Walsall Mental Health and Emotional Wellbeing Strategy for Children and Young People
2016 – 2020

October 2018 Refresh

The Vision

We want children and young people in Walsall to enjoy a happy, confident, childhood.

We will work to improve the mental health and wellbeing of children and young people in Walsall by supporting individuals and communities.

We will support children and young people in Walsall to build resilience to be able to manage their mental health and wellbeing.
Foreword

In 2015 Walsall Clinical Commissioning Group (CCG), Walsall Metropolitan Borough Council (MBC), Partners and Providers developed the Walsall Mental Health and Emotional Wellbeing needs Assessment, Strategy and local Transformation Plan for Children and Young People with feedback and input from children and young people, families and carers.

The final version gained approval from the Health and Wellbeing Board, the Children and Young People’s Partnership Board and the Mental Health Programme Board by December 2015.

This document describes our achievements to date, having commenced implementation of the plan and strategy in January 2016 with funding available to support transformation from December 2015. This document evidences how we have utilised the additional resources to accelerate the transformation of our local mental health and emotional wellbeing service offer over the next five years.

The transformation action plan has been refreshed during October 2018. The strategy outcomes and areas for development align with the operational delivery plan and will continue to be regularly reviewed. The joint work to deliver our aspirations and to improve outcomes set out in the initial plan continues, along with refreshed and energised commitment to working together to ensure success.

However, whilst we should recognise the achievements of recent years, we cannot afford to stand still; there are many challenges we have yet to overcome and there remains much work for us to do if we are to continue to improve outcomes for young people. Failure to do so can have devastating impacts on health and well-being over a whole life-time. Therefore, the ultimate aspiration is to equip all our young people in Walsall to achieve their full potential.

To do this, we need an understanding of the importance of health and well-being in all aspects of their future life with a resilience to cope with the challenges life brings and an awareness of where they and their families can confidently seek and gain help for themselves when needed.

Transforming Child and Adolescent Mental Health in Walsall aims to sets out how we will build on the already considerable progress made over the last few years and how we will embrace opportunities and new models of care to help move us towards our agreed goal.

Links to the original transformation plan can be found in the appendix 1
# Table of Contents

Introduction  
Executive Summary  
p4  

1. Transparency and Governance  
p8  
2. Walsall needs assessment  
p14  
3. LTP ambition  
p24  
4. Workforce  
p42  
5. Collaborative and placed based commissioning  
p46  
6. Health and Justice  
p48  
7. CYP-IAPT  
p49  
8. Eating disorders  
p50  
9. Data- access and outcomes  
p50  
10. Urgent and crisis mental health for CYP  
p52  
11. Integration  
p53  
12. Early intervention in psychosis  
p53  
13. Green Paper  
p54  
14. Other  
p54  
Appendix  
p56
1. Introduction

Supporting children and young people to have good mental health and wellbeing is important in Walsall. We recognise the difference this can make in daily life and how it supports children and young people to achieve a successful future. This strategy has been produced to confirm our priorities and actions needed to achieve them.

Our aspiration is for there to be good mental health for all in Walsall as we recognise that there is no health without mental health. We want all children and young people in Walsall to thrive: to be emotionally resilient, confident and able to achieve whatever they set out to do. They should be able to self-care, understand their emotions with no stigma attached to asking for help when they feel it is needed. From the start, children, young people and families will work with providers and services to design and develop the offer to make this vision a reality.

When children and young people need extra help and support, this will be provided to them in the right place, at the right time and from the right people. This will include an early and rapid response when experiencing crisis. Our local staff and services offer evidence-based practice, and aim to provide good emotional and mental health and help, or have the knowledge and networks to signpost to other services when needed. Children, young people and their families have an important role in deciding what success would look like for them, only having to tell their story once and knowing that there will be ‘no decisions about me without me’. There is local commitment and ownership to support families with wrapping services around them when they require support and in achieving our ambition to keep children and young people at home using the ‘think family’ approach.

The intention of this strategy is to identify the advice and help needed to support mental health and wellbeing and how this will be provided by the right people, at the right time, at the right place.

2. Scope of this strategy

This strategy is for all children and young people who are residents in Walsall from birth to 18 years old.

A Walsall Children and Young People’s Mental Health and Wellbeing Strategy Transformation action plan for 2016-2021 has been produced to accompany this five year transformation strategy. It includes actions to support the 6 agreed priorities included within the transformation strategy. This will ensure we achieve the outcomes needed to transform mental health and emotional wellbeing for children and young people in Walsall.

The strategy will deliver the recommendations for future commissioning and provision of mental health and wellbeing services for children and young people, as described in the following documents:

1. Five Year Forward View for Mental Health,
2. Future in Mind, ‘Promoting, protecting and improving our children and young people’s mental health and wellbeing’.

The strategy has been developed in partnership with Walsall CCG, Walsall Council, Children’s Services, Education, Public Health and current Providers and reflects...
feedback from children and young people about what they would like to see in place to best support them with their mental health and wellbeing needs.

The Walsall Children and Young People’s Mental Health and Wellbeing Strategy Transformation Implementation Group will be accountable to the Governing Body of Walsall CCG, Walsall Corporate Parenting Board and Walsall Health and Wellbeing Board. Progress against the delivery and implementation of the strategy transformation plan will be reported regularly to these boards and shared annually with children, young people, parents/carers and stakeholders. The strategy, outcomes and accompanying implementation plan are regularly reviewed, with a recent refresh having taken place in. Transformation will be delivered within current and available financial resources and we will continue to work with partners to develop jointly funded and joined up commissioning plans.
Views of children and young people should inform the development of the strategy and services. **Make sure** delivery of mental health and wellbeing is everybody’s responsibility, with people from different organisations and sectors working in partnership, to coordinate services which ensure mental health and wellbeing needs are met, by responding in a timely manner, adopting the approach of ‘right time, right place and right service/people’.

**Combat stigma by** strengthening our focus on social inclusion by tackling stigma and discrimination with regard to emotional wellbeing and mental ill health. **Develop and** support people who work with children and young people to have awareness and understand mental health and wellbeing needs. **Have a clear** pathway in place, confirming mental health and wellbeing support and services for children and young people to access.

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**Priority 1:**
Ensure the delivery of mental health and emotional wellbeing is everybody’s responsibility

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

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**Priority 3:**
Improve prevention, early help, earlier recognition and intervention

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**Priority 4:**
Improve access to evidenced based, high quality services

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**Priority 5:**
Ensure we meet the needs of vulnerable children and young people

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**Priority 6:**
Ensure we are accountable and transparent

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**Walsall Mental Health and Wellbeing Strategy for Children and Young People 2015-2020**

**Vision:** We want children and young people in Walsall to enjoy a happy, confident, childhood.

We will work to improve the mental health and wellbeing of children and young people by supporting individuals and communities.

We will support children and young people in Walsall to build resilience to be able to manage their mental health and wellbeing.

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**World Health Organisation – Mental Health a state of well-being (August 2015)**

‘Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

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**National Institute for Clinical Excellence - Public Health Guidance Promoting Social and Emotional Wellbeing in Education 2009**

‘happiness, confidence and not feeling depressed, a feeling of autonomy and control over one’s life, problem-solving skills, resilience, attentiveness and a sense of involvement with others, the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying’.

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**Support** children and young people from all cultures to develop and have positive and accepting attitudes to people with emotional and mental health problems.

**Have** a focus on prevention and early help by building resilience, to help children and young people to manage daily life.

**Recognise** the need to prevent as well as treat emotional and mental health problems and promote emotional wellbeing and good mental health.

**Ensure** all the services and type of support we provide, through all partners, are proven to help (based on evidence), and are high quality, safe and good value for money.

**Improve** access to services; remove barriers and make it easy for children and young people and their families who need a service to access one.

**A commitment** of robust monitoring and review, with clear outcomes

**Promote** equality and address health inequality
What do we mean by mental health and emotional wellbeing?

a. World Health Organisation – Mental Health a State of Wellbeing (August 2014)

‘Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

“There is no universally accepted “definition” of mental well-being. This is probably because mental well-being may have different connotations for different individuals, groups and cultures. For some, it may be the notion of happiness or contentment. For others it may be the absence of disease. For some it may be economic prosperity. It could be based on the goals sought to be achieved and the challenges placed on an individual or a culture. It also may mean the absence of negative determinants in the life of an individual or a community. Mental well-being includes cognitive, emotional and behavioural responses at a personal level. Some may also interpret mental well-being as determined by external stimulants and factors, sometimes beyond the control of individuals, such as housing and employment. Thus, mental well-being should be interpreted in the sociocultural context of the individual. It should be considered as a continuum and as operating within a spectrum, rather than a state that is present or absent. An individual, group or community can be at any given point within this spectrum”


’happiness, confidence and not feeling depressed, a feeling of autonomy and control over one’s life, problem-solving skills, resilience, attentiveness and a sense of involvement with others, the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying’.

Why do we need a strategy for children and young people’s mental health and wellbeing?

The No Health Without Mental Health: Implementation Framework states “to improve people’s mental health and wellbeing, everyone needs to play their part, and that local leaders need to take action to ensure a range of services work together to promote wellbeing, to tackle the causes of mental ill health, and to act quickly and effectively when people seek the support they need to make their lives better” (DH, July 2012).

More recently ‘Closing the Gap: Priorities for essential change in mental health’ (DH, 2014) supports the continued improvements to prevent mental ill health and promote mental wellbeing. Many government departments have identified joint working between agencies as a major policy priority, regarding it essential for improving outcomes for people with mental health problems.

The Children Act (2004) proposed a national outcomes framework in order to ensure delivery of the five key outcomes for all children and young people. This remains the central policy driver for all work in this area. The Children Act places a duty upon all Local Authority partners to work together to ensure all children are able
to: Stay Safe; Be Healthy; Enjoy and Achieve; Achieve Economic Wellbeing; and Make a Positive Contribution.

