

**Walsall Children and Young People's Mental Health and Wellbeing Transformation Strategy Action Plan
2017 - 2021
Update October 2017**

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

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

1A

Training for the early identification of emotional problems in childhood to identify and address emotional problems and challenging behaviour will be made available to those who work with children and young people to provide staff with the confidence to support and intervene at an early stage by developing support for universal and early help services and effective integrated working practices.

How does this support Future in Mind :

Improving access to effective support, points 9, 16.

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/ who provides	Timescale and Comments	RAG
<p>Mental health first aid is offered as part of training and development</p> <p>School health advisors provide advice and support</p> <p>FLASH (Foster, Looked After Children Support Hub) offers training to both foster carers and social workers based on DDP and to address attachment issues.</p>	<p>Review of training needs to be completed with partners from Public Health and Children's Services within 2017/18.</p> <p>This may involve basic awareness raising, self harm and suicidal intent and other specific</p>	<p>Numbers trained</p> <p>Feedback of feeling confident and competent in intervene at an early stage</p>	<p>New funds for training programme or to develop a train the trainers programme which following initial investment could be self sustained.</p> <p>Secondary mental health services, school nurses and named CAMHS link could support train the trainer approaches</p>	<p>Public Health, Children's Services and Education provided by appropriate trainers</p>	<p>National proposal for Youth Mental Health First Aid training to be offered in all schools</p>	

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Proposed CYP Primary MH service will also offer training to schools and professionals in the children's workforce	training such as signs of attachment. Monitor roll out					
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1B
There will be an NHSE led schools link pilot with ten schools in Walsall, testing out having named leads in each school for mental health and wellbeing with a link to a named lead within the local CAMHS.

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

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/ who provides	Timescale and Comments	RAG
There is limited primary children and young people's mental health support in Walsall. School nurses provide the focus for emotional wellbeing but the gap between universal, the targeted offer and accessing secondary specialist CAMHS sometime leaves children and young people bouncing between referrer and services. Walsall Behaviour Support Team is embedded as a traded service within Walsall primary	Walsall to participate with the pilot. 10 schools selected chosen by schools forum to ensure a decent spread and representation across localities Review feedback on evaluation from NHSE to determine potential roll out of training to all	NHSE will evaluate effectiveness, locally CCG and education will also gain feedback	NHSE grant of £50k Match funding: 10 schools to access back fill cost of £3500 per school, cost of venue etc and for 1.5 named CAMHS lead Schools forum: £20k Education Development: £5k Dudley and Walsall MHPT: £15k Walsall CCG via year one	NHSE lead on pilot, CCG bid in partnership – expectation of all partners and participating schools to fully engage	Implemented 2015/16 completed 2017.	

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schools and includes an advisory consultative CAMHS nurse role.	education provision from year 2 onwards.		transformation funds: £10k To roll out across all education provision will need to confirm cost of training and continue CAMHS named leads.			
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1C All children and young people will receive good quality personal social health and economic education (PSHEE) appropriate to age and development.						
How does this support Future in Mind: Promoting resilience, prevention and early intervention, point 2						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Already part of school curriculum	Review from citizen and health manager for education development	Measure as part of Ofsted inspection	None	Schools, education provider	Completed this is in place	

1D Continued promotion of Healthy Schools Programme.
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How does this support Future in Mind: Promoting resilience, prevention and early intervention point 2						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
The Healthy Schools Programme is being revisited and implemented in Walsall. Healthy Schools includes ensuring children and young people receive support to manage emotions, cope with change, have positive self esteem, manage relationships and develop interpersonal problem solving skills. The Ofsted framework judgement on personal development, behaviour and welfare of children and learners also includes a requirement to provide this support.	Continue with the promotion and take up of the programme	Number of schools participating – confirmed by education development centre	Existing - supported by school nurses, existing pastoral care	Schools/education providers and Public Health	2017/18 Healthy Schools project to be continued in 2018 building on existing scope of provision.	
1E Schools work to meet the Ofsted Inspection Framework judgement on personal development, behaviour and welfare of children and learners. All children and young people will receive support to manage emotions, cope with change, have positive self esteem, manage relationships and develop interpersonal problem solving skills in all schools.						
How does this support Future in Mind: Promoting resilience, prevention and early intervention To be accountable and transparent points 2, 34 (national)						

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Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Part of inspection framework and measured in each education provision	Schools and education providers to meet framework requirements	Results of Ofsted inspections	Current education providers	Current education providers	Complete this is now fully part of the Ofsted framework	
<p>1F Support the role of school nurses in meeting mental health and wellbeing through the contract specification which focuses on ensuring the promotion of good mental health and wellbeing.</p> <p>How does this support Future in Mind: Promoting resilience, prevention and early intervention Improving access to effective support, points 1,2, 16,</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Within the current school nurse contract specification, school nurses support emotional mental health by ensuring the promotion of good mental health and wellbeing including, supporting early intervention and identifying and helping children and young people and their	Continue to build on this role and support – add into pathway	Via contract management of school nurses contract	Existing resource – recently tendered	Public Health Commission, Walsall Healthcare Trust.	Complete will revisit when tender process is due	

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<p>families, who need support with their emotional or mental health and includes the following:</p> <ul style="list-style-type: none"> • Schools are given guidance and supported to adopt a comprehensive ‘whole-school’ approach to social and emotional wellbeing and resilience which includes suggestions for a curriculum that integrates the development of social and emotional skills within all subject areas e.g. problem-solving, coping, conflict management/resolution and understanding and managing feelings. • Parenting support through courses or 1:1 support publicised • Support is given through training or advice to school staff to recognise potential issues and refer appropriately • Parents and carers are signposted to local services and support through newsletters, publicity at parents evenings and school nursing one stop shop advice 					
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website <ul style="list-style-type: none"> Drop-ins are publicised and provided to support parents and young people around emotional health and wellbeing Development of FRIENDS training offering sessions for anger management. 						
1G That the support from Walsall Health Visitors includes support to maintain emotional wellbeing and picks up on signs of emerging mental health needs and signposts/refers appropriately.						
How does this support Future in Mind:						
Promoting resilience, prevention and early intervention points 1 (1.1) and 4						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Health visitors contract specification includes links to early help and detection, application of the Healthy Child Programme	Strengthen response as part of action 3B and 3C to develop community based maternal MH pathway.	Contract management and participation in identified future pathway of support	Existing – service will support and adopt new pathway in line with HCP	Public Health commissioner, provided by Walsall Healthcare Trust	Complete HV developed maternal mental health pathway with partners	

