Standard Deviation.



Recovery Star Reviews between 01/04/2017 - 30/06/2017			RS Reviews Time Taken (Minutes)			
Month	**Num Cases reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
April 2017	8	8	450	265	181	896
May 2017	9	9	420	155	125	700
June 2017	8	8	495	185	30	710
Totals	**25**	**25**	**1,365**	**605**	**336**	**2,306**
			(22.75 hrs)	**(10.08 hrs)**	**(5.60 hrs)**	**(38.43 hrs)**

7. Risks identified

Risks Summary between 01/04/2017 - 30/06/2017	Num Cases reviewed	Num Risks reviewed	Num Reviews
Auditory/visual hallucinations	1	1	2
Incidents of self harm	1	1	1
N/A	1	50	51
Neglect of diet	1	2	2
Suicidal thoughts/ideas/urges	1	5	8
Vulnerable Adult	1	1	1

Total	**58**	**60**	**65**

Risk Reviews between 01/04/2017 - 30/06/2017				**Risk Reviews Time Taken (Minutes)**			
Month	**Num Cases reviewed**	**Num Risks reviewed**	**Num Reviews**	**Review Time Taken**	**Admin Time Taken**	**Travel Time Taken**	**Total Time**
April 2017	17	18	20	650	325	191	1,166
May 2017	23	23	23	846	270	335	1,451
June 2017	21	22	22	930	280	180	1,390
Totals	**58**	**60**	**65**	**2,426**	**875**	**706**	**4,007**
				(40.43 hrs)	**(14.58 hrs)**	**(11.77 hrs)**	**(66.78 hrs)**

This shows all Risk reviews carried out during the reporting period. Note that the total count of cases reviewed is not necessarily the total of all rows above. This total summarises all cases reviewed, i.e. some cases will be reviewed multiple times within the period and therefore are not duplicated in the totals field for *Num cases reviewed*.

School Nursing Service - Quarter 1 Report 17/18

This report presents an update on progress across the work streams during quarter one. A separate quantitative report has been submitted which details the key data against KPI's.

Key areas of work

1. Increasing visibility and accessibility of the service

1.1 School Nurse Champions programme.

We started discussions with Leamore Primary last term, to train a further cohort of School Nurse Champions. This work will commence in full this academic year and will be a good opportunity to work with Year 6 pupils and explore how this programme can support the year 6/7 transition period. We aim to engage the feeder secondary schools for Leamore. The school is very keen to involve year 6 pupils in the programme and plan to undertake 'interviews' of the pupils who wish to take part and School Nurses will be part of this selection process. Working with year 6 will also provide an opportunity to pilot the use of 'MakeWaves' digital badges – 'know your School Nurse' https://www.makewav.es/badge/3799 with the aim of increasing accessibility and visibility of our service.

1.2 ChatHealth

The latest available data from ChatHealth is shown in the table below. This shows a fall in the previous messages received. This has coincided with the school holiday period and may indicate that we need to consider how we promote the use of the text service during holiday periods.

Our intention is to extend 'Chathealth' and introduce the Parent 'Chathealth' which has been successfully used across other areas. The aim is to extend our 'reach', 'visibility' and 'accessibility' to parents and carers. The cost of this is built into our workforce re-modelling.

The latest available data from 'ChatHealth' is presented below.

Summary Statistics -Walsall School Nursing Service

Month/Year	Messages Received	Messages Sent	Conversations Opened	Conversations closed
Nov-2015	1	0	1	1
Jan-2016	1	1	1	0
Feb-2016	1	3	1	2
Apr-2016	2	3	2	1
Jun-2016	3	5	2	1
Jul-2016	72	65	17	16
Aug-2016	18	16	5	3
Sep-2016	44	57	24	8
Oct-2016	33	37	9	29
Nov-2016	50	54	14	12
Dec-2016	9	12	3	5
Jan-2017	13	19	7	7
Feb-2017	24	27	8	8
Mar-2017	20	21	6	6
Apr-2017	7	10	2	3
May-2017	6	10	3	1
Jun-2017	6	7	4	6
Jul-2017	3	5	2	2
Total	**312**	**352**	**110**	**110**

1.3 School Visits

There was a 100% offer for school visits in this quarter. It is at the discretion of individual schools whether they wish to take up this offer. Due to a high level of staff long term sickness absence, schools whose named nurse is not available have been offered a visit by another School Nurse. Whilst this is not ideal it does enable the service to continue to provide a full offer.