The nationally identified prevalent mental health disorders affecting children and young people are:

- Conduct disorders, for example - defiance, physical and verbal aggression, vandalism
- Emotional disorders, for example - phobias, anxiety, depression or obsessive compulsive disorder
- Neurodevelopment disorders, for example - attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder
- Attachment disorders, for example - children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major caregivers
- Substance misuse problems
- Eating disorders, for example - anorexia nervosa and bulimia nervosa
- Post-traumatic stress disorder
- Psychosis
- Emerging borderline personality disorder

‘Health is the basis for a good quality of life and mental health is of overriding importance in this’ – **Article 24 of the United Nations Conversation on the Right of the Child**

The most recent **UNICEF study (2013)** placed the UK at number 16 out of 29 of the world’s richest countries in a league table of child wellbeing.

The **2014 report ‘Health for the World’s Adolescents’** by the **World Health Organisation** highlights mental health in adolescents as an emerging public health priority.

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**National and Local Situation: Policies, Guidance, Strategies, Research and Initiatives**

There are number of National and Local Policies, strategies, research initiatives, this Local Transformation Plan (LDP) takes into account all those identified in the original Walsall Children and Young People Mental Health and Wellbeing 2015 – 2020 and Transformation Plan and action plan; Walsall CCG and Partners October 2015

1. Transparency and Governance

This section will cover

- Who will be able to see and read the local transformation plan
- How the four areas in the Black Country (Walsall, Sandwell, Wolverhampton and Dudley) work together
- How has our money been invested
- What is our activity (are we meeting our targets)
- How do we work and engage with people
- What is transforming care
- Who do we report to

Walsall Local Transformation Plan will be refreshed and republished by the deadline of 31st October 2018 and is accessible via the local Walsall CCG Website. It will be available on all of our partner’s websites, including Local Authority and Dudley and Walsall Mental Health Trust. It will be available in accessible formats for children and young people, parents, carers and those with a disability. Should the LTP not be refreshed by the deadline a position statement will be available on Walsall CCG website during this time.

The LTP is aligned to the Black Country’s Sustainability and Transformation Plan (STP). The Black Country STP for Mental Health and Learning Disability services and the STP Children and Young Person’s programme both focus on the collaboration between providers and commissioners to improve care and outcomes for Mental Health & Learning Disability service users, including Children, Young People and their families.

Priorities include:

- Working as a collective group or “one commissioner”
- Reducing differences in care across the STP foot print – Dudley, Sandwell, Walsall and Wolverhampton
- Identify and develop aligned or joint service Specifications in certain areas, including Crisis and Core CAMHS, Eating disorders and Early intervention in Psychosis
- Looking at ensuring access to services is equitable to all living within the geography of the STP
- By utilising tools that measure mental health outcomes and asking questions when differences in outcomes are identified across the STP

The Full Black Country STP can be found at:

https://sandwellandwestbhamccg.nhs.uk/sustainability-and-transformation-partnership-stp

STP areas of further development:

- Services for CAMHS learning disabilities services
- Out of borough care and the impact this has on local services and the outcomes long and short term for the child who is cared for out of borough
Quality, Innovation, Productivity and Prevention (QIPP)

The STP has identified key priorities for implementation as:
- Mental Health Liaison
- IAPT Expansion for both adults and CYP.
- Perinatal Mental Health
- CAMHS TIER 4 and TIER 3 PLUS

**Finance and Activity**

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Draft 6 Walsall Mental Health and Emotional Wellbeing refreshed September 2018 final Page 10 of 68
### Activity within Walsall in 2017-18:

#### Referrals

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<th>April 18</th>
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<th>Q2</th>
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<td>Learning Disabilities</td>
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<td>Eating Disorders</td>
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#### Waiting times for CHOICE (initial)

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#### Waiting times for second appointment

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#### Waiting times for urgent

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<tr>
<td>I-CAMHS Waiting Time for Urgent Referrals (Hours)</td>
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<td>I-CAMHS Waiting Time for Routine Referrals (Days)</td>
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#### LAC

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<table>
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<tbody>
<tr>
<td>Total number of patients in all CAMHs</td>
</tr>
<tr>
<td>150</td>
</tr>
<tr>
<td>230</td>
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<tr>
<td>189</td>
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<tr>
<td>194</td>
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<td>187</td>
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#### Transition

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<tbody>
<tr>
<td>Total number of patients discharged from CAMHS to Adult mental health Services</td>
</tr>
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<tr>
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<td>1</td>
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<td>2</td>
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<td>3</td>
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<tbody>
<tr>
<td>Total number of patients discharged to their GP</td>
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<tr>
<td>110</td>
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<td>113</td>
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<td>94</td>
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Developments driven by the original LTP worked towards ensuring that an increasingly comprehensive set of performance data was made available from the widest range of commissioned CAMH services. This data, which included information on expenditure, activity, outcomes and experience of service, has been used to assess the impact of the plan towards achieving the trajectory targets for referrals, increased numbers accessing services, improved waiting times and an increase in the numbers of therapists available in the community.
Engagement

The aim in Walsall is to include all people in the conversation about children and young people’s mental health. However, we recognise that in an evolving climate this can be challenging. Walsall is working hard to deliver on key challenges and endeavours to include consultation, co-production and engagement at every opportunity and at every level. One of the key areas we are trying to understand better, is how we can coordinate the good practice that is occurring in the borough as this can sometimes be fragmented. A few examples local to Walsall include:

- Working with families and carers at an Autism working group to identify how to develop a fit for purpose pathway of identification, diagnosis and post diagnosis support. This also includes key partner agencies
- ADHD parent support ran within CAMHS
- CYP IAPT – engagement work shop delivered to staff by young people to help practitioners understand how to engage with young people
- Face parent carer group – SEND- CCG and CAMHS actively part of this group
- Tier 2 parent coffee mornings- to look at having conversations earlier and promoting wider community support to reduce specialist intervention
- Open door events – For parents, CYP, professionals – this has developed over the past year to include information from community colleagues to further showcase the emotional health and well-being work available to all locally
- Delivery of Cygnet LD parents
- Being part of Health Watch annual general meetings and answering questions posed by CYP and their families in relation to mental health
- CAMHS continue to be represented in key forums where CYP mental health and emotional health and well-being is discussed – this is from early intervention and prevention stages such as CAMHS representation on an early help panel to looking at the most vulnerable population groups who are discussed at external placement panel
- Consultations to family support workers, teachers
- Assemblies as part of whole school emotional health and well being
- Drop down days in schools for universal provision
- DBT groups
- Sensory workshops

The Transforming Care Program (TCP) has highlighted the need to have active parent carer engagement as part of the TCP delivery. This is being considered in a number of ways:

- The group have considered whether a parent should sit on the TCP monthly sub group
- There is a plan for an external review to look at a cohort of TCP CYP and part of this will be to engage with families and carers
- Walsall also completed a personalised external review of a sample of the TCP cohort due to the high number of admissions. An action plan has been developed and is owned by all partners, we are already beginning to see improvements with a reduction in the number of young people being admitted into tier 4 beds.

There has also been considerable effort to implement a local system risk register and risk stratification tool, allowing us to design and co-produce a collective plan and response at all levels to children who have multiple needs, this demonstrates our
commitment and aspiration to meet both the physical and mental health needs of our young people.

To ensure governance both the children and young people’s CAMHS Transformation Board and the Risk Stratification Board have clear terms of reference, action logs and follows local governance procedures. All sub groups feed into this overarching group.

The principles of CYP IAPT are that participation and engagement are key requirements. Walsall is due to complete the first cohort of training in November 18. Regular local planning meetings have taken place to formulate a plan to meet the ongoing CYP IAPT requirements. However, as this is yet to be tested or evaluated over a year in practice this will form part of plans moving forward and adapted accordingly. CAMHS have developed a specific post for engagement to meet the requirements of CYP-IAPT.

There has been recognition, particularly in relation to understanding the complexities of tier 4 cases, that there is also a need to work with parents to identify bespoke packages when needed. Walsall commissioners have worked with individual parents to look at what their requirements are and what can help, as this can sometimes differ from professional opinion and support future service planning. Some examples of Spot Purchasing includes

- Bespoke psychology
- Buddy support

In recognition of the additional vulnerability of specific groups, CAMHS have looked to address a potential gap in service delivery by having a dedicated worker for vulnerable groups such as CYP who are refugees or seeking asylum. The effectiveness of this post will be measured by CAMHS score card data which will indicate if there is an increased uptake of services by people within vulnerable groups.

Specialist commissioning have worked with Walsall in a number of ways. We have formed good communication pathways by using a tracker system, to ensure that the current TCP tier 4 cohort are reviewed and needs identified and met. Furthermore, we have had representation from specialised commissioning at events where we have scrutinised tier 4 cases. We also have access to the specialised services operational handbook, which provides additional support and guidance. (see Appendix 15)

Partner Consultation.

The LTP will follow the guidelines for submission as indicated by NHSE as below:

<table>
<thead>
<tr>
<th>Actions</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>First LTP Draft Deadline</td>
<td>24/09/18</td>
</tr>
<tr>
<td>Reviewed first draft sent back to CCGs with comments</td>
<td>08/10/18</td>
</tr>
<tr>
<td>Second LTP Draft Deadline</td>
<td>15/10/18</td>
</tr>
<tr>
<td>Final draft sent back to CCGs with comments</td>
<td>22/10/18</td>
</tr>
<tr>
<td>Final Assured LTP documents</td>
<td>31/10/18</td>
</tr>
</tbody>
</table>
Following feedback from each submission, we will endeavour to work on the LTP to provide assurance to all partners.

The updated LTP will be presented to Walsall Health and Well Being Board in January 19, with an update being provided in November 18. The LTP will be shared with children’s partnership arrangements; the first draft has already been shared with children’s services and public health colleagues for comments.

The final assured document will be shared with the local CAMHS Transformation Board in November 18.

Commissioning intentions for 2018/19 have been shared with the Chair of the Health and Well-Being Board, Local Authorities including Directors of Children’s and Adult services.

Commissioning Intentions have also been shared as part of the local strategy group for children and young people’s mental health and wellbeing.

The LTP will be published on partner agency web sites and will be available to share with anyone who wishes to access it. The plan will also be assured via Walsall CCG governing process as shown below.
Programme Governance

The programme board will provide updates on the delivery of the action plan for the children and young people’s mental health and well-being strategy group via the mechanisms indicated above. The Health and Well-Being board and the Corporate Parenting Board can also make recommendations that move back to the strategy group to enable a clear stepped approach which is robust and transparent and has clear reporting mechanisms and assurance in place. These boards provide both senior and strategic oversight and will challenge and scrutinise and escalate any issues to the relevant Directors.