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		for community based maternal mental health				
<p>1H For the traded service; Integrated Behaviour Support Team (currently commissioned by Primary Schools) to continue to develop the behaviour champion approach and a pathway of support and advice around behaviour support. Consider widening the offer of the traded service to Secondary Schools.</p>						
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention Improving access to effective support; points 2, 8, 16</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
The traded service for primary schools in Walsall was redesigned and re-launched a year ago. Re-launched service included access to named CAMHS nurses who work to support the behaviour support pathway. Each participating school has a named behaviour champion and staff have received training in class room management and behaviour.	This service is not traded to academy of independent primary schools and/or secondary school provision, based on the success of the service in its first year – the access manager for education	Current service accountable to purchasing schools. Evidence of reduction in behaviour	Education providers to continue with traded service and secondary schools to consider option of traded service	Schools and education providers	Complete service embedded and achieving	

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<p>CAMHS nurse input acts as early point of intervention conducting the initial choice assessment/ determining if the child or young person needs referral into secondary mental health specialist provision – nurses a part of existing specialist CAMHS can refer directly into service and if choice has been conducted offer partnership appointment.</p> <p>The current traded service will also support the development of school link pilot and the development of a pathway of all services available</p>	<p>development in Walsall will propose option of traded service tailored to secondary schools and those not part of current primary response.</p>	<p>al issues, support to manage and prompt support from CAMHS nurse</p>				
<p>11 All parents-to-be will be offered parenting classes focussing on building a good relationship with their baby, as part of parent education classes</p>						
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention point, 4</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Universal offer to all parents to be (ante natal) in Walsall Based on Approach called Parenting; Birth and Beyond</p>	<p>None –this is part of current offer – will review need to include any for</p>	<p>Already measure through existing</p>	<p>Existing. Revised health care contract now in place.</p>	<p>Public Health Walsall National Childcare Trust</p>	<p>Complete – retendering of Healthy</p>	

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<p>Walsall Healthcare NHS Trust has been awarded the contract to provide the Healthy Child 0-5 Year programme by Walsall Council Public Health and as part of this the Health in Pregnancy initiative was launched at Walsall's Manor Hospital on Monday 5 June.</p>	<p>additional points as part of future procurement process.</p> <p>Service provider will support pathway developed for community maternal mental health</p>	<p>contract and specification</p>			<p>Child 0-5 year programme.</p> <p>Local Maternity System Plan references BC healthy pregnancy strategy, and maternal MH pathway.</p>	
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1j
 All parents will have the opportunity to attend local baby-parent groups which include sessions on parenting, access to parenting advice by telephone or on line, access to face- to –face parenting advice

How does this support Future in Mind:

Promoting resilience, prevention and early intervention point 4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Though children's centres and voluntary sector such as Homestart	Ensure the whole range of support and service available are offered as part of the pathway of	Children's Centre's Managed through	Existing – may need to identify further funds and business case for online support	Walsall Council Children's services	2015/16 – complete -inclusion in published pathway of services	

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<p>in Walsall</p> <p>Bumps and babies groups available through children's centres</p> <p>Telephone advice available through children's centres and voluntary centre</p>	<p>support and recorded in directory of support and services</p> <p>Gap in online advice</p>	<p>Walsall Council – provide performance data about take up of courses and outcomes</p>		<p>(Voluntary sector depends on funder may be Walsall Council but may also be lottery fund/donation based)</p>	<p>and support</p> <p>2016/17 complete identify options for online support</p>	
<p>1K</p> <p>We will build on the support about parenting for parents and carers strengthening the aim to increase knowledge, skills and capacity to meet the emotional and social needs of their children.</p>						
<p>How does this support Future in Mind: Promoting resilience, prevention and early intervention point 4</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>See point 1J</p> <p>The role of parent carers is being considered as part of future task and finish group</p> <p>There is the Walsall</p>	<p>As in point 1J</p> <p>Confirm compliance with child and families Act in relation to parent carers</p> <p>Parent carers of children and young people who access the</p>	<p>As in point 1J</p> <p>Children's services to confirm recording process</p>	<p>As in point 1J</p>	<p>As in point 1J</p>	<p>As in point 1J</p>	

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Information and Advice and Support Service (formally the Walsall Parent Partnership Services) – focuses in children and young people with SEND	specialist mental health service are offered appropriate carers assessment and ongoing support.					
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Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021

2. Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing

2A

Review the information, advice and guidance available to children, young people, families and professionals and work with them to improve the quality of such information and improve awareness of services available in Walsall. Review the needs assessment mapping of current services and support available into a directory of services. Confirm a clear pathway of care and support for children and young people's mental health and wellbeing in Walsall and this will be shared across all partners and used as information on web pages and in leaflets.

How does this support Future in Mind:

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

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Web based information patchy	all partners to agree consistent approach to	Information about all	Partnership working	All partners	The Children and Young People's	

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<p>and not consistent This priority is an ongoing long term area of improvement. The transformation plan is already posted on the CCG website (since it was assured in November 2015).</p>	<p>information</p>	<p>services and pathway consistent, available, regularly updated</p>			<p>Partnership Board on 2nd November 2016 confirmed that there will be consistent information on all partners' websites for CYP mental health and for this will be in place by the end of December 2016. This is action is now red and an action to address at CYP steering group. Youth Of Walsall are part of the CYPPB and contribute to a range of activities across the partnership. They have been asked to develop web friendly information as part of their developmental work for the board, this is under development.</p>	
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2B						
Where the needs assessment confirmed lower than expected prevalence (take up of available mental health service both specialist and targeted) for 15 to 17 year olds, BME communities and BME males, target appropriate information and awareness raising to ensure equality and reduce health inequality.						
How does this support Future in Mind: Promoting resilience, prevention and early intervention Improving access to effective support points, 8.						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
None other than universal – we need to establish why the prevalence is lower	As above specific attention to targeting schools and areas with information where BME community and 15 to 17 year old Current counselling provision given capacity to do further outreach work	Future data confirms increased take up in accordance with expected national prevalence	CCG use of transformation fund to enhance targeted counselling support to enable capacity for outreach	All partners and providers	Increased access to advice from the face to face counseling service. (33.6% access from BME groups). Additional outreach of 15 days has been taking place across schools and other organisations to raise awareness with young males aged 15 to 17 and those from BAME. Completion of liaison days due in November 2017.	