2. Children with Medical and Additional Needs

'Supporting pupils who have a medical need' training has continued to be delivered and is now a shorter format to meet the needs of schools following evaluation of previous sessions.

2. Enhancing support for sexual health and wellbeing

Delivery continues to be an incentivised part of the school nurse contract and we provide a core offer consisting of a combination of teacher training or co-facilitated delivery in all primary and secondary schools. The core offer has recently been revised and distributed to schools, with an explanation letter addressed to the Head Teachers, via summer term school visit (or via email if a school visit is declined). Schools are encouraged to refer to the Easy SRE website for resources to support facilitation of sessions.

All schools are actively going to be encouraged to attend our annual teacher training in October in order to empower them to be able to deliver in their own schools. In the forthcoming academic year, primary and secondary teacher training sessions have been planned for October 2nd, 9th and 10th. To date we have 36 primary school teachers on the 12 secondary teachers booked who have booked on to these sessions

Delivery of SRE sessions Q1 17/18

SRE Sessions Delivery Q1			
School Name	**Session**	**Year Group**	**Session date**
Old Church	Healthy Relationships	6	19/06/17
Old Church	Body Change and Hygiene	5	20/06/17
Pheasey Park Farm	Parent workshop		07/06/17
Pheasey Park Farm	Puberty & Healthy Relationships	6	09/06/17
Jubilee Academy	Body Changes & hygiene	6	12/06/17
St Bernadettes	Puberty	6	19/06/17
St Bernadettes	Body Change and Hygiene	5	26/06/17
Busil Jones	Body Change & Hygiene	5	03/07/17
Busil Jones	Healthy Relationships	6	04/07/17

The demand from some schools for delivery is above the core offer. For example, Ormiston Academy (one of our hotspot schools) requested additional session. In order to continue to contribute and support as well as maintain effective relations, we provided those sessions. Walsall College and Grace Academy have also expressed interest in additional sessions and indicated that they will consider a traded option. We have worked with our business manager and developed a traded service provision which will be offered to schools in the academic year 17/18.

Feedback has always been positive and schools have expressed the value of having School Nurses delivering RSE to pupils. At teacher training days teaching staff (particularly Secondary) have expressed their concerns at teachers delivering RSE. They have stated the relationships with pupils are different with school nurses and that pupils would prefer outside agencies to deliver this type of subject.

More recently School Nursing supported an RSE workshop event organized by the health transition team, delivering key messages around relationships with a group of young people with disabilities. The young people were very receptive and their feedback has been positive.

In addition, as part of Teenage Pregnancy preventative work, School Nursing continues to support the delivery of the evidence based Teens & Toddlers Programme

3 Enhancing support for emotional health and wellbeing (EHWB) and Behaviour

3.1 Group provision

Part of the delivery is an incentivised aspect of the school nurse contract. The required 3 FRIENDS and Parenting groups for Q1 have been delivered.

Type of Group	No. of CYP/ parent starting	No. of CYP /parent completing	% completing
Primary FRIENDS	19	10	52%
Teen FRIENDS	6	5	83%
Understanding Your Child's Behaviour	14	13	92%
Triple P	7	6	86%

3.2 Training offer

In addition, the FRIENDS delivery is now part of the School Nurse offer for Early Help. Training sessions for staff across the partnership have now commenced and have been well attended. All participants have to attend the 'core principles' and then they choose which programme is most relevant to the age group that they work with. Participants can be trained in more than one programme, hence the numbers attending the individual programmes add up to more than the number attending the core principles.