The priorities within the LTP also form part of a wider on-going discussion in relation to performance and monitoring.
To put simply, this is asking the question in year 3 of a five-year plan, is the investment to date working – are we delivering improved outcomes for our children and young people. Do we need to revise or think differently about any areas, what KPI’s would be helpful to be introduced to support robust monitoring? As a result of this we have recently implemented a task and finish group to look at specific areas. See appendix (which appendix) Service reviews are also taking place in some areas to look at both good practice and to identify any gaps in provision.

2. Walsall Needs Assessment -Understanding Local need

   This section will cover
   • What are the needs of Walsall children and young people
   • How do we understand the requirements of children with additional needs
   • How are we addressing health inequalities

Walsall has completed a needs assessment, which brings together all of the available information about the current and future needs of children and young
people in Walsall for their mental health and wellbeing. The needs analysis can be found:


Furthermore all plans align with Walsall’s JNA and where there are gaps, commissioning and providers across all organisations are making plans to address this. JNA can be seen below and in appendix 23.

https://www.walsallintelligence.org.uk/jsna/

**Overarching Principles**

- The views of children and young people should inform the development of the strategy and services.
- Make sure delivery of mental health and wellbeing is everybody’s responsibility, with people from different organisations and sectors working in partnership, to coordinate services which ensure mental health and wellbeing needs are met, by responding in a timely manner, adopting the approach of ‘right time, right place and right service/people’.
- Combat stigma by strengthening our focus on social inclusion by tackling stigma and discrimination with regard to emotional wellbeing and mental ill health.
- Support children and young people from all cultures to develop and have positive and accepting attitudes to people with emotional and mental health problems.
- Promote equality and address health inequality.
- Have a focus on prevention and early help by building resilience, to help children and young people to manage daily life.
- Recognise the need to prevent as well as treat emotional and mental health problems and promote emotional wellbeing and good mental health.
- Improve access to services; removing barriers and making it easy for children and young people and their families who need a service to access one.
- To have a clear pathway in place, confirming mental health and wellbeing support and services for children and young people to access.
- Ensure all the services and type of support we provide, through all partners, are proven to help (based on evidence), and are high quality, safe and good value for money.
- Make sure we meet the needs of vulnerable children and young people.
- Develop and support people who work with children and young people to have awareness and understand mental health and wellbeing needs.
- A commitment of robust monitoring and review, with clear outcomes.

**Understanding what life is like for children and young people in Walsall**

- Just under a third of Walsall population is under 25’ (87,995) this is projected to increase by 1.6% over the next 10 years.
- 21% of the Walsall population is from black minority ethnic groups and is forecasted to grow.
- Walsall is ranked 29th most deprived local authority area in England from the index of multiple deprivations (2010). Child poverty variation in Walsall,
ranging 39.2% of children living in poverty in North Walsall area partnership to 12% in Aldridge & Beacon.

- 54% of children overall have a good level of development by age 5, compared with the national average of 60% at the early year’s foundation stage.
- Children with mental health disorders have a higher proportion of school absences compared with children with no disorders. School absences in Walsall (5.8%) are slightly lower than national average of 5.9%.
- In Walsall, 38.7% of fixed period exclusions were for persistent disruptive behaviour. This is higher than the national average
- Young people (aged 11 -16), with mental health disorders were more likely to smoke, drink and use drugs than other children. The alcohol admission specific rates (under 18’s) in Walsall have increased slightly over recent years and are above Black Country, regional and national averages.
- In March 2015, there were 612 Looked After Children in Walsall
- 14.9% (or 7,442) of Walsall children were considered to have special educational needs (SEN) and 5.8% (or 2,845) of Walsall children are on the disability register.
- The rates of Walsall young offenders (aged 16-18) in the criminal justice system are higher than the West Midlands and England.
- Children from refugee families are more likely to be bullied and increased risk of emotional health and wellbeing issues. In 2013-14 there were 64 asylum seeker families in Walsall with some dependent children.
- Teenage pregnancy rates in Walsall (36.8 per 1,000 births) are above national averages (24.3 per 1,000 births).
- Women are more likely to experience depression (12% of women) and anxiety (13% of women) during pregnancy and the year after labour (15 to 20% of women). There are about 3800 births in Walsall each year.
- In Walsall, 103 families were known to local authority and were classified as homeless. Homeless persons are more likely to suffer with mental health issues and are often unable to access health services.
- An estimated 6.4% of 16-18 year olds on average were not in education, employment or training (NEET = 630) in May 2012. The proportion of NEET’s has nearly halved over the last 6 years.
- Children who live with domestic violence are at an increased risk of behavioural problems and emotional trauma and mental health difficulties. In 2014/15, 767 young people (aged 14-24 years) were referred to the DART (Domestic Abuse Response Team) as victims of abuse.
- In Walsall 2.8% (or 2,428) of children and young people provide some level of unpaid care to family members.

The emotional wellbeing and mental health of children and young people in Walsall

- The youth of Walsall survey reported that 1 in 10 young people had experienced some form of bullying and girls were more likely to experience emotional bullying whereas boys were more likely to suffer a physical experience.
- An estimated 9.6% or around 4,380 children aged between 5-16 overall are estimated to have an emotional health and wellbeing problem, of which 3.3% are likely to have an anxiety disorder; 0.9% depression, 5.8% conduct disorder and 1.5% a severe hyperkinetic condition.
- In Walsall, the estimated pre-school aged children likely to have a mental health disorder is 2,970 which covers disorders such as Attention Deficit...
Hyperactivity Disorders, oppositional defiant and conduct disorders, anxiety disorders and depressive disorders.

- Boys are more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%).
- Hospital admissions as a result of self-harm in Walsall have increased in recent years, especially in young women.
- Between 2006 and 2011, there were 10 suicides in Walsall residents (aged 14-24 years).
- In 2014-15, 1946 referrals were made to child and adolescent mental health services (CAMHS) with 80% accepted into the service.
- In 2014-15, there were 61 referrals to the Eating Disorder service which is above expected estimates.

**Needs Assessment Recommendations: How did the Walsall transformation journey begin**

**Emotional wellbeing and mental health in younger children**

- Increase support for younger children under 11
- Set direct 1:1 counselling in place for children under age of 11

**Emotional wellbeing and mental health services for older children and young people**

- Offer support to partners around assessing and referring young people appropriately
- Ensure alternative provision for support for young people is available both in and out of office hours to reduce the number of inappropriate referrals
- Establish and publicise the provision of talking therapies for young people experiencing mental health issues, particularly in groups with low uptake such as males and ethnic minority groups

**Services at the point of transition**

- Develop a transition service for young people based upon the expressed needs of young people; explore the feasibility of developing a 16-25 service.
- Set joint protocols in place so that young people within the transition age group are managed by both CAMHS and AMHS, so they can both provide joint assessment and services to young people with depression and other needs.
- Set a robust transition pathway into place for young people moving into AMHS

**Maternal mental health**

- Ensure that the mental health of women is assessed at every visit during pregnancy and in the postnatal period
- Develop a robust maternal mental health pathway for all women experiencing mental health issues in pregnancy with services available to meet varying needs

**Services for children in care**

- Assess children who are in care, leaving care and those on the cusp or entering care for what support might be required around their emotional health and wellbeing
• Offer appropriate emotional wellbeing and mental health support those children who are in care, leaving care and those on the cusp or entering care

Suicide and self-harm

• Support for young people who self-harm should be set in place to reduce the number of young people who self-harm in Walsall
• Establish training for staff to recognise and support young people who self-harm; consider widespread STORM training as part of practitioner training
• Develop out of hours services for young people who self-harm

The role of schools and other youth settings in promoting emotional wellbeing and mental health

• To offer support to schools and Early Help providers to promote the emotional health and wellbeing of children and young people
• To provide schools and other settings with support to develop activities
  – to help children develop social and emotional skills and wellbeing, and
  – to help parents develop their parenting skills.
• Offer support to schools and other venues where young people meet to provide an emotionally secure environment that prevents bullying, encourages young people’s sense of self-worth, promotes positive behaviour, and provides help and support for children (and their families) who may have problems.
• Integrate a programme in schools and youth settings to help develop all children’s emotional wellbeing and mental health into all aspects of the curriculum, tailored to the developmental needs of children and young people
• Consider the development of school-based support groups to meet the needs of parents, using peer support, underpinned by school professional input.
• Ensure school staff have the knowledge, understanding and skills they need to develop young people’s emotional wellbeing and mental health
• Ensure teachers and other staff are trained to identify when children at school show signs of anxiety or social and emotional problems and how best to discuss the problems with parents and carers and develop a plan to deal with them, involving specialists where needed.
• Ensure that educational establishments have access to the specialist skills, advice

Early intervention for emotional wellbeing and mental health

• Strengthen early intervention services for children and young people at the tier 1 level and ensure that awareness of services is raised in the community.
• Support workers in the community and primary care to assess and support individuals and their families experiencing conduct disorders and antisocial behaviour
• To provide early help support around conduct disorders and antisocial behaviour
• Ensure consistency across schools, early years settings and youth settings in the support offered to children and young people.