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					KOOTH service has identified that in quarter 2, 28% of all new registered users are from a BME group. Highest group of all new users is from 14 year olds (14%).	
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Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 – 2021:
3. Improve prevention, early help, earlier recognition and intervention

3A						
Review current services and support, review how services are accessed with the aim of removing barriers and to provide support at the earliest point.						
How does this support Future in Mind:						
Improving access to effective support points 6, 7,16						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current	Who commissions/who provides	Timescale and Comments	RAG

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			funding/more funding/ new service)			
<p>Single point of access across services now in place. Examples of providers and partners working together.</p> <p>Walsall CAMHS 'Positive steps' is a multi-disciplinary team who will work with CYP who have low level or emerging mental health needs. CYP are offered approximately 5 sessions in addition to initial assessment. Team is community based which enables practitioners to navigate to specialist CAMHS intervention or community support from local</p>	<p>Further work with all partners to develop pathways which remove barriers.</p> <p>For commissioned services or in house services to adopt the pathway and provide a seamless response</p>	<p>Pathway in place with help at earliest point</p>	<p>Partners and providers working together to develop pathway (facilitated by CCG)</p> <p>CCG transformation funds to increase capacity to current targeted and specialist response with first year funds and reduce waiting times, long term funding to support of single point of access and to redesign the targeted (tier 2) response.</p>	<p>All partners and providers</p> <p>CCG specifically for targeted and specialist</p> <p>Public Health and education for universal and overlap with targeted in schools</p>	<p>Positive Steps fully operational from 1 September 2017. Pathway adopted, single point of access in place and redesigned targeted services/primary mental health services</p>	

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services.						
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3B
Enhance existing maternal, perinatal and early year's health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.

How does this support Future in Mind:

Promoting resilience, prevention and early intervention points:1,4

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescales and Comments	RAG
Lots of good practice across children's services, children's centres, early help, maternity services, health visitors response, family nurse partnership, independent and voluntary sector and adults primary mental health but not completely embedded as a whole pathway response	Partners and providers to confirm current pathway and work together to review, identify gaps to be met to strengthen the response	Multi-agency Perinatal Mental Health Pathway identified in place and available	Partnership work redesign of current. Maternal MH needs covered in 3C	All partners and providers	Completed parenting courses in place, early help embedded and reviewed Refresh of pathway to be completed December 2017.	

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3C						
Develop a maternal mental health pathway to have a response which supports the specialist inpatient mothers and babies unit, providing a robust community response (including as a minimum access to a specialist perinatal mental health consultant offered through the birth unit).						
How does this support Future in Mind: Promoting resilience, prevention and early intervention points:1,4						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Maternity services and health Visitors/Family nurse partnership and early help/children centres flag if referral needed into MH following routine basic screening.</p> <p>If known to secondary services MH already involved</p> <p>Specialist in patients mothers and babies commissioned by NHSE</p>	<p>Strengthened response in MH where services prioritise maternal mental health needs and have capacity to prioritise</p> <p>Local access in birth unit to perinatal specialist mental health consultant</p>	<p>Pathway into mental health specific to maternal mental health from primary care to secondary</p>	<p>Funding for increased capacity of nurses and practitioner specialising in maternal mental health</p> <p>Funding for local unit to have access to a perinatal mental health consultant</p> <p>Use of funds specific to improve maternal mental health</p>	<p>CCG</p>	<p>2015/16 Health visitors implemented maternal mental health pathway with partners</p> <p>2017 BC wide bid for NHSE fund made awaiting funding</p>	

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Black Country CCG's have submitted a Mental Health STP regional bid for Perinatal Mental health services. NHSE response expected in the new year.						
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3D						
Improve access to a wide range of resources that provide support for emotional and psychological difficulties by reviewing the current services.						
How does this support Future in Mind:						
Improving access to effective support - general and point 8						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Full review of secondary specialist service already started May 2015 range of support mapped into pathways Complete mapping and identification of current pathway services and	Identify further types of intervention and support to be included in future commissioning arrangements.	Pathway in place with all options of resources identified	Other actions cover the training and capacity building for universal workforce CCG transformation funds to support redesign of targeted and specialist services and to increase range of support available at	CCG provision – NHS provider and independent and voluntary sector	Review 2015/16 Mapping completed as part of NA Short term funds allocated to face to face counselling service	

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<p>resources</p> <p>Mapping of existing services and resources complete</p> <p>Behaviour support has been mapped as part of the Healthy Child Programme. This compliments the mapping of mental health and emotional wellbeing resources. This mapping also included confirming the current workforce. Behavioural Support and newly funded secondary workers now in place.</p> <p>CCG funded targeted response focuses on short term counselling</p>			<p>earlier stage increasing capacity and developing a blended service between targeted and specialist</p>		<p>2017</p> <p>Use of short term funds to reduce waiting time for treatment appointment</p> <p>Behaviour Support Team operating since September 2017.</p> <p>Permanent posts funded to support continued levels of waiting times achieved with short term funds</p>	
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<p>available as stated in 3a. GP’s now refer direct to CAMHS and referrals are navigated to appropriate services.</p> <p>Any referrals sent in to CAMHS are signposted through the paediatric panel to the appropriate service.</p>	<p>targeted services to take place where secondary mental health service not appropriate and develop a blended model.</p> <p>MASH liaises with CAMHS professionals frequently and at differing levels. Due to a clear pathway in existence, between the two areas information can be shared timely and effectively which enables children to be supported.</p>	<p>waiting times at differing points of access to service delivery.</p> <p>Clear mechanism to address identified need to service required.</p>	<p>To increase the capacity of existing and to implement further services which provide a wide range of support to act as a blended model with the Single Point of Access.</p>	<p>and public health</p>	<p>Continued monitoring of waiting times for access to services.</p>	
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Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 - 2021:

4. Improve access to evidenced based, high quality services

4A

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

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How does this support Future in Mind: Improving access to effective support To be accountable and transparent points 17, 37						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Data from targeted CCG provision is already robust and provides detail as required to inform commissioning intentions.</p> <p>For the specialist secondary mental health service the current data reporting is part of the contract and is based on number of face to face contacts.</p> <p>Data was gained through submitting One</p>	<p>Formalise through contract and specification data requirements.</p> <p>Target resources to reduce current waiting times in short term and long term redesign service to ensure most effective approach in place</p>	<p>Reduction in waiting time for routine case including the internal waiting time following initial assessment – using baseline of waiting times data 2016 – that the average routine initial appointment waiting time was 10 weeks and average</p>	<p>Short term funding from CCG transformation plan 2015/16 and 16/17 to reduce current waiting list</p> <p>Long term funds for clearly identified gap in pathways causing 'bottlenecks'</p> <p>Mental health practitioner link post established, between Community development Centre, any cases can be brought straight in to CAMHS.</p>	<p>CCG and D&WMHPT</p>	<p>Since November 2015 to August 2017 waiting times for services have reduced by:</p> <p>Partnership 37% Medic 46% Psychology 89% Psychotherapy from 53 to 0 weeks.</p>	

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<p>off information requests (from 2013 onwards) to gain data specific to waiting times and referral data.</p> <p>Through task and finish group started in May 2016 (led by CCG with finance, contracts, project management and commissioning lead and CSU input), work with current NHS provider D&WMHPT undertaken to establish data requirement in line with national minimum data set. Established referral numbers, sources, accepted into service, DNA rate, waiting time for choice (initial assessment)</p>		<p>routine second appointment or partnership of 8 months.</p> <p>KPI to be set initially 4 weeks for choice and 8 weeks for partnership. With review once single point of access in place.</p>				
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<p>routine cases.</p> <p>Have full staffing structure confirmed.</p> <p>Gained data about the internal waiting times to start identifying capacity and resource issues and also start considering re-design.</p> <p>ADHD and ASD clinics continue to operate.</p> <p>There is a 0 to 5 year old pathway now in place.</p>						
<p>4B Work with providers to support development of IAPT (Improving Access to Psychological Therapies) locally.</p>						
<p>How does this support Future in Mind: Developing the workforce - 43</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/	Who commissions/who provides	Timescale and Comments	RAG

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			new service)			
Previously partnership bid for West Midlands was not successful.	<p>To partner with other CCG's and learning collaborative and submit bid for IAPT when funding available.</p> <p>Workforce planning and development will be finalised and identify workforce gaps in tier 3, tier 2 and universal services. Where there have been recruitment issues these will be flagged to show there is national shortage and how this will impact future recruitment. Also in agreement with DWMHPT there will be flexibility around some posts difficult to recruit to – whereby practitioner/allied professional options will also be considered.</p> <p>Walsall will have a workforce identified from across the</p>	IAPT programme in place for all talking therapies to be evidence based and collecting routine outcomes monitoring date	IAPT national fund	CCG and all providers including NHS, independent, voluntary sector and statutory services	<p>2017 Following review of workforce and implementation of targeted mental health service and review of targeted tier 2</p> <p>2017 joined Midlands collaborative, formed strategy group training to start in November</p> <p>HEE to work with CCG's to support review of workforce.</p>	

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	<p>partnership in place and will join the West Midlands IAPT collaborative to commence the roll out of CYP Improving Access to Psychological Therapies (IAPT) a national programme within the timescales required by performance assurance areas, which requires all areas to be part of CYP IAPT by 2018. Walsall commits to becoming part of a collaborative to have CYP IAPT in place. This was confirmed by partners in the Children and Young People’s Partnership Board on 2nd November 2016. The workforce will consist of professionals from universal, targeted and specialist services to ensure IAPT is embedded across the whole pathway.</p>					
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4C						
Continuously review the Deliberate Self Harm Pathway to ensure it is effective and for all partners and providers to support the pathway to meet needs of children and young people when they need support in a crisis						
How does this support Future in Mind: Improving access to effective support						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Walsall CCG and partners agreed a DSH pathway following task and finish work in 2012/13.</p> <p>Pathway clearly establish and in place.</p> <p>Regular review lead by designated nurse/safeguarding lead for CCG to review effectiveness.</p> <p>Pathway needs to be responsive and include the to proposals to review</p>	<p>Pathway, policy and procedures revised to reflect any changes arising from review of pathway.</p> <p>Ensure needs of LD groups are fully met and supported with input from LD/CAMHS to tier 3 plus service and in event of admission to tier 4 see action point: 5L</p>	<p>Up to date pathway and associated policy and processes in place.</p> <p>Evidence of good practice</p>	Existing	CCG, partners and providers	<p>2016 Review tier 4 data</p> <p>2016 Data from ward 21</p> <p>2016 Complete update of pathway and policy</p> <p>2017 Policy and pathway in place. Plan to review impact for admission data and user experience January 2018.</p>	

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all age psychiatric liaison in Walsall and also to look at possibilities of changing response of automatic admittance to the Paediatric Assessment Unit now tier 3 plus is embedded						
4D						
Evaluate the effectiveness of the pilot of the 'ICAMHS' to ensure it meets the Mental Health Crisis Care Concordat in relation developing approaches to support children and young people on a 24 hour basis for emergency mental health crisis.						
How does this support Future in Mind: Improving access to effective support point 12 and 13						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Walsall CCG piloted tier 3 plus in 2016. Evaluation has confirmed: a reduction in use tier 4 inpatient provisions by 71% from 2014 figures. Service now recurrently funded via CCG.	Continue to manage in community (where appropriately to prevent admission to tier 4 and keep tier 4 admission to below national expected	Tier 4 uptake to remain below expected national prevalence (this is already confirmed through data collated in 2016) length of stay in acute for 95% of cases same or next	Gap identified in medic time as current model is nurse led – use of short term and long term funds to meet the gap in medic support from the remaining eating disorders funds NHSE pump prime funds confirmed in Oct 2016	CCG and NHS provider – links to NHSE	Service in place and embedded, development of quality scorecard 2018/19.	