No. of staff attending training

Type of Training	No. of staff trained
Core Principles of FRIENDS	43
Fun FRIENDS	25
Primary FRIENDS	26
Teen FRIENDS	7

Schools and other education providers represented on training

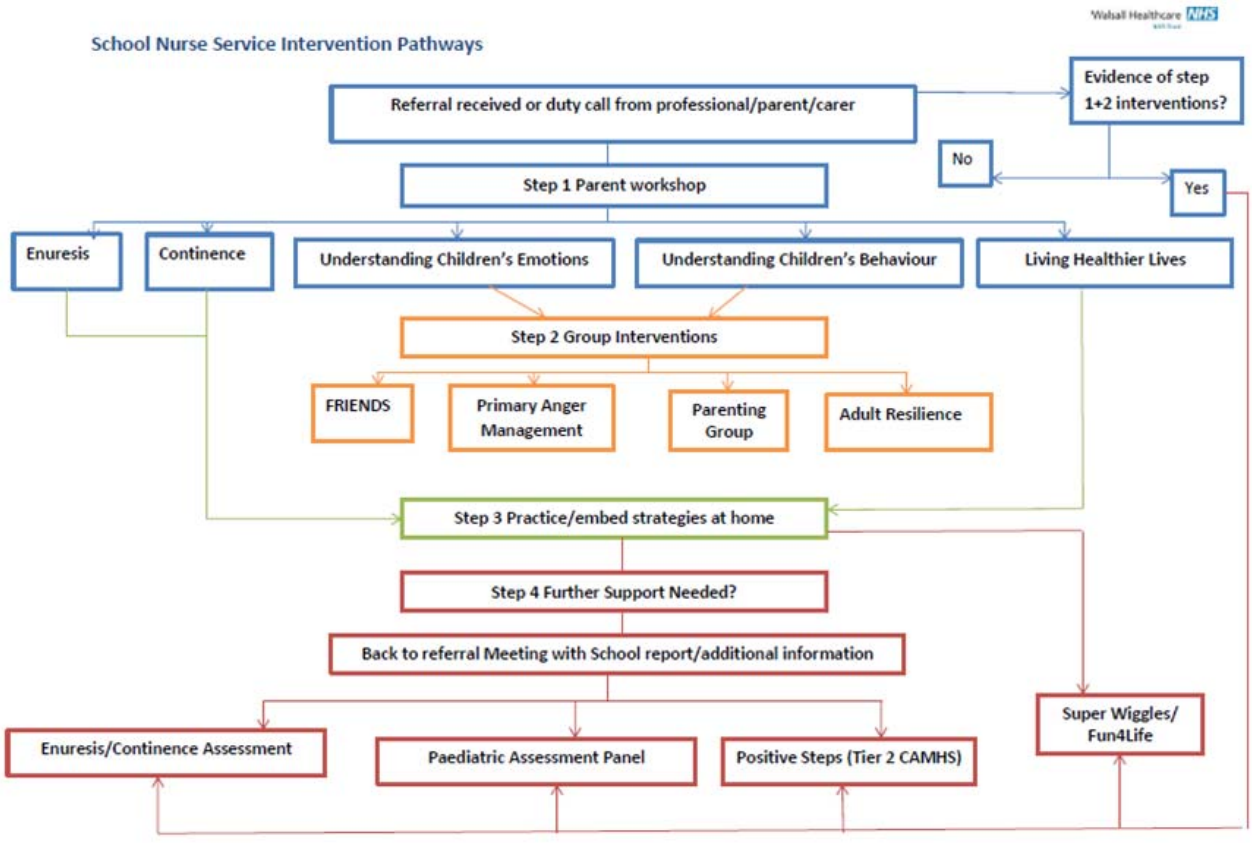
Primary School	Secondary Schools	Children's Centre	Short Stay Schools
Barcroft Primary	Grace Academy	Birchills	New Leaf
Beacon Primary		Blakenall	
Blackwood Primary		Darlaston	
Christ Church			
Delves Infants			
Goldsmith Primary			
Hillary Primary			
Holy Trinity			
Jubilee Academy			
Little Bloxwich			
Meadow View			
Radleys Primary			
Rough Hay Primary			
St John's C of E			
St. Giles Primary			
St. James Primary			
St. Marys of the Angels			