Specialised services for emotional wellbeing and mental health

• Investigate a single point of access for all emotional wellbeing and mental health needs
• Investigate how the delays in reaching assessment stage at tier 3 might be reduced
• Strengthen alternatives to inpatient care on an intensive outreach basis – for instance, Tier 3+ support to be investigated outside of the current hours of provision. Work with
• Consider increasing access to consultant support at tier 3.
• Investigate a pathway at tier 4 to reduce need for inpatient stay/ reduce length of stay

Workforce Development

• Staff in the frontline children’s workforce require support to enable them to understand their role in promotion, prevention and early intervention (esp. GPs and teacher) to support them to recognise problems and know how to support or refer onwards.
• Offer Mental Health first aid training more widely
• Ensure consistency across schools and early years settings in the training offered to staff in supporting emotional health and wellbeing

Access to specialist help and referral routes

• All children should be offered clearly signposted routes to specialist help, and timely access to this
• Frontline services need access to information and advice about what services are available, including the systems in place to access specialist support. There is a need to ensure that advice and information disseminated is both current and appropriate.
• Provide an up-to-date directory of services to support referral; within the proposed directory to provide a clearer referral process (to CAMHS and other services)
• It is recommended that all services make the availability of services more transparent, setting out their commitment in terms of waiting times for initial assessments and expected service standards with regard to staffing and communication mechanisms
• Ensure feedback from agencies about referrals once a referral has been made
• Ensure referrals processes are clear to reduce children being referred back and forward between different professional groups. In addition referral pathways need to take account of feedback from children, young people and their families.
• Investigate how long waiting lists e.g. in Educational Psychology team core service can be reduced
• Offer providers a common understanding of different levels of need and categorisation of thresholds in order to support identification of need and appropriate referrals

Areas for further exploration:

• Identify the reasons for the high referrals rates from the paediatric team. Set mechanisms in place to support this team
• Identify the reason for the relatively low number of referrals in 15-17 age group, increasing access to support
• Identify reasons for low referrals from Asian communities to CAMHS and set measures in place to reduce barriers to access from these communities
• Identify reasons for low use of Tier 2 counselling services in BME communities and in males and set measures in place to reduce barriers to access from these communities
• Ensure services at all tiers for 15-17 year olds are publicised and accessible to this age group

The Walsall CAMHS Transformation Plan Refresh (October 2018) has been informed by a comprehensive assessment of the needs of children, young people and their families. The population data provided in the original 2015-16 plan has been updated to reflect current population projections and combined with up to date prevalence data to provide a more comprehensive understanding of current levels of need, including for specific vulnerable groups, such as young people known to, or on the edge of youth justice services.

When understanding local need and planning service delivery, Walsall is aspiring to:

1. Utilise and analyse local needs assessment, performance data, emerging local, regional and national recommendations and guidance and put them into practice in a meaningful way for CYP of Walsall.

2. Use the updated Key Lines of Enquiry, to help to continue to shape local priorities, inform decisions about which areas of service transformation would further enhance Walsall’s offer and ensure greater integration and collaboration across Walsall Children’s Services and the Black Country Sustainable Transformation Plan (STP) and Transforming Care.

3. Understand why Walsall has disproportionately high number of children and young people (admitted in crisis) with a learning disability and/or within the autistic spectrum and/or with an eating disorder, being admitted into inpatient services.

An independent review has been undertaken with a set of recommendations which highlighted a number of areas for learning and development to support young people and their families lead healthy, purposeful lives as contributing members of their communities, which might reduce the need for admissions to inpatient services. Significant progress has been made in recent months to address some of the areas for development, as noted in the review (for example, with regards to robustly reviewing the risk register). As a result of meetings with key stakeholders, the commitment to work collaboratively to deliver person-centred, effective care throughout Walsall was consistently evident. (see points 15 & 16 with additional documents)

National and local data suggests a set of different presenting needs both for children and young people and their families, and a different set of opportunities and challenges, with areas for service development in Walsall. This is priority 4 in our LTP.

Snapshot data was collated for the 7 young people (5-inpatient, 2-communities) whose journeys were mapped as part of this review. The review contains both learning and recommendations based on information about the 7 young people followed for the purpose of this review, gaining an understanding of each young person’s presentation and service responses in
order to describe and map their journey through services. The outcome of the review has been captured in this LTP.

Listening to the views of people who live and work in Walsall

From the previous (LTP) Youth of Walsall (YOW) survey we know that :-

• Positive wellbeing decreases between years 7 and 8 and years 9 to 13.
• Those young people who wished they had a different kind of life were more likely to feel;
  • unsafe at school
  • unsafe at home
  • always or often hungry due to lack of food at home
  • go to bed feeling hungry every or most days

Young people requested help with:-

Anxiety/stress, depression, family relationships, self-worth, confidence, friendships, self-harm, suicidal thoughts, boyfriend/girlfriend issues, loneliness

Walsall Health Watch review of mental health services for children and young people in crisis 2018, told us that:-

  a) Timely and clear communication with parents with children who require support is essential for their health and wellbeing. There have been several occasions where communication between professionals has been poor or parents have not been informed about support that they could access.
  b) Transition to adulthood for many young people is difficult and in particular, for those who have autism or mental health conditions. Currently a number of young adults diagnosed with autism feel that they are finding it hard to access support once they become 18.
  c) Improve access to Crisis Team (CAMHS) including better communication

From Parents in Partnership in Special Educational Needs and Disability (SEND) 2018 we know that:-

• Transition is traumatic when leaving school.
• Parents still cope with their children’s health and wellbeing support needs much better if there is good quality communication between themselves and the range of professionals delivering services.

From general discussion with Stakeholders we continue to explore the most frequent issues experienced by CYP and their families:

• The confidence in assessing potential mental health problems in children and young people,
• What is on offer from all professionals
• Who they refer to if more support is needed,
• Referral processes and their thoughts on the services provided.
• What further support would be useful to help them meet the needs of children and young people
From a recent deep dive “Learning from the Journeys of Children and Young People in Walsall” we know that we need to:-

- Identify, plan support and review children and young people who may be at risk of admission.
- Support children, young people, their carers and professionals who work with them, through periods of crisis or difficulties.
- Ensure that local SEND teams and Education services are integral to all plans for this cohort of young people, including the development and review of EHCPs.
- Support families creatively through periods of difficulty to avoid admission.

From recent workshops in managing the flow of CYP with self-harm admitted to PAU, we are committed to:

- Identifying the group of children and young people who are in our system or may enter.
- Review the needs and scope of the service.
- Link early help and positive steps.
- Work through an integrated model.
- Review the placement framework and pricing.

We are also recognising that there are additional vulnerabilities for some children such as; Looked after Children.

In Walsall our Looked after Children population as of 11.10.18:

- 619
- 329 (53%) placed in Borough
- 290 (47%) placed out of Borough

The Mental Health of Looked-after Children is significantly poorer than that of their peers, with almost half of Children and Young People in care meeting the criteria for a psychiatric disorder and up to 70-80% having recognisable problems.1 Walsall has developed a specific team to work with the LAC population in 2015, however demand has continued to increase for this team and there is an urgent need to consider further understanding of the specific needs of this population group based on the changing local landscape. – See appendix 4 for most recent Fostering Looked After, Adoption Support Hub (FLASH) report.

Understanding our inpatient children

Walsall was identified as having high numbers of children and young people who were admitted to a Tier 4 bed as a result of having a learning disability or autism. This has been a key piece of work with NHSE, local authority, TCP colleagues,

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providers of services and families. We have had to critically think and reflect on what the issues are in Walsall and how we can best address them.

We have attempted to do this in a variety of ways.

- Ensuring we understand the journey of the young person and their family; what their individual support needs are; commissioning gaps in care.
- Making robust links with all key agencies with the expectation that all will communicate with each other and work from a place of problem solving and support.
- Building on the NHSE support and tracker by putting local reporting mechanisms in place, such as local meetings, building on risk stratification, which was in its infancy.

As a result, the picture in Walsall has changed from 8 young people at the beginning of the year to a current position of 3 young people.

However, there is still work to do. A further local difficulty has been how CYP in difficulty or crisis are robustly supported to reduce further admissions. We have experienced difficulties with children being admitted to the local acute hospital and not moving on in a timely manner due to lack of placement options or clinical issues in relation to the right services being available. See appendix 22, PAU presentation, this will also be discussed further in LTP ambition as it forms one of the key objectives moving forward.

Children with Learning disabilities
Walsall has a small dedicated learning disabilities team which sit within the CAMHS team. They are resourced with a psychiatrist, part time psychologist, a band 6 full time nurse and an assistant psychologist. There are direct referral routes into core CAMHS if children and young people require additional intervention. They have regular meetings with the local authority children with disabilities team. They work predominantly with the Children and young people who are educated within a special school. It has been recognised that the local needs of these children is far greater than the team offer the team can provide. There is also recognition that across the STP footprint there are gaps in service delivery for this group of children and young people. In direct response to the high level of local need our plan moving forward will be to,

- Complete a review of the learning disabilities team using a SWOT analysis approach.
- Review will be completed in partnership with provider and local authority to enable a coproduced action plan moving forward.
- This will then link into the STP work stream which is considering ways to purchase positive behaviour support model for children and young people who are exhibiting challenging behaviour.

Disabled Children – SEND agenda

A snap shot of data from SEND tells us that that ASD, MLD and SaLT are still a primary need:

<table>
<thead>
<tr>
<th>Primary needs</th>
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<tr>
<td>Autistic S Disorder</td>
<td>459</td>
</tr>
<tr>
<td>Behavioural, emotional and social difficulty</td>
<td>120</td>
</tr>
<tr>
<td>Moderate Learning Disabilities</td>
<td>445</td>
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</table>
Walsall has been working to ensure that a coordinated response is given to children and young people who have additional needs and to ensure that services complement each other and work together rather than being seen as separate entities. We have developed (currently in draft) A special educational needs and disability (SEND) needs assessment for Walsall which incorporates the emotional health and wellbeing of this cohort of children and young people.

The TCP has also used children with learning disabilities as an area of focus and we are looking to provide services across the STP footprint, which are aligned and equitable for families.

0-25 SEND Data 2018-19 (1).pdf

Addressing Health inequalities

The need to address health inequalities occurs at every level and can only be achieved through good multi agency working. To address this, posts have been specifically developed in CAMHS such as a dedicated worker for vulnerable groups. Furthermore practitioners have been placed in areas where vulnerabilities will increase as a result of health inequalities. Examples of these are:

- CAMHS practitioner based in IBSS to reduce the risk of children and young people at risk of exclusion in both primary and secondary schools
- Dedicated Practitioner placed in Youth Offending Team, health inequalities have been linked to a higher prevalence of offending behaviour
- Positive steps practitioners aligned with early help locality model which supports families at an early help level. Many of these families face health inequalities such as risk of eviction from housing, financial difficulties or social isolation due to parental mental health issues
- WPH counselling service has developed a programme for children affected by the toxic trio of difficulties of domestic abuse, parental mental health and substance misuse.