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	<p>prevalence.</p> <p>Continue support to acute and review pathway to ensure DSH response is robust</p> <p>Ensure service support CPA process and enables planned discharge from tier 4</p> <p>Work with colleagues and provider to develop all age psychiatric liaison service</p> <p>24/7 iCAMHS STP bid submitted to support CYP in crisis across the Black Country. To provide</p>	<p>day discharge</p> <p>Reduction in admission to PAU – have current baseline figure but need to wait for work with A&E to set implementation date.</p> <p>Reduce length of stay in tier 4 (enabling discharge into community) based on 2014/15 figures.</p> <p>Have an all age out of hours emergency response for MH – can’t set KPI’s until proposed service in place.</p>	<p>for 24/7 liaison mental health service in emergency departments.</p>			
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	additional out of hours cover and support those in tier 4 beds to return to community.					
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4E						
Review age appropriate care in inpatient settings (not being admitted to an adult ward).						
How does this support Future in Mind: Improving access to effective support point 12 and 13						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/ more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Incidents in Walsall very low and by exception only, flagging serious incident report.</p> <p>Paediatric Assessment Unit, part of crisis pathway.</p> <p>Community risks register completed, monthly monitoring and</p>	Gain assurance of current process in event of admission	<p>Review conducted and complete to ensure that admission to adult wards is not routine but by exception only</p> <p>Follow-up any admissions via serious incident reporting.</p>	See actions 4J for place of safety and 136 suite.	CCG and NHS trust	<p>2016 Admission by exception only</p> <p>2017 Review and update community risk register to avoid admissions.</p>	

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management of risk captured to avoid admissions.						
Blue light CTR to be instigated to avoid admission.						

4F						
Work with commissioners from across the Black Country to work together to commission services to meet the current guidance for community based eating disorders.						
How does this support Future in Mind: Improving access to effective support point 12 and 13						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
Walsall has eating disorder service from 12 onwards. Current service limited by capacity of team. Walsall will partner Dudley CCG to develop the CYP CED response Working with Dudley CCG, we	Agree model in line with guidance Confirm arrangements to access dietician on a Black Country wide basis Revise current specification	Swift access to community based evidence based treatment by confirmation of access to treatment reported on the performance scorecard. Confirmation of the dedicated team offering specialist interventions demonstrated by	Specific Eating Disorders Funding to develop community based eating disorders service for CYP	CCG – Walsall and Dudley Pan Trust D&WMHPT	2016 Agreed model Agreed specification Recruitment commenced mobilisation service start Jan 17 2017 – service implemented and 100% meeting access and waiting	

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<p>plan to continue to commission an all age Community Eating Disorder (ED) Service. We have been working with D&WMHPT to design this service and a Business Case has been submitted with a projected cost for our total ED funding allocation. The existing eating disorders service already meets the Access and Waiting Time Standard for Children and Young people with and Eating Disorder Commissioning Guidance.</p> <p>We have undertaken a needs analysis with D&WMHT</p>	<p>Identified KPI's</p> <p>Short term workforce development of staff to access specialist training to increase skill.</p> <p>Information to be collected at every stage of the care pathway and for every contact if clinically appropriate; to ensure data completeness at key time points during the care pathway for paired outcome measurement and monitoring of change; To administer a comprehensive range of Patient Reported</p>	<p>evidencing the post graduate skills of the team benchmarked against NICE.</p> <p>Data to confirm outcomes captured through changes in scores of CGAS etc (minimum dataset and CYPIAPT measures)</p> <p>Number of cases supported</p> <p>Reduction/ prevention of escalation to tier 4 setting (based on expected national prevalence) have current data of take up of tier 4 as baseline</p> <p>Support for discharge from tier 4 setting confirmed</p> <p>100% compliance to have waiting time - referral to treatment minimum within 4</p>			<p>times</p>	
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<p>These caseloads do not currently accept referrals for include bulimics and binge eaters. The total number of children and young people, up to the age 17 referred to the service last year was of which 62 were accepted onto the caseload (77.5% acceptance rate). Of these 47 (78.3%) are between ages 14-16 and the remainder 13 (21.7%) are between ages 10-13. For adult the respective figures were 186 and 65 equating to a 34.9% acceptance rate. Further breakdown of the age range of the adult's caseload demonstrates that</p>	<p>Outcomes Measures (PROMs), alongside Patient Reported Experience Measures (PREMs) and monitoring of goals.</p>	<p>weeks for routine and 1 week for urgent cases in accordance with guidance</p> <p>Reduction of transfer to adult services. Use of baseline figures from 2016 of numbers transitioned to adult eating disorder services. Confirmation of outcomes including numbers managed by GP / how many transition to secondary services.</p> <p>Confirm the numbers of cases with co morbid symptoms which required onward services.</p>				
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<p>of the 65 clients only 17 were between the ages 17-25 (26.2%) and the remainder 48 (73.8%) were older than 25.</p> <p>From the analysis of the age stratification of the caseloads, we are proposing that funding should be allocated to commission a 0-18 year's old eating disorders service and based on proportional allocation of the available £149,00. funding for Walsall we are proposing that £85,000. Should be apportioned to this service.</p> <p>The remainder of the funding will be used to increase</p>						
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<p>capacity to the Home Treatment Tier 3+ service medic time which will also support the eating disorders service.</p> <p>Non recurrent surplus from 2016/17 will fund training for the team.</p> <p>Further work needs to be undertaken with the service to understand why so many under 17s meet the acceptance criteria and why they are presenting so late.</p> <p>Also need to determine what the pathway for people not accepted into the service.</p>						
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4G

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Work with commissioners from across the Black Country and NHS England Specialist Commissioners to ensure adequate levels of local inpatient services are provided for those who need it and consider regional approaches to commission services to meet the needs of children and young people accessing specialist inpatient provision.						
How does this support Future in Mind: Improving access to effective support point 12 and 13 14						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
<p>Wolverhampton CCG leading on co-commissioning pilot with recommendations for BC need</p> <p>Walsall CCG commissioned has regular contact with BC commissioners and NHSE specialist commissioners in relation to tier 4 inpatient provision</p> <p>Walsall CCG CAMHS commissioner attends Tier 4 CTR's. Ensures</p>	CCG commissioner to continue to support tier 4 CTR process.	Access to locally based inpatient services where possible	Some transformation funds may be used to support pilot projects work, joint working with NHSE around current procurement and commission of tier 4 inpatient.	BC CCG's NHSE NHS Provider Trusts	<p>2017 Black Country STP approach to defining tier 4 demand and needs.</p> <p>Wolverhampton CCG leading on bid for tertiary models of care e.g. iCAMHS 24/7.</p>	