We have a full programme planned for this coming academic year and will include the Adult Resiliency programme

3.3 EHWB and Behaviour Referrals

During this quarter, the service has reviewed the referral criteria and pathway for children and young people who present with EHWB & behavioural problems. This has been done in partnership with the new Targeted Mental Health Provision (Positive Steps) funded by the CCG as part of the CAMHS Transformation plan and to sit along the multi-disciplinary Paediatric Referral Panel criteria. This work is now complete; we have piloted the processes during the summer term and will be launching it to schools and other users in the term school year. The diagram below presents the new pathway, and includes EHWB alongside other aspects of our work.

New Intervention Pathway for SNS



4. Ensure that vulnerable children and young people and those with specific needs have access to appropriate health intervention

The service continues to support vulnerable children and young people e.g. those on Child Protection Plan (CPP), Child in Need (CiN), Early Help (EH) and those with specific needs such as Electively Home Educated, Asylum Seekers and Young Carers. The key areas of progress are outlined below.

4.1 Young Carers.

The service remains keen to be involved in the Young Carers LA Strategy however there have been no operational meetings since the beginning of this year. Our SN Young Carers Champion has emailed to request more information on these meetings but has heard nothing back to date. The SN Young Carers Champion has now set up monthly drop in's during Young Carers sessions at My Place. This has been successful to date. In addition the youth workers have shared that they are now receiving more referrals for Young Carers from the school nursing service.

4.2 Asylum Seekers

Support has begun around the School Nursing service supporting this vulnerable group across Walsall. The project is in its infancy currently and our Asylum Seeker lead nurse has initiated the process of integrated working with G4S, Health Visitor lead for Asylum and Traveller population and is developing links with education and safeguarding. Pathways are being developed to consider best ways of working to meet the needs of this population in a coordinated manner.

Our Lead Nurse, alongside one of the NNEB, currently offers health assessment to each child notified to us by G4S. Since March 2017 to date we have been notified of 24 Asylum Seeker children.

No. of children and young people seen for HA & outcomes

No. CYP notified	H/A offered	Awaiting H/A	No Health need identified	Referred to other agencies	DNA discharge	Moved out of area
24	21	3	11	3	3	3

4.3 Children on child protection plans

The new model of working for CPP has been ratified by the Safeguarding Board and will become fully operational from September 2017. During Q1 we started to review all CYP who have a CPP against the new criteria and are in the process of discharging children with no health needs and communicating this across relevant partners.

4.4 Early Help provision

The service continues to develop and deliver the Early Help model. Following a 6 month pilot, School Nursing has committed a SCPHN and a NNEB for ½ day per week to work within the EH clusters with the aim of expediting assessment and intervention for children who are presented to the panel meetings and a package of care is agreed. It was anticipated, that this provision could commence in September 2017 once time is released as an outcome of the Safeguarding paper however there has been an unprecedented increase in the number of CYP going to initial CPP since July 17 and this will delay the our plans.

4.5 Looked After Children

The service completed health assessments for 46 'Looked after Children' during the Q1 period. Internally, we are still seeking clarity about the commissioning arrangement for statutory LAC reviews. Currently the SNS receives no payments for carrying out this work which is not part of the Public Health Contract.

4.6 Transition

We have a lead nurse providing a link between the Health Transition Team and School Nursing. We have co delivered emotional health and wellbeing sessions and in Q2 we plan to co-deliver sexual health sessions. This is an important high impact area for the service to develop over the next year.

5 National Child Measurement Report

This is the final year that we will be delivering NCMP as a dedicated team and we have been developing processes in preparation for the integration of the NCMP programme into the School Nursing Service.