CSE

Due to a specific local issue in relation to CSE, Walsall has responded by developing a dedicated team to address a specific CSE police case and is working alongside local authority and police to meet the needs of the families affected.

Black Country Sustainable Transformation Plan (STP)- collaborative placed based commissioning

Walsall’s LTP is part of the Black Country STP. The aim of STP is to improve children and young people mental health and well-being as well as physical health.
provisions, reduce service variations, standardise services, maximise resources & workforce efficiency.

Black Country STP clinical strategy specifies that

“Planning of care starts at the individual and those that care for them; building care at a locality level in the first instance. Care provided at a larger scale will be because better clinical outcomes or financial prudence make this a more appropriate option. Whilst the strategy focuses on clinical service provision, an underpinning principle is that good healthcare starts with prevention, self-care and healthy lives”

This offers Walsall LTP the opportunity to develop and commission an integrated service delivery model, reducing variation, maximise high cost services, sharing good practice, provide consistency, choices and quality across the STP.

Black Country STP is committed to:-

- Invest more (or at least the same) in children. Reinvest savings in areas where there is unmet need (e.g. mental health, adverse childhood experiences)
- Identify examples of good practice in the BCWB and elsewhere nationally, that we will explore with the potential for roll out across the STP footprint: e.g. Increasing physical activity in children; Connecting Care for Children; The ‘Big 6’; Non-urgent referrals via paediatric triage; Urgent advice and guidance; GP practices – the primary care quality mark for children and young people; GP Education; Pathways for self-harm
- Safeguarding. Expanding scope within Child Sexual Exploitation and the SCRs across Black Country and PREVENT/WRAP models
- Work towards including specialist 24/7 care, TCP, CAMHS, Community services, prevention (e.g. oral health, screening and immunisations, Healthy Child Programme safeguarding etc.

3. LTP Ambition 2018-2020

This Chapter will cover

- How the needs assessment will guide our aspirations for the future
- How we will be able to benchmark our outcomes
- The current teams which will drive transformation
- The 6 key priorities, what we are aspiring to achieve, how we intend to achieve milestones and what the outcome will be

In order to deliver on our LTP ambition for 2018/2020, we have taken into account the needs assessment recommendations in 2016 (as reported in chapter 2). This has been used along with feedback from stakeholders and any new trends both locally, regionally and nationally to identify and improve our priorities for next 2 years. There is recognition that in a changing landscape priorities may have altered since 2015. The onset of the Green paper may also drive differing priorities to those originally highlighted. Furthermore, the STP planning may mean that locally we need to shift
resources both to the STP programme but also locally to areas that the STP plan does not currently cover.

Delivery vehicle

| LEARNING DISABILITIES TEAM- within the CAMHS team | ICAMHS TEAM | FLASH TEAM- commissioned by local authority to work with foster, looked after children | POSITIVE STEPS- Tier 2 team, aim to increase access and support low level/emerging difficulties | CAMHS MEDICAL TEAM |

WALSALL CAMHS TEAM incorporating GP Liaison (Enhanced) (Single Point Access ) (SPA)

| THERAPY SERVICES FOR RESIDENTIAL HOMES | PAN TRUST EATING DISORDERS TEAM | Child Sexual Exploitation (CSE) TEAM | BEHAVIOUR SUPPORT TEAM PRIMARY & SECONDARY- CAMHS practitioners based directly within the integrated behaviour support team | YOUTH OFFENDING TEAM- post based part time in youth offending team |

Blue indicates investments since 2015

Priorities

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

What we agreed:-

- Everyone should understand the factors that influence wellbeing and good mental health and understand who they can help to promote and support wellbeing and good mental health.
- We should remove the stigma associated with poor mental health.
- We should increase the knowledge and awareness of mental health and wellbeing needs with the people who work with children and young people and improve their understanding of the help and support available and when it is necessary to seek specialist support.
### Aspiration:
Continue to increase awareness amongst professionals who work with children and young people of why wellbeing and good mental health is important and the factors that influences it in children.

### What will be different:
People working with children and young people will demonstrate/have:
- Increased and improved awareness of factors which influence mental health and wellbeing in children and young people.
- Increased and improved awareness of why good mental health is important.
- Increased confidence to start the conversation with children and young people with additional mental health and wellbeing needs.

### Outcome/ benchmark
- Increased referrals to Tier 2 services as people identify emerging mental health issues further.
- Increased use of online services such as Kooth which will be visible from the access rates.
- Reduction you young people presenting in crisis or with Self harm.

### All partners/agencies will work together to:
- Support engagement at a strategic and operational level.
- Uphold the values of the strategy and take responsibility for implementing it within their service area.
- Support multi-agency commissioning/collaboration (working together).

### Multi- agency strategies that include principles, priorities and action to improve mental health and wellbeing in children and young people are agreed and implemented.

### What we did:

1. Walsall CAMHS ‘Positive steps’ was established in 2017 and is now offering a multi-disciplinary team who offer targeted intervention and work with CYP who have medium level or emerging mental health needs. The Team is community based enabling practitioners to navigate to specialist CAMHS intervention or community support from local services.
2. Establish ongoing training reviews and continue to modify in order to take into account stakeholder feedback.

3. Establish FLASH (Foster, Looked After Children Support Hub) which continues to offer training to foster carers, adoptive parents and social workers based on DDP and to address attachment issues.

4. Provide well received support to other agencies to manage and support YP, e.g.: GP Liaison nurse post.

5. Provide an improvement referral pathway to ensure the right referrals reach the right professionals in a timely manner.

6. Provide a full role out of IAPT to ensure that the workforce is equipped to undertake psychological therapy with confidence and based in Positive Steps Team.

Public Health Programme

7. Provide ongoing support to schools, children and teachers so that learning is captured and embedded within support service behaviour to improve resilience within the community.

8. Provide training support to the Walsall Healthy schools programme. Schools are encouraged to demonstrate their whole school approach to the promotion of mental health and wellbeing for pupils and staff. As a part of this programme, a resource is being created in conjunction with year 5 children to support KS 2 children in meeting PHSE EHWb outcomes. Training has been delivered to HVs and midwives to support the identification of mental health issues.

9. Support and advise on the new 0-5 Healthy Child Programme (Health Visitor) specification which is the requirement for Health Visitors to focus on their high impact area around Peri-Natal Mental Health with a good transition to parenthood. As a part of this service the new Health in Pregnancy Service identifies and offers support to women during pregnancy who are experiencing mental health issues.

What we are going to do:-

<table>
<thead>
<tr>
<th>Areas for development:</th>
<th>2019/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop positive steps service specification with data requirements</td>
<td>Review service specifications and the data to reflect the need and demand and adjust to reflect emerging needs.</td>
</tr>
<tr>
<td>Review of training needs to be completed with partners from Public Health and Children’s Services.</td>
<td>Improve training Programme based on 2018 review. Ensure the learning is maximized and feed into workforce development</td>
</tr>
<tr>
<td>The CYP Primary Mental Health Service will offer training to schools and professionals in the children’s workforce</td>
<td>Linked to Workforce Strategy</td>
</tr>
<tr>
<td>To continue to offer mental health awareness training (Mental Health 1st Aid) to Children’s Services Learning and Development Programme to the children’s workforce; however this will be</td>
<td>Increase 1st aid course to wider audience</td>
</tr>
<tr>
<td>Reviewed to ensure consistent take up of the training.</td>
<td>CAMHS take more active input in supporting, advising and guiding and into parenting programmes to ensure that parents and children have support at early stage in modifying behaviour.</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CAMHS take more active input in supporting, advising and guiding and into parenting programmes to ensure that parents and children have support at early stage in modifying behaviour.</td>
<td>Review the parenting programme with LA to evaluate its effectiveness in relation to better outcomes</td>
</tr>
<tr>
<td>To make IAPT available to Early Help and local authority to ensure create a resilience workforce.</td>
<td>Offer IAPT to wider audience such as voluntary organisations, youth</td>
</tr>
<tr>
<td>CAMHS and public health are Developing local directory for parents and young people to gain information about understanding services and contact point.</td>
<td>This is available online</td>
</tr>
</tbody>
</table>
2. Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing

What we agreed:-

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

We feedback available information about mental health and wellbeing for children and young people. However, frequently the information is limited, not all in one place and not easy to access. Many people, including people who work with children and young people are not aware of all the support and services available, or how to access it.

<table>
<thead>
<tr>
<th>Aspiration:</th>
<th>What will be different:</th>
<th>Outcome/ benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/young people, carers, parents and professionals will be able to access information and resources easily in relation to mental health and wellbeing</td>
<td>The same, consistent, information will be available:</td>
<td>Availability of mental health directory on key websites (appendix 17)</td>
</tr>
<tr>
<td></td>
<td>• across Council, Education and Health web pages</td>
<td>• Use of referrals into services that are on the directory</td>
</tr>
<tr>
<td></td>
<td>• in all directory of services</td>
<td>• Capturing referral data to determine if information has increased access for families</td>
</tr>
<tr>
<td></td>
<td>• become part of the Local Offer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• in the Early Help Hub</td>
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</tr>
</tbody>
</table>

What we did:-

1. Continue to learn and engage with children and young people as part of implementing the strategy for CAMHs.
3. Have regular meetings with themed presentations on number of areas with Parents in Partnership and with children with SEND transition.
4. We used recent deep dive information “Learning from the journeys of Children and Young People in Walsall for children attending PAU and ending in tier 4 – inpatient unit.
5. We looked at ‘Comments trees' that were still effective within Out Patient areas with feedback from children and young people and families who value an opportunity to share thoughts in a ‘safe environment'.
6. We had ongoing discussions to look into Access to CAMHS and Transition to Adult Mental Health Services in Walsall lead by Health Watch.
7. We continued to link with the CAMHs service via Community Development Workers.
8. We made on-going progress with the Multi-agency Paediatric panel to ensure that young people who have been referred for mental health support are consistently receiving this from the appropriate service.
9. We obtained improved web based service information, following a system wide review, with further work to link to SEND, Local Offer.