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CCG has an opportunity to engage with specialist commissioners to identify appropriate placements and meet the needs of clients. Ensures progress to achieve step down from tier 4.						
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4H						
Work with commissioners from across the Black Country to consider working together to commission crisis services and to implement a designated place of safety. Include all partners such as the police and youth offending services and the liaison and diversion and street triage services to build on existing support and be prepared for future changes such as the development of the super custody block in the West Midlands (Smethwick).						
How does this support Future in Mind: Improving access to effective support point 19						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Identified as need further work to engage with BC commissioners to support development of services	Establish current support Review to identify gaps Work	Place of safety available for under 18's	LA and CCG to consider how to fund a BC response	CCG/LA	2016 Local arrangement with social workforce made clear on how to access out of area CAMHS	

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Currently police access support by duty for social care or apply deliberate self harm pathway. Work with regional liaison and diversion service to be conducted	collaboratively to have co-commissioned response				2017 STP approach being utilised across Black Country. CCGs currently considering 'One Commissioner' approach to Mental Health.	
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41
CCG Commissioner and specialist service to review process of accessing/transferring to services when moving from one area to another, to ensure this is as seamless as possible and to work with regional commissioners and out of area services to agree process.

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

Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/new service)	Who commissions/who provides	Timescale and Comments	RAG
When accessing services out of area cases transferred by Walsall CAMHS to locally based services. Very often have waiting time to	Process in place Shared with other commissioners and providers	Needs met	Existing	CCG	2016 Local social work force process confirmed 2017 Link to regional commissioners	

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<p>access and not all out of area CAMHS offer same level or range of support – some being purely limited to psychiatric, psychology offer.</p> <p>Have prior approval process in place and have started to work with out of area providers to confirm best way to ensure needs are met by developing SLA’s short term contract to enable capacity in the out of area services.</p> <p>When children are placed in specialist residential provision out of area CCG has an assurance oversight group lead by designated safeguarded nurse</p>					<p>Walsall CCG and Council have disaggregated Joint Commissioning Unit. Due diligence process followed.</p> <p>Revised SOPS under development for collaborative commissioning arrangements with Council being developed.</p> <p>Joint panels to be implemented with revised and refreshed TOR.</p>	
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<p>lead and supported by Lac nurses, Walsall CAMHS and commissioners to gain assurance of health needs being met</p> <p>Work with social care in sourcing placements to ensure MH needs are met and where possible engage providers in local area to agree package of support/intervention</p>						
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<p>4J Review transition from CAMHS (child and adolescent mental health services) to adult mental health services to ensure there are effective processes in place and consider the evidence base to extend age range of CAMHS to be up to aged 25 years or to develop a transition support service. Ensure that the needs of vulnerable groups are met to avoid the cliff edge effect of cut off from children's services to adults.</p>						
<p>How does this support Future in Mind: Improving access to effective support point 15</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
CQUIN commenced	Build evidence	Successful transition	Gather further evidence	CCG and social care	2016	

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<p>last year on transition. Confirmed processes and policies.</p> <p>Further data provided as part of needs assessment on 18 to 25 age group</p> <p>On-going data collection via CQUIN</p> <p>CAMHS has started recording further data to capture evidence base on gaps in where to transition to- to support business case to CCG for 17 to 25 year old provision</p> <p>Social care are developing a transition social work team with co-located social</p>	<p>base for needs of 18 to 25 to develop business case for CCG</p> <p>Identify gaps and propose options and solutions</p>	<p>and reduction in crisis because needs not met</p>	<p>to support business case to CCG for funds for 18 to 25 year old needs</p>	<p>In house social work teams</p> <p>NHS Providers, independent sector and voluntary sector</p>	<p>Clear transitional arrangements in place</p> <p>2017 Gain evidence base of costs to raise CAMHS to 18 for 2018/19</p> <p>Gain evidence for CCG to review on costs of 18 to 25 year old provision</p> <p>CQUIN 2017 transition</p>	
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workers – CAMHS will support the pathway Targeted support is already in place to support the 18 to 25 year old in continuation from accessing pre 18						
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4L Review the approach to managing the 'did not attend' for appointments with the specialist service. To ensure all agencies involved can support the child, young person or family to engage and attend future appointments; and to not close the referral/case unless they no longer need the service.						
How does this support Future in Mind: Caring for the most vulnerable point 20						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG
Provider started text reminders and has a process in place. Referrals and professional involved are engaged when DNA DNA rate in 2014/15 9%	Share process and approach with all partners and children and young people and families so they are aware of how they will be supported to engage with services	Reduction in DNA's using baseline data from 2016 as a starting point.	Existing	CCG NHS Trust	2016 Reviewed DNA rate 6.8% . 2017 rates remained consistent with 2016 figures despite text reminders, and posters highlighting importance of	

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Aim to reduce and strengthen response.	Review in 3 months impact of text reminder and approach				attendance or cancellation.	
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Priority theme from Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People 2016 - 2021:
5. Ensure we meet the needs of vulnerable children and young people

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

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

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

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

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<p>engage with BC commissioners , police and NHSE to ensure current community response is robust and to support development of services</p> <p>Currently out of area support where not met by SARC would be through out of area non contracted CAMHS or built into the social care package of support (if placed in residential CCG funds health elements)</p>						
<p>5C Work with commissioners from across the Black Country and NHS England Specialist Commissioners to co-commission services which ensure the support is appropriate and meet the needs of children and young people when they are youth offenders and placed in secure or youth offending institutions.</p>						
<p>How does this support Future in Mind: Caring for the most vulnerable point 29</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign	Who commissions/wh	Timescale and Comments	RAG

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			within current funding/more funding/new service)	o provides		
<p>Local discussions have taken place between youth offending services, youth services and street teams etc with CCG to review local needs as part of strategy and needs assessment work and to build into pathway.</p> <p>Engaged with BC commissioners and NHSE to ensure current community response is robust and to support development of services</p> <p>Currently out of area support whether through out of area non contracted CAMHS or built into the youth offending</p>	<p>Establish current support</p> <p>Review to confirm meets needs</p> <p>Identify gaps</p> <p>Work collaboratively to have co-commissioned response</p> <p>Meeting with Health and Justice Commissioner</p> <p>Meeting with key partners and health and justice commissioner</p> <p>Workshop event in January/Februar</p>	<p>Evidence of meetings and discussions</p> <p>Feedback and input from all partners and stakeholders evidenced</p> <p>Confirmed pathway of local offer and support linked to regional services and gaps identified</p> <p>Needs met in YOI</p>	<p>Local/BC resources to ensure response is robust</p> <p>NHSE for areas under specialist commissioning</p>	<p>BC CCG's</p> <p>NHSE</p> <p>NHS Provider Trusts</p> <p>Youth Offending Institutes</p>	<p>2017 H&J bid opportunity for local funds</p> <p>NHSE via SCN commenced pathways work</p>	