Progress Update 2016/17	**20/12/2016**	**03/04/2017**	**24/07/2017**	**NCMP Target**	**Local Target**
	1st term	**2nd term**	**3rd term**		
Y10					
No of Schools (inc Private)	23	23	23		
No booked in (less those measured)	0	4	0		
% booked in	0.0%	17.4%	0.0%		
No completed	1	7	11		
% completed	4.3%	30.4%	47.8%		
No. to book	22	12	0		
% to book	95.7%	52.2%	0.0%		
Total school participation %	100.0%	100.0%	47.8%		
No. feedback to parents	1	7	11		
% of completed feedback to parents	100	100	100		
% opt out	0	1.1	65		
% absent	1.8	10.9	3.6		
% refusal	0	1.5	0.7		
% alternative education/other	0	0	3.7		
% total of borough measured			**29.2**	**N/A**	**85%**
% total measured of schools taken part	**98.2**	**86.5**	**82.8**		
No total measured	**110**	**772**	1024		
Y6					
No. of schools (not inc Private)	77	77	77		
No. booked in (less those measured)	20	13			
% booked in	26.0%	16.9%	0.0%		
No. completed	17	64	77		
% completed	22.1%	83.1%	100.0%		
No. to book	40	0	0		
% to book	51.9%	0.0%	0.0%		
Total School Participation %	100%	100%	100%		
No. feedback to parents	17	64	77		
% of completed feedback to parents	100%	100.0%	100.0%		
% opt out	0.2	1.4	1.8		
% absent	3.1	3.1	0.4		
% refusal	0	0.1	0.1		
% other	0.3	0.1	0.1		
% total measured	**96.4**	**95.3**	**97.6**	**85%**	**97%**
No total measuerd	**937**	**3012**	3560		
Total No measured in private schools	**0**	**49**	58		
Progress Update 2016/17	**20/12/2016**	**03/04/2017**	**24/07/2017**	**NCMP Target**	**Local Target**
	1st term	**2nd term**	**3rd term**		
Year 4					
No. of schools (not inc Private)	77	77	77		
No. booked in (less those meas)	20	13	0		
% booked in	26.0%	16.9%	0.0%		
No. completed	17	64	77		
% completed	22.1%	83.1%	100.0%		
No. to book	40	0	0		
% to book	51.9%	0.0%	0.0%		
Total School Participation %	100%	100%	100%		
No. feedback to parents	17	64	77		
% of completed feedback to parents	100%	100.0%	100.0%		

Progress Update 2016/17	20/12/2016	03/04/2017	24/07/2017	NCMP Target	Local Target
	1st term	2nd term	3rd term		
Year 4					
% refusal	0.2	0.1	0.1		
% disabled/other			0.3		
% total measured	**96.4**	**96.4**	**98.6**	**N/A**	**97%**
No total measured	**1019**	**3066**	3657		
Total No measured in private schools	**0**	**50**	62		
Reception Year					
No. of schools (not inc Private)	77	77	77		
No. booked in (less those measured)	21	13	0		
% booked in	27.3%	16.9%	0.0%		
No. completed	16	64	77		
% completed	20.8%	83.1%	100.0%		
No. to book	40	0	0		
% to book	51.9%	0.0%	0.0%		
Total School Participation	100%	100%	100%		
No. feedback to parents	16.0	64.0	77.0		
% of completed feedback to parents	100%	100.0%	100.0%		
% opt out	0.1	0.3	0.3		
% absent	4.9	3.6	0.5		
% refusal	0.3	0.2	0.1		
% other	4.4	0.5	0		
% total measured	**90.3**	**95.4**	**99.1**	**85%**	**99%**
No total measured	**848**	**3143**	**3757**		
Total No measured in private schools	**0**	**60**	**71**		

6. Active Caseload and Referral information

Below is an overview of the active caseload of children and young people who are open to School Nursing Service at the time of submitting the report to commissioners. The active caseload comprises of children and young people who have received a health assessment and have unmet health needs which requires an intervention for the service. A risk assessment has been completed in respect of capacity levels in the service.

The capacity levels within the service have been challenged due to long term sickness absence and we are currently in the process of recruiting to posts.

The reduction in the number of children who are active across the service has reduced which reflects the changes to the Child Protection processes and the introduction of the new referral criteria and intervention pathway. In practice this means;

- We only carry CYP at CPP who have been assessed as having a health need which needs the support of a School Nurse.
- Referral are being first directed into workshops as per the new pathway (above) and therefore not held as active cases. They are discharged after attending a

workshop and given a period of time to implement the advice they have been offered, which is successful will result in no further intervention. If advice has not resolved the presenting issue(s) then the CYP referral will be re-opened and stepped up in the pathway.