What we are going to do:-

<table>
<thead>
<tr>
<th>2018/2019</th>
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</thead>
<tbody>
<tr>
<td>To ensure that youth services, probation and police have access to information in order to advise young people.</td>
</tr>
<tr>
<td>Improve Local Offer under SEND in relation to what is available for children, young people and their family</td>
</tr>
<tr>
<td>Review the Multi-Agency Paediatric panel for those young people who have been referred for mental health support ensuring enhancement from the appropriate service.</td>
</tr>
<tr>
<td>Implement the findings of the Deep Dive journey of CYP in crisis and improve outcomes.</td>
</tr>
<tr>
<td>Involve parents in partnership on an ongoing basis so that they are better informed and able to make decisions with their children.</td>
</tr>
<tr>
<td>Implement the recommendations from Health Watch and link Mental and physical health.</td>
</tr>
</tbody>
</table>
3. Improve prevention, early help, earlier recognition and intervention

What we agreed:-

All children, young people and families have access to timely, evidence based, high quality specialist mental health support when it is needed. We will deliver this by:

- Offering support to help with significant behavioural issues so that children are able to access the secondary specialist mental health services.
- Raising awareness of the online counselling service and the face to face counselling service is promoted.
- Offering single point of access (SOA) to refer children and young people when they have mental health and wellbeing needs.
- Offering consistent support between the current universal, primary care response and secondary mental health.
- Linking with community based adult maternal mental health services. If expectant mothers and those with new born babies (up to a year old) are supported with their mental health this has a direct impact on their child/children.

<table>
<thead>
<tr>
<th>Aspiration:</th>
<th>What will be different:</th>
<th>Outcome/ Benchmark</th>
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<tbody>
<tr>
<td>Identification of mental health and wellbeing needs at the earliest point.</td>
<td>Reduction in mental health crisis/urgent or emergency referrals into the specialist secondary mental health service (CAMHS).</td>
<td>• Measured by number of CYP being seen on PAU • Measured by ICAMHS numbers</td>
</tr>
<tr>
<td>Services provided at an earlier stage.</td>
<td>Reduction in inappropriate referrals to CAMHS. Increase of appropriate referrals to the right service, the first time.</td>
<td>• Measured by referral rates into CAMHS</td>
</tr>
<tr>
<td>Services developed based on the feedback of children and young people and those who work to support children and young people.</td>
<td>Children and young people feedback that services are based on what they wanted to see in place.</td>
<td>• CYP development group developed as per CYP- IAPT principles • Group ideas being used by CAMHS transformation group to develop services</td>
</tr>
</tbody>
</table>

What we did: -

1. Enable the Healthy Child Programme to identify and map behaviour support to ensure that children and their family can be supported earlier.
2. Create a Single Point of Access and establish with all referrals including self-referral to be handled via the Walsall CAMHs. Provide a clear pathway between specialist and universal services.
3. Further improve and provide an earlier recognition pathway, along with watch and brief for Early Intervention Psychosis, as a result of clearly defined pathways and early intervention promotion.
4. Increased Adolescents and Family Therapy Sessions to 1393
5. The children’s paediatric panel is well developed and meets every week to consider cases, where the referral doesn’t require a secondary mental health response. These cases are usually around ASD or low level ADHD, the panel ensure CYP needs are met by appropriate service i.e. school health advisors, parenting course, face to face counselling, early help, children’s centres etc.
6. This process continues to improve referrals being referred back to GP’s with a CYP having unmet needs. (It has though led to an increase in referrals to the school health advisors, with recent confirmation that 40% of referrals were for mental health and wellbeing). Further analysis is planned.
7. Encourage continuous improvement to direct the GP pathway into CAMHs crisis: iCAMHS operate 8am – 8pm and accepts direct referral.
8. Improve and increase referrals to Kooth offering online counselling, 491 young people logged in and main users are between ages of 14 to 23 years.
9. Continue the Positive steps attendance to early help panels.
10. Develop a multiagency Perinatal Mental Health pathway across the STP footprint.
11. Develop a ‘jointed up pathway’ between the Children’s Development Centre and CAMHs LD.
12. We have rolled out CAMHS IAPT in order to improve the systemic family work and CBT skills base of the workforce.
13. We published the ‘reducing waiting time in CAMHS’ as a model of good practice

What we are going to do:-

<table>
<thead>
<tr>
<th>Further developments</th>
<th>2019/2020</th>
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<tbody>
<tr>
<td><strong>2018/2019</strong></td>
<td><strong>2019/2020</strong></td>
</tr>
<tr>
<td>Undertake early assessment with Early help and CAMHS to see what that looks like</td>
<td>To improve care provided in the community</td>
</tr>
<tr>
<td>Formally review ICAMHS/LD and Core CAMHS with Local authority</td>
<td></td>
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<tr>
<td>Improve number of pathways so that CYP can access services earlier</td>
<td>Enhance the SEND and CAMHS pathway for CYP who require this</td>
</tr>
<tr>
<td>Improve functions of Multi-agency Panels which support children in gaining support and funding.</td>
<td></td>
</tr>
<tr>
<td>Develop a stronger partnership with the LA, VCS, Education, Social Care and other providers to build resilience, prevent and intervene early by successfully</td>
<td></td>
</tr>
<tr>
<td>Review 0 to 5 approach and pathway that strengthens and supports, Early help, Successful parenting programme</td>
<td>Implement the finding from the review of 0-5</td>
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<tr>
<td>To implement a peri-natal pathway to support peri-natal mental health to offer earlier diagnosis of emotional perinatal mental health, improved intervention and support and access to services</td>
<td></td>
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<tr>
<td>To improve CYP in crisis pathway to offer alternative local provision and improve the Care Treatment Review (CTR) processes.</td>
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<tr>
<td>Reduce waiting times for routine referrals into core CAMHS to 4 weeks, by agreeing a waiting time standard.</td>
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<tr>
<td>Eating disorder - Increased numbers of patients identified earlier to reduce the number and length of stay of inpatient admissions</td>
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<tr>
<td>To review and improve ICAMHS (crisis), LD CAMHS and the Eating Disorder Service to measure patient experience and reduce flow.</td>
<td></td>
</tr>
<tr>
<td>To improve access to a single point of access, crisis resolution and liaison mental health services to cover STP 24/7, (including children with complex physical/ MH )</td>
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<tr>
<td>To implement a STP wide service improvement to begin setting clear trajectories for access and waiting time standards; with a target of 95%.</td>
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<tr>
<td>Scoping of workforce/ skill mix operating in the early help level and link to an efficient workforce strategy</td>
<td>Publish work force strategy for Walsall and link it to STP</td>
</tr>
<tr>
<td>Review the effectiveness of positive steps (specially around IAPT) in relation to reducing the referral to T3 CAMHS</td>
<td></td>
</tr>
<tr>
<td>Explore Educational support and early intervention SEND workforce e.g. family support, traded, non-traded etc. to make this level cohesive.</td>
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</tbody>
</table>
4. Improve access to evidenced based, high quality services

What we agreed:-

- Targeted and specialist mental health services should have appropriate professionals in the team providing evidence based support.
- Specialist mental health services (CAMHS) should be supporting children and young people with more complex mental health needs.
- GP’s are able to access the specialist secondary mental health services CAMHS for their patients.
- Children and young people who meet the criteria to access the secondary specialist mental health service and who are not in crisis will not experience long waiting times for the follow on appointment, after their first initial assessment appointment.

<table>
<thead>
<tr>
<th>Aspiration:</th>
<th>What will be different:</th>
<th>Outcome/ Benchmark</th>
</tr>
</thead>
</table>
| Children and young people, who require them, have timely access to evidence based interventions. | Improve capacity in mental health services which is already in place. | • Measure of access rates  
• Measuring CYP-IAPT access rates  
• Capturing routine outcome measures to demonstrate response to intervention offered  
• Number of children admitted to paediatric ward reduces  
• Measure of number of children admitted to inpatient CAMHS |
| Improving Access to Psychological Therapies in place (IAPT). | Waiting times will be monitored and improved |
| There will be a reduction in admissions and length of stay into the paediatric ward due to deliberate self-harm. | |
| There will be a reduction in admissions and length of stay into specialist inpatient CAMHS. | |
| There will be a reduction of admission of those under 18 year old into adult mental health wards. | |

What we agreed:-

1. Provide increasing evidence based interventions including DBT (Dialectical behaviour therapy), DPP (dyadic developmental psychotherapy) and Learning disabilities (LD) /CAMHS training in LD and sexually harmful behaviours).
2. Ensure ICAMHS (crisis and treatment at home service) is fully embedded with evidence of a reduction in specialist bedded CAMHs provision use and a reduction in length of stay with the majority of YP being discharged same or next day).
3. Specialist neuro developmental clinics are implemented to support CYP and families with ADHD and ASD diagnosis.
4. STP pathways has been developed for Eating disorder, core CAMHS and Crisis, to enable consistency across the footprint.
5. An assurance oversight group is in place for those children who are looked after requiring MH services, led by a Safeguarding Designated nurse.
6. Children’s Services have established a integrated behaviour support service for both primary and secondary aged children to support schools in advising and managing behaviour issues before an exclusion pathway is considered. It also ensures that where a referral to CAMHS is required, this can be actioned quickly.