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<p>institution package of support</p> <p>Walsall CCG commissioner meetings with the Health and Justice Commissioner to consider how to engage.</p> <p>CAMHS YOS pathway confirmed.</p>	<p>y with key stakeholders to confirm local offer and pathway and how it support regional commissioned services.</p>					
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<p>5D Ensure there are specific care pathways for children and young people within each vulnerable group (for children and young people who have a special education need and disability – SEND all agencies will support the pathway and where applicable support the development of Education Health and Care Plans).</p>						
<p>How does this support Future in Mind: Caring for the most vulnerable point 10</p>						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions/who provides	Timescale and Comments	RAG

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

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

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

5H
Children and young people with specific mental health needs, and their parents will have access to service user/parent support groups.

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

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

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<p>If the child or young person is Walsall based the existing CAMHS will ensure they support this gate keeping process</p> <p>Commissioner with partners to ensure social care input into the pre admission gate keeping The tier 3 plus service engages in CPA process</p> <p>Local Commissioner engages and flags actions from CTR process and supports discharge process</p> <p>This needs to be formally recorded as a process within Walsall to support NHSE colleagues</p>	<p>Formally record process already in place – share with NHSE commissioner to gain agreement</p>	<p>Input to all gate keeping pre assessments</p> <p>CTR support and CPA discharge planning support evidenced</p>	<p>Existing</p>	<p>N/A</p>	<p>2016</p> <p>Tier 3.5 pathway confirmed</p> <p>CTR process confirmed</p> <p>Risk register developed</p> <p>Pathways aligned with NHSE S</p> <p>2017</p> <p>Co-commissioning options with BC commissioners, utilising a ‘One Commissioning’ approach</p>	
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6. Ensure we are accountable and transparent						
6A						
Strengthen performance management in this area by working with partners to develop and implement mental health and wellbeing performance measures (linked to national and clinical guidance).						
How does this support Future in Mind: Developing the workforce Making Change Happen To be accountable and transparent points; 45 40 36						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who providers	Timescale and Comments	RAG
<p>Already determined data on referrals, case load and prevalence.</p> <p>Want to develop waiting times</p> <p>Measure against pathways aligned to NICE</p> <p>Introduction of outcomes measure</p>	<p>Basic data requirements formally agreed</p> <p>As part of contract negotiation for 16/17 develop performance information and outcome measures</p> <p>Information to</p>	<p>KPIS developed agreed and measured</p> <p>Score card provided as part of contract management</p> <p>Assurance of annual review of pathways against NICE guidance</p> <p>Confirmation of outcome measurements</p>	Existing	All partners commissioners and providers	<p>2016 Provider submitted to NMDSMH</p> <p>Provider adopted goal based outcomes tool</p> <p>Scorecard agreed to be in contract</p> <p>2017 implemented score card and MHNMDS</p> <p>IAPT will also include outcomes</p>	

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in line with ROM	be collected at appropriate stages of the care pathway and for every contact if clinically appropriate; to ensure data completeness at key time points during the care pathway for paired outcome measurement and monitoring of change; To administer a comprehensive range of Patient Reported Outcomes Measures (PROMs),	routinely collected and evidence of impact in support to the individual patient based on monitoring.				
<p>6B Ensure all pathways of support are based on national and clinical evidence based support and intervention consider new innovations and participate where possible in national pilots</p>						
<p>How does this support Future in Mind: To be accountable and transparent 33</p>						
Current response	Action needed	How will this be	Resources needed	Who	Timescale and Comments	RAG

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		measured	(i.e. service redesign within current funding/more funding/ new service)	commissions /who provides		
<p>CCG commissioner to keep up to date with new pilots and initiatives and participate/ bid as appropriate</p> <p>Within CCG specification and contracts requirement laid out of evidence based interventions.</p> <p>For tier 2 CCG provision all support is provided by appropriately qualified professionals with clinical supervision and support with evidence based support.</p>	<p>Completion of pathways within specialist services by December 2016</p> <p>Mapping whole pathway is covered in action</p>	<p>Pathways available as information clearly showing links to evidence based intervention</p>	<p>Existing – will be undertaken in partnership with all commissioners and providers</p>	<p>N/A</p>	<p>2016 CAMHS mapped pathways against NICE and training programme actioned</p>	

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<p>A task and finish group led by the CCG with the existing specialist secondary mental health provider has started to map the current pathways within the service and map against NICE guidance</p> <p>School nurses receive support from CAMHS</p> <p>Parent courses are based on the Triple P model of evidence based support</p>						
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6C						
Implement governance to have oversight of the strategy and transformation plan.						
How does this support Future in Mind: To be accountable and transparent points 30 31 46						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
In 2016, a project group specific to Children and Young People’s Emotional Wellbeing and Mental Health in Walsall formed to have oversight of the development of an up to date needs assessment, strategy and production of a transformation plan. This project group reports to the Walsall Children and Young People’s Partnership Board. Three sub groups	The strategy development group will reconfigure to act as the strategy and transformation action group; meetings have been scheduled during 2016/16 to enable this. Membership with include key stakeholders and representation from Youth of Walsall and service users of children and young people’s mental health	Action plan Timescale and Comments and Commentss met and outcomes achieved	None – existing structure facilitate by both CCG and Council	N/A	Completed 2016/17	