*Table 1 – Number of children open as active cases on the day of reporting (18.8.17)**

Number of Active Cases held by Specialist Practitioner School Nurses	
All cases	**402 (447 Q2 2016/17)**
Child Protection	237 (243 Q3 2016/17)
Child in Need	16
Early Help	14
Children with Medical Needs	15
Children who are Looked After	6
Other cases (e.g. EHWB, enuresis)	114

*There number will differ from the quantitative data report which shows number of referrals and assessments rather than active caseload numbers.

7. Education and Governance

7.1 Governance

- **Clinical incidences**

Clinic incident reports are discussed at both the School Nursing Operations meeting as well as at the Care group Specialist Quality Group each month

School Nursing Incidents April to Jun

- Client Feedback

Client surveys are completed at each contact such as health assessments and group workshops. It is really encouraging to see that clients are happy with the service and would recommend it.

School-Nursing.pdf

School-Nursing.pdf

School-Nursing.pdf

7.2 Nice Guidance

NICE guidance for Children's Attachment has been completed; service is fully compliant with the guidance

NICE Baseline Compliance - Attachn

7.3 Education/Staff Development

- Clinical Support Workers

A competency framework has been developed to support new clinical workers into their roles

CSW Induction pack and Competencies Ju

7.4 Specialist Practice Training

2 School staff nurses have been successful at interview and will be commencing the course in September. Also another member of staff who had deferred from the previous year will be re commencing on the course. Current students will be finishing the course on 1st September and will commence their full time posts with a robust Preceptorship package.

Report Prepared by Sallyann Sutton - Professional Lead for School Nursing – 18th August 2017

Healthy Resilient Communities Update Report July 2017

1.0 Introduction

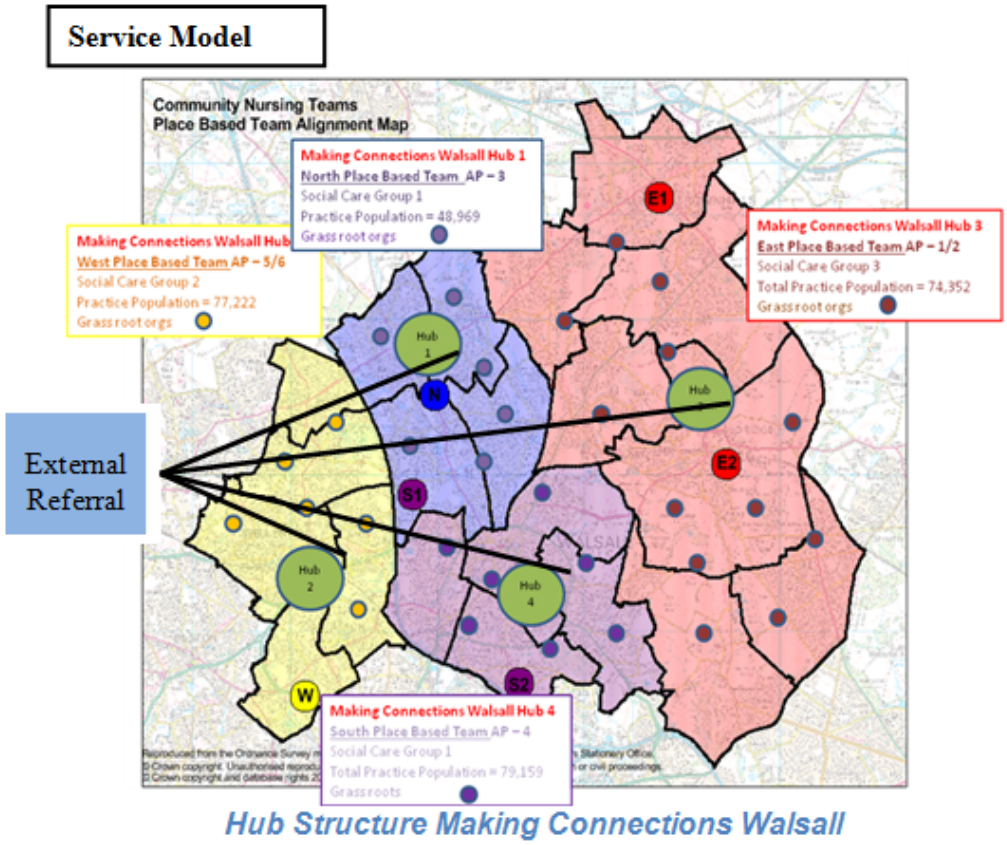
1.1 This paper provides an update of the Walsall Healthy Resilient Communities programme, with a particular focus on the Making Connections Walsall Programme and other related elements of the resilient communities work stream.