**What we are going to do:-**

<table>
<thead>
<tr>
<th>Further developments</th>
<th>2018/2019</th>
<th>2019/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify children who are more likely to be in crisis due to range of circumstance</td>
<td></td>
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</tr>
<tr>
<td>Support the improvement of a risk register in line with national policy and best practice. This register should be compliant with national policy around consent and governance arrangements, and clarity about assurance around planning for young people</td>
<td></td>
<td>To develop a local integrated pathway for CYP requiring beds that includes rapid community based response to crisis.</td>
</tr>
<tr>
<td>Explore the development of an Intensive Support Team or further development of the existing LD CAMHS / ICAMHS to be able to deliver this function, through periods of crisis or difficulties, across 7 days a week</td>
<td></td>
<td>To develop in the context of improved outreach and crisis care arrangements with the aim of reducing the number of Tier 4 beds that were needed;</td>
</tr>
<tr>
<td>Develop an effective communication support (SaLT) pathway as an integral part of any services that seek to support this cohort of children and young people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To develop protocol which enables Root Cause Analysis (RCA) for all admissions to T4 that take place in order to offer teams the opportunity to learn from admissions, contribute to service development and speed up discharge from hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure Round Table reviews are followed up robustly to ensure that learning is cascaded, and actions delivered</td>
<td></td>
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</tr>
<tr>
<td>All partners working with Children are actively supporting the Care Pathway Approach /Care Treatment Review</td>
<td></td>
<td></td>
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<tr>
<td>process and being responsive to support appropriate discharge from inpatient settings</td>
<td></td>
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</tr>
<tr>
<td>To jointly discuss data from minimum data set / score card when completed by local Mental Health Trust, in order to improve capacity and services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To make a commitment to support, develop and grow a flexible workforce across the Black Country footprint, in line with national guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS to be outcomes-focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review all service specifications which meets the needs of children, young people and their families in crisis, including evidencing that they are increasingly delivering interventions that fit with the stated preferences of young people and parents/carers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract variations to be undertaken for newly developed service specifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure access and appropriate pathways are in place for those CYP requiring therapeutic intervention as stated within assessment.</td>
<td>Secondary mental health CAMHS move to provide support to age 18 years.</td>
<td></td>
</tr>
</tbody>
</table>
5. Ensure we meet the needs of vulnerable children and young people

What we agreed:

Children and young people who may be considered at more risk of developing mental health and wellbeing needs have access to mental health services in a timely way with identified pathways of care to meet their need.

<table>
<thead>
<tr>
<th>Aspiration:</th>
<th>How will this be measured/ Benchmarked</th>
</tr>
</thead>
</table>
| Vulnerable children and young people, who require specialist mental health services, have timely access to services. | Pathways agreed with relevant stakeholders  
Data collection. |
| Develop evidence based pathways of support to provide therapeutic services for vulnerable children and young people with mental health and emotional wellbeing issues. | Reduction in the number of CYP being placed in a specialist residential service outside of Walsall. |

Vulnerable children could include those who:

- live away from home (including those known as looked after children or in care)
- have been adopted
- are Care Leavers (moving into adulthood after they have lived away from home and been considered a looked after child).
- have a special educational need
- have a physical or learning disability
- are within autistic spectrum (AS)
- are in contact with the youth justice system including those in prison
- are in alternative educational settings
- are young carers
- are part of communities considered vulnerable; such as gypsies, Roma and travelling communities, recent migrants, and those with higher deprivation factors etc.
- have parents with a mental health need and its affects them
- live in a household where there is domestic abuse
- live in a household where there is substance misuse
- are at risk of significant harm from emotional abuse and neglect
- who have been sexually exploited and/or abused

(This list does not include all possible vulnerable groups; it is the overall aim of all partners to support children and young people from all possible vulnerable groups).

The impact of parental mental health, domestic abuse and substance misuse is a factor which affects a child or young person’s mental health and wellbeing, commonly
known as the toxic trio and should be considered although support to the parent is from adult services and requires a joined up approach with children’s services.

**What we did:**

1. FLASH service is dedicated to supporting the needs of Walsall looked after children and is now well established and working well within a radius of 20 miles.
2. Evaluation suggests that a ASD and ADHD clinic are effective in reducing CAMHS waiting times.
3. Notes that the ASD and ADHD Pathway working group in Walsall has formed a good momentum in Walsall.
4. Undertaken Reviews to strengthen partner support for the development of Education Health and Care Plans which is offered as a Local Offer.
5. Mental health LD/CAMHS (secondary services) is now fully mobilised with staff permanently recruited confirmed.
6. Care and Treatment Review (CTR) processes have been improved to ensure appropriate and timely MDT reviews, including blue light reviews where necessary. A monthly risk register review is undertaken on an MDT basis, with actions escalated and addressed in a timelier way.
7. Both NHS providers continue to attend MASH to support early help and Safeguarding.

**What we are going to do:**

<table>
<thead>
<tr>
<th>Further developments</th>
<th>2018/2019</th>
<th>2019/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identification of children who are vulnerable/at risk of crisis by all agencies</strong></td>
<td>Identification of children who are vulnerable/at risk of crisis by all agencies with information collated.</td>
<td><strong>Review and further develop a clear pathway for CYP from youth justice, police and court (youth offending service (YOS))</strong></td>
</tr>
<tr>
<td><strong>Review and further develop a clear pathway for CYP from youth justice, police and court (youth offending service (YOS))</strong></td>
<td><strong>Explore with other partners a post diagnosis support offered to CYP with ASD</strong></td>
<td><strong>Form a better understating of how children who are excluded from schools end up in crisis.</strong></td>
</tr>
<tr>
<td><strong>Form a better understating of how children who are excluded from schools end up in crisis.</strong></td>
<td><strong>Develop more integrated delivery models for children with complex needs</strong></td>
<td><strong>Develop relevant Standard Operational Policies across Health and social care( including police and youth justice) to support CYP in Crisis</strong></td>
</tr>
</tbody>
</table>
6. **Ensure we are accountable and transparent**

**What we agreed:**

We want to show how we meet the needs of children and young people’s mental health and wellbeing ensuring both accountability and transparency.

We will support the national developments to improve mental health and wellbeing.

<table>
<thead>
<tr>
<th>Aspiration:</th>
<th>How will this be measured / Benchmark:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified key performance indicators both based on data and quality.</td>
<td>Performance reviewed through contract processes and considered through identified governance.</td>
</tr>
<tr>
<td>Clear governance and oversight of implementing the strategy</td>
<td>Regular review and update on actions reported to identified governance</td>
</tr>
</tbody>
</table>

**What we did:**

1. Reviewed the local performance data scorecard for secondary mental health CAMHS.
2. Ensure the local service secondary mental Health (CAMHS) is reporting to the MHSTD (site for national data collation).
3. Embed the Governance of strategy and transformation plan implementation.
4. Encourage the regular engagement with CYP, families and carers to provide feedback on service delivery and take forward recommendations for improvement.
5. Ensure all CCG MH commissioned services continue to adopt feedback on the outcomes of the service provided to an individual such as goal based outcomes.
6. Ensure needs assessments are completed, shared with the public and published.
7. Ensure that the CCG and LA are working toward the development of a needs assessment on SEND to support children with complex needs.
8. Ensure that the CCG use the local data and partnership feedback to develop the LDP.
9. Ensure all pathways are aligned to NICE guidance.
10. Refresh outcome measures to align with IAPT and NICE guidance.

What we are going to do:-

<table>
<thead>
<tr>
<th>2018/2019</th>
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<tbody>
<tr>
<td>Maximise further consultation with CYP and their family to be included in transforming services for CYP.</td>
</tr>
<tr>
<td>Commissioning intention covers CYP journey from maternity through to adulthood and beyond.</td>
</tr>
<tr>
<td>CCG and LA to develop Needs Assessment on SEND to support children with complex needs</td>
</tr>
<tr>
<td>Develop an integrated model of service delivery</td>
</tr>
<tr>
<td>Routinely collect meaningful data, outcomes, waiting times, referral numbers etc. across the whole CAMHS partnership. (By maximising all available levers (SS, score card, contract meetings) to ensure data/info is forthcoming. Formalise sharing arrangements, ensure they are in place with data used to inform all commissioning intentions.</td>
</tr>
<tr>
<td>Review and develop all outcome based service specifications, to include CYP with and/or without complex needs.</td>
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Access rates plan

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<tbody>
<tr>
<td>At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>
The Five Year Forward View for Mental Health identified that improving outcomes for Children and Young People required a joint-agency approach. Key areas where Walsall has adopted this approach include:

- Inpatient care: Commissioners have been tasked with ensuring that Children and young people who are in tier 4 are robustly monitored to ensure that they are in hospital for the shortest time possible and that at every opportunity we are considering safe discharge and what this would look like for the CYP and their family. Our ambition for the next 6 months is to robustly ensure the risk stratification is in place for early identification purposes, that full MDTs are routinely offered to families where there are concerns about Tier 4 admission and the CETR’s and RCA’s are completed with all clinicians. This links in with the action plan for Tier 4 appendix 14 which was completed following an independent review of care.

- SEND agenda: Walsall is collaborating across health, education and social care to ensure that children with additional needs are offered a standardised process. See appendix 23.

4. Workforce

This section will cover:

- What can all children access (our universal offer)
- What does the CAMHS work force look like
- What are we planning to add to the work force in the coming years
- What are the work force developments across the STP (Black Country)
- How will CYP-IAPT be embedded in the services in Walsall
- How are we developing services for children with specific needs
- How will we review services
- Where are we offering additional mental health support to specific services
- What are our workforce Challenges

In July 2017 NHS England published ‘Stepping Forward’ 2020/21: The Mental Health Workforce Plan for England. There is a Walsall workforce plan; however, this initially focussed on expansion of local CAMHS services with small investments in both local counselling services (WPH) and Kooth. During the next year we will be looking to align the original workforce plan with wider plans for transformation. This includes understanding the impact of Walsall local authority transformation plan, which is currently taking place and aligning our services with theirs. This will ensure consistency and that services to CYP are being offered at the right time at the right place. Furthermore, we will continue to work collaboratively with our partners within the STP Footprint, as this work plan will influence our local work force plan. When identifying whom the work force refers to, this includes, NHS partners, LA social care, wider children’s services, primary care and voluntary sector

The universal Offer

The children and young people’s mental health transformation board has representation from public health, school health and Healthy schools team. There is a clear objective from the group that workforce planning, for Children and young
people’s emotional health and wellbeing, is present and evident across Walsall children’s workforce. Within the transformation action plan there is a plan to offer mental health first aid across Walsall schools. Walsall has recently launched an emotional health and well-being directory that enables all Walsall people, residents and professionals, to know what resources are available in the borough. School nurses also have a pathway which includes emotional health and well-being which links directly to the tier 2, positive steps team. Appendix 27

The CAMHS work force

The workforce aims to offer right care to Children and Young People at the right place and at the right time with right skill set. The workforce includes:

- Nurse Consultants
- Consultant Psychiatrists
- Medical Secretaries
- Clinical Nurse Specialists
- Senior Mental Health Nurses
- Senior Mental Health Practitioners
- Senior Clinical Leads
- Psychotherapists
- Trainee Psychotherapists
- Consultant Family Therapists
- Family Therapists
- Clinical Psychologists
- Clinical Psychologists
- Assistant Psychologists
- Occupational Therapist
- Occupational Therapist
- Speech & Language Therapist
- Social Workers
- Family Support Worker
- Project Coordinator
- Participation Leads
- Senior Administrators
- Team Administrators
- Receptionists
- Modern Apprentices

Walsall CCG also commissions WPH which is a local counselling service to offer counselling sessions to CYP – the commissioned offer is 1392 sessions (current funding is for 1024 at £37 per session)

Additionally Walsall commissioned Kooth (Xenzone) to offer universal digital support to CYP – see appendix 5 for 2017 and 18 summary reports.

Work force plans:
<table>
<thead>
<tr>
<th>Year</th>
<th>Newly commissioned posts</th>
<th>Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2 x B7 Leads</td>
<td>ICAMHS</td>
</tr>
<tr>
<td></td>
<td>3 x B6 Mental Health Practitioners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5 x B3 Administrator</td>
<td></td>
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<tr>
<td>2015</td>
<td>1 x B7 Nurse</td>
<td>Core CAMHS</td>
</tr>
<tr>
<td></td>
<td>0.8 x B6 Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x B7 Psychotherapist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x B6 Nurse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x B4 Family Support Worker</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>0.5 x B7 Nurse</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td></td>
<td>1.5 x B6 Nurse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.6 x B7 Psychologist</td>
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<tr>
<td></td>
<td>0.5 x B3 Administrator</td>
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<tr>
<td></td>
<td>0.5 x Staff Grade Doctor</td>
<td>Eating Disorders/ICAMHS</td>
</tr>
<tr>
<td></td>
<td>0.5 x B4 Medical Secretary</td>
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</tr>
<tr>
<td></td>
<td>Element of funding to support model - £25K??</td>
<td>Redruth</td>
</tr>
<tr>
<td>2017</td>
<td>1 x B7 Lead</td>
<td>Positive Steps</td>
</tr>
<tr>
<td></td>
<td>4 x B6 Mental Health Practitioner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x B3 Administrator</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>1 x B7 Occupational Therapist</td>
<td>Core CAMHS</td>
</tr>
<tr>
<td></td>
<td>1 x B7 Lead</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5 x B5 Participation Lead</td>
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<td></td>
<td>1 x 8A Psychotherapist</td>
<td>CSST</td>
</tr>
<tr>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>1 x 7 Psychologist</td>
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</tr>
<tr>
<td>19/20</td>
<td>Band 7 - Lead for ASD post diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Band 7- Lead for ADHD post diagnosis</td>
<td></td>
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<tr>
<td></td>
<td>Band 6 practitioner for post diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

This has been an identified gap within Walsall and these posts will the need to further support children with these additional difficulties, and will be able to provide training and support to ensure the wider universal workforce has the necessary skills to work with these young people in school.

20/21 - 120K
CAMHS have requested that this element of funding will be to secure permanent posts to support a specialised safeguarding team. This would include two 8A therapist posts and a band 4 family support worker. However as we are currently reviewing some of the key services which have been developed with the local transformation plan there may be a need to further invest in some of these services including the potential to further invest in the learning disabilities team or ICAMHS. However, this will be clearer once the reviews have been completed.

**STP work force plan**
The STP partners are currently looking to invest in the following

1) CYP autism project (57k) – This is to develop access to positive behavioural support for CYP across the STP who have the potential to become tier 4 admissions as a result of their challenging behaviour. We are currently identifying partners to work with this including BEAM.

2) Case manager for CYP –£42k. The case manager would work across the STP for all tier 4 cases and also look to develop STP wide pathways for tier 4 reduction.

Walsall has fully engaged with work force plan to align with wider STP level work force planning including crisis intervention, eating disorders and core CAMHS. Providers have been part of the planning and have contributed to the plans moving forward. The thinking is to recognise how each service has individually developed their workforce in each of these local areas then look to ensure skill mix or good practice is shared or aligned across the STP.

Walsall has developed a workforce that supports schools and colleges at different points of a child’s emotional health and well-being journey.

- Positive steps team works predominantly in schools and works predominantly with children and young people who are either accessing CAMHS for the first time or who have low level or emerging symptoms. They work on an early help locality model and work with the schools or colleges that are within a geographical area to develop good networks and links. Positive Steps has also worked to develop pathways where Schools or colleges may have designated and qualified counselling or mental health support to its pupils. The link created ensures that if the universal offer within the school has indicated a need for a step up to positive steps that these practitioners can do this directly with the clinician based in positives steps.
- Walsall Psychological Help (WPH) receives commissioned funds to work with a cohort of children and young people. WPH have identified schools where need or referral rate is great, including schools which may have additional vulnerabilities such as high BME population. They have responded by having dedicated practitioners within the schools. Some schools as a result have also purchased additional time from WPH to support the mental health and well-being of their Children and young people.
- CAMHS also ensures that one of the team predominantly within the positive steps team is part of the core membership of the early help locality panel. Each of the chairs of this panel are also school support advisors and work within children’s centres. This has enabled the panel to create direct pathways into the service, create a consultation pathway for wider work force locally and has supported schools to have knowledge of CAMHS and develop mental health training packages/ awareness to support wider partners.
- School nursing work force utilises evidenced based programmes for groups of both CYP and parents to give a universal offer to people in Walsall. The school nurse lead is part of the transformation group locally and the emotional health and well-being pathway also identifies how children and young people navigate from universal to positive steps. See appendix 27
- Walsall has also worked to support wider workforce by developing an online directory for emotional health and wellbeing which is managed and updated by public health team.
CYP IAPT
Walsall will complete first cohort of CYP-IAPT in November 2018. During the first year, places were allocated within CAMHS only. However, it is an ambition locally to offer places within the wider local workforce.

2017/18 the following places were allocated based on future planning
3x Supervisor CYP-IAPT trainees (in CBT and SFT) - CAMHS already had one Supervisor trained in CYP-IAPT
1x Leadership (this person has also been the local lead for CYP-IAPT and will continue to co-ordinate CYP-IAPT)
2x CBT practitioners (who sit within positive steps team)
1x SFT practitioner (who currently sits within positive steps team)
1x EBP practitioner (who works with family support within CAMHS)

For 2018/19 - 2 places have been identified
1x CBT
1x SFT

The plan is to grow slowly but consistently over the coming years and to look for ways to enable wider partner agencies to access the training including recruit to train. However, it has been recognised that future training planning is not without its challenges. As yet locally, we do not have the evidence to support the effectiveness of CYP-IAPT as we have only just completed our first cohort. Backfill has been utilised but has been problematic and partner agencies, whilst interested, need to fully understand the impact for their service. There are also issues in relation to supervision requirements and the impact it has on these practitioners who are already working within specialist roles.

As part of the further development of CYP-IAPT the commissioner from both CCG and LA are developing how this can be made available to a wider cohort away from CAMHS. This plan will be developed and aligned with funding from 2019 onwards. There is already a plan to identify practitioners for 2018. The local authority has also placed a bid to secure dedicated social workers to be placed in high impact schools. This is a recent development and the bid has been submitted but not yet secured. If this was to occur the CCG would be looking to place a mental health trained practitioner with the social worker to work in the two identified schools. This bid if successful would be evaluated by Cardiff University and would allow both LA and CCG to consider this as a wider model. As part of this we would be looking for these practitioners to be CYP-IAPT trained.

Walsall is part of the wider CYP-IAPT collaborative and has enthusiastically engaged with others. We are hopeful that we can learn from our colleagues who have been part of CYP-IAPT for a number of years and can see CYP-IAPT embedded in their services. Walsall has attended CYP-IAPT training which has been offered to the wider workforce.

Children with specific needs
Walsall has a dedicated small Learning disability team that sits with CAMHS but has developed good working links with the children with disabilities team within children’s social care. There is high demand for this small workforce due to the complex nature of children with learning disabilities. CAMHS have indicated that this is a service area
which they would like to review in the next year to consider how to develop this 

to further.

Walsall has pathways for pre diagnosis ADHD assessment and ASD. The demand in 
this area has continued to increase; work is being completed both locally within 
Walsall, and across the STP, to look at the issue related to post diagnosis support. 
This is a recognised gap in provision and can impact detrimentally on children and 
young people both with transitions, crisis intervention and achievements in key well- 
being outcomes. One way Walsall is considering addressing this in 2019 is to have 
two dedicated leads for ASD and ADHD who can develop pathways based on local 
need and best practice into wider services and be the local point of expertise for CYP, 
their families and work force.

**Workforce review**

As part of on-going reviews of services it has been agreed with the provider to review 
the following services and then revise workforce planning accordingly

- Learning disability team
- ICAMHS team
- FLASH (looked after team)

The rationale for these services to be reviewed is that the demand for these teams 
has increased since their initial investment and it may be that we need to consider 
how to increase capacity in these teams to enable them to meet the requirements of 
children with additional needs or vulnerabilities.

**Additional work force requirements**

Walsall CAMHS plans to align all of its areas to the age of 18 and is discussing how 
to achieve this within the organisation. All services which have been developed as a 
result of LTP are already up to 18. Locally plans which indicate how this will impact 
services in terms of demand will be used to support future work force planning or 
movement of resources to support this,

**Wider MDT working**

Walsall has worked to support wider agencies in mental health provision by 
recognising that aligning practitioners to teams outside of CAMHS can be good 
practice as it supports MDT working, aide’s consultation and potentially supports 
earlier access to the right services. As a result there are mental health practitioners 
now based within the following services

- Youth offending – 1x psychologist
- IBSS (integrated behaviour support – working with CYP at risk of exclusion 
due to behaviour issues) 2 practitioners one with a primary age focus and one 
with a secondary age focus.
- Development of a specific CSE team due to local identified need who will work 
closely alongside police.
- Positive steps being agilely based to work within schools and other community 
settings.
- GP liaison post to support GP’s in practice
- CAMHS routinely being part of panels where complex cases are discussed – 
External placement panel, early help panel.

Further funding has been identified to have a dedicated engagement worker who will 
work alongside