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<p>formed and support the remit of the project group. A needs assessment development group, a strategy development group, and a task and finish group (specifically between Walsall CCG and the specialist child and adolescent mental health service (CAMHS). Each group has specific functions and separate terms of reference.</p> <p>Walsall Public Health conducted the needs assessment of children and young people’s emotional wellbeing and mental health in Walsall, on behalf of all partners and facilitated the needs</p>	<p>services</p> <p>The progress on the action plan will be reported to the CCG Mental Health Programme Board and the Children and Young People’s Partnership Board with an annual or 6 monthly report being prepared for Walsall Health and Wellbeing Board.</p>					
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<p>assessment development group. The key findings and recommendations of the needs assessment were presented to the Walsall Children and Young People’s Partnership Board on 14th October 2016. The needs assessment was produced in partnership with key stakeholders. The recommendations within the needs assessment are based on both evidence of need and the feedback from children and young people, their families and carers and professionals who work to support children and young people.</p> <p>The strategy</p>						
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<p>development group is led by Walsall CCG and facilitated the development of the draft Children and Young People’s Mental Health and Wellbeing Strategy (at version 12 in January 2016). The final priorities of the strategy and the actions in this plan were presented to the Children and Young People’s Partnership Board on 14th October 2016. The strategy incorporates the key recommendations from the needs assessment and also ensures the priorities identified give a strategic direction for all partners which encompasses the national agenda to transform children</p>						
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<p>and young people’s mental health and wellbeing as set in Future in Mind and the subsequent Transformation Guidance. The group consisted of key stakeholders, in addition one to ones with all partners were conducted to ensure the strategy is based on input from all partners. The Transformation plan includes the actions arising from the strategic priorities.</p> <p>The task and finish group facilitated by Walsall CCG aimed to: fully understand the current CAMHS offer, determine current pathways and map them against evidence based guidance,</p>						
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<p>establish capacity and workforce, understand waiting times from initial appointment to partnership to accessing specialist, gain comprehensive data about referral numbers and sources, acceptance and take up of service (establishing clear DNA – did not attend data). A scorecard of regular data about the service has been developed between the CCG and provider, with the view to develop key performance indicators to measure outcomes.</p> <p>With this information the group focused on</p>						
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<p>identifying solutions to transform the service in accordance with the priorities identified within the needs assessment, strategy and transformation plan.</p> <p>The final needs assessment, strategy and plan will be considered at future meetings during December 2016 of the; CCG Mental Health Programme Board and Improving Outcomes Committee and the Walsall Health and Wellbeing Board.</p> <p>The future governance has been mapped. The strategy</p>						
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<p>development group will become the strategy and transformation plan implementation review group and will review the actions on a bi monthly basis under the oversight of the named commissioner for children and young people mental health from Walsall CCG</p> <p>The task and finish group will refocus activity to implement revised services.</p> <p>These groups will report to the mental health programme board (which feeds into the CCG improving outcomes committee).</p> <p>Updates on implementing the action plan will be</p>						
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<p>recorded monthly through the CCG project management office process.</p> <p>Reports to the Children and Young People Partnership Board and the Health and Wellbeing Board will be agreed and will probably be quarterly/six month intervals.</p>						
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6D						
Develop consultation and engagement plan to ensure continuous involvement and engagement with: children and young people, their families or carers, key stakeholder/professionals who work to support children and young people in Walsall and representative from Walsall Healthwatch and Walsall Voluntary Action.						
How does this support Future in Mind: Making Change Happen To be accountable and transparent						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current	Who commissions	Timescale and Comments	RAG

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			funding/more funding/ new service)	/who provid es		
<p>CCG and Council ensure consultation and engagement takes place in line with the duty to consult and existing policy and procedures in place.</p> <p>Engagement of key stakeholders, children and young people has been ongoing as part of the development of service transformation and redesign with then CCG, the development of the needs assessment and the strategy and transformation plan.</p>	<p>Add to current engagement activity by producing a formal plan to confirm the CCG and Council commitment to involve and engage and include how information will be shared, how feedback will be gain and opportunity to be involved in shaping services is open to key stakeholders, children and young people, their families, carers and Walsall Healthwatch and Walsall Voluntary Action</p>	<p>Plan produced and followed, with regular review</p>	<p>Existing resource as a duty across all partners to engage and involved</p> <p>Potential use of transformation funds to conduct focus groups/survey work as part of redesign of services</p>	<p>All partners but led by CCG</p>	<p>2016 Strategic representation confirmed Providers confirm engagement with service feedback and individual achieving goals</p> <p>representation on implementation group to be confirmed</p> <p>In the CYPP board Youth of Walsall confirmed that members will engage and become involved in the future service development and transformation. Meetings have been schedule in November 2016.</p> <p>2017 Implement continuous engagement and involvement – this is currently red until engagement is embedded</p>	

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6E Review workforce planning and development of universal, targeted and specialist workforce to meet future needs.						
How does this support Future in Mind: Developing the workforce 27, 40, 42						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commissions /who provides	Timescale and Comments	RAG
Individual providers conduct their own planning and development Children's services access support through learning and development Haven't had a co-ordinated approach to consider all sectors and levels of support for emotional wellbeing and mental health	Work with provider trust has established capacity in service and gaps, and have also considered future skill base/mix Feedback from school nurses, health visitors and education as well as other key stakeholders has identified training needs to for universal and some targeted.	Production of review of current workforce, mapped against gaps in services and types of interventions needed at all levels with recommendations for future need Specifically for specialist complete the mapping of current workforce (already started) against pathways linked to NICE guidance and the current staffing/ resources available to	Work to be completed in partnership between current commissioners and providers Short term CCG transformation funds to target training needs for specialist and targeted provision and also support the role out of any train the trainer approach whereby trainers from across the workforce provide the ongoing training once trained.	All commissioners and providers in Walsall	2016 Complete review and CCG to fund short term for CCG provision 2017 Clear picture of future need use of transformation funds for CCG provision Public Health/Education and Walsall Council to consider review findings to reflect in the in house teams and services, commissioned services including the voluntary and independent sector. Work with HEE to access support to complete this activity	

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		identify the needs in capacity, resource and skills					
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6F						
Commitment to complete up to date needs assessment as a minimum every five years.						
How does this support Future in Mind: To be accountable and transparent point 39						
Current response	Action needed	How will this be measured	Resources needed (i.e. service redesign within current funding/more funding/ new service)	Who commission s/who provides	Timescale and Comments	RAG
Up to date needs assessment specific to children and young people emotional wellbeing and mental health in Walsall conducted and completed. Intention to refresh within a minimum of 5 years	To inform JSNA H&WBB priorities and the strategy for mental health and emotional wellbeing	Up to date needs assessment to be undertaken during 2020	Public Health resources	Commissioned by Walsall Local Children's safeguarding Board and Walsall Children and Young People's Partnership Board	Due 2020	