1.2 The Making Connections Programme is a social prescribing initiative which will provide GPs, Health & Social Care professionals, other partners, service users and their carers, with a single route of referral into community social support to address loneliness and social isolation amongst Walsall's elderly population.

1.3 The Making Connections Walsall Programme comprises four key elements, namely:

- Independent referral point
- Locality hubs
- Small and medium sized grass roots organisation
- Data system

1.4 The Making Connections Walsall Programme will begin receiving referrals from 1 August 2017.



Hub Structure Making Connections Walsall

2.0 Independent referral point

2.1 West Midlands Fire Service (WMFS) has been commissioned to receive referrals and allocate them to four locality hubs. As the Independent Referral Point, the WMFS will receive referrals from Health & Social Care professionals, community and voluntary sector organisations and by self-referral.

2.2 The Independent Referral Point will operate a single point of access into the programme via a designated phone number. WMFS will receive referrals 24 hours per 7 days per week and input service user referrals onto the Data Collection and Recording System (DCRS). This element of the programme will allocate clients to the four hubs according to the geographical residence of the service user.

2.3 WMFS will ensure a **Safe and Well** visit is carried out if any older person who has not already been had one.

3.0 Locality Hubs

3.1 Four Individual Providers have been commissioned - one to deliver one of the four Hubs as follows:

- **Age UK - Hub 4:** Walsall South- St Matthews, Paddock, Palfrey, Pleck
- **Bloxwich Community Partnership - Hub 1:** North Walsall*:* Bloxwich East, Bloxwich West, Birchills Leamore, Blakenhall
- **Manor Farm - Hub 3:** East Walsall: Pelsall, Brownhills, Aldridge North, Rushall-Shelfield and Walsall Wood: Aldridge and Beacon
- **Old Hall Peoples Partnership - Hub 2:** West Walsall:Bentley and Darlaston North, Darlaston South: Willenhall North, Short Heath, Willenhall South

4.0 Small and Medium Grass Root Organisations

4.1 Non-recurrent investment was advertised to voluntary groups and community organisations to develop community projects which tackle the loneliness and social isolation of older people in Walsall. The funding structure was as follows:

- Lot 2a: *Small Grass Roots funding* - up to £2500 (per project per area) Self help groups, community groups, etc
- Lot 2b: *Medium Grass Roots funding* - £2501 - £5000 (per project per area) Befriending initiatives, etc Transport development, training

4.2 These grants were made available to deliver a range of activities for the benefit of lonely and or socially isolated older people. We were particularly interested in receiving proposals for innovative ideas that enable people and communities across Walsall to come together to:

- Encourage the development and maintenance of new and existing networks and relationships
- Enable people to access the right care, right place, right time
- Enable independent living

4.3 A considerable number of applications have been received, evaluated and moderated. We are currently in the process of sending outcome responses to applicants.

5.0 Monitoring and evaluation

5.1 The DCRS database has been secured from the Midlands and Lancashire CSU to enable the service users to be tracked and effectively supported.

5.2 We are currently developing the evaluation framework for the MCW programme. It is anticipated that the evaluation will cover three elements:

- impact on the wellbeing of the clients of the programme
- impact on the voluntary and community sector
- impact on usage of health and social care services.

The evaluation will include a mix of quantitative and qualitative elements.

6.0 Communications and engagement

6.1 A launch event for MCW was held on July 5 2017 at the Walsall Town Hall. The agenda was as follows:

Opening	**Councillor Dr Ian Robertson** *Public Health Portfolio Holder*
Setting the Scene - Healthy Resilient Communities and Social Prescribing	**Dr Uma Viswanathan** *Consultant in Public Health*
Older People Mental Health & Dementia	**Michael Hurt** *Head of Older People & Dementia*-Walsall CCG
The Power of Human Contact: A Community Matrons Perspective	**Denise Smith** *Community Matron* Walsall Healthcare NHS Trust
The Making Connections Walsall Programme	**Angela Aitken** *Snr. Prog. Development & Commissioning Manager* Walsall Council Public Health
The Data Collection System and the Wellbeing Plan	**Dr Seb Walsh** *Year 2 Foundation Trainee* West Midlands Deanery
Partnership Working to Addressing Loneliness and Social Isolation	**David Baker** *Operations Commander* Black Country North Command West Midlands Fire Service
One Walsall Working with the Voluntary Sector	**Sarah Taylor** *Development Officer,* Walsall East/West **Shivani Nana**– *Volunteer Manager*
The Health Chats Training Programme	**Dr Seb Walsh** *Year 2 Foundation Trainee* West Midlands Deanery
Health Chats Train the Trainer Awards	**Councillor Marco Longhi** Mayor of Walsall
Next Steps	**Angela Aitken** *Snr. Prog. Development & Commissioning Manager* Walsall Council Public Health
Closing Remarks	**Cllr Diane Coughlin** *Social Care Portfolio Holder* Walsall Council

We have had a high level of engagement from a raft of partners from across the sector. There were in the region of 130 attendances and we have received some very positive feedback.

6.2 We will be presenting the programme at the locality commissioning group meetings in September. In addition, we will be presenting the programme at the Local Medical Committee meeting in order to secure GP engagement with the programme.

6.3 We are also planning to present the programme at the integrated health and care teams across Walsall.

6.4 The programme plan has been presented at the Regional Healthy Ageing Steering Group and Public Health England is highlighting this initiative as an example of good practice.

7.0 Wellbeing Plans

7.1 We are developing wellbeing plans which will be given to older people supported through the MCW programme.

7.2 In addition we are also exploring the development of additional resources to improve health literacy amongst older people. This will be tested for distribution across a diverse range of stakeholders. A programme of consultation is to take place.

8.0 Health Chats

8.1 The aim of the programme is to develop the confidence of members of the community to have a brief opportunistic conversation with others to influence them to take better care of their health and wellbeing. Once signed off, the new Health Chat Trainers will be able to join a framework to deliver the training programme on behalf of the Council.

8.2 Health Chat Trainers were awarded with their certificates by the Mayor of Walsall Councillor Marco Longhi at the event.

9.0 Mapping and Directory

9.1 Mapping of services (including those within the voluntary and community sector) has been drafted and tested on iShare. This is currently being refined and will be made available to the hub organisations before the start of the MCW service.

10.0 Transport

10.1 In partnership with Walsall Council, One Walsall is exploring the potential of developing a Voluntary Drivers Scheme to address the identified gap in transport for older people.

11.0 Next steps

Activity	**Date**
MCW Commissions mobilised	Quarter 2 & 3 2017/18
Focused marketing and communications	Quarter 2,3 & 4 2017/18 Quarter 1, 2, 3 & 4 2018/19
Programme Development	Quarter 3 & 4 2017/18 Quarter 1, 2, 3 & 4 2018/19
Targeted Grass Root MCW Grant Funding published	Quarter 2, 3 & 4 2018/19
Older People Wellbeing Plan Consultation	Quarter 2 & 3 2017/18
Wellbeing Plan distribution and sign up	Quarter 3 & 4 2017/18
Health Chats training roll out	Quarter 3 & 4 2017/18 Quarter 1 2018/19
Mapping and Directory usage	Quarter 2, 3 & 4 2017/18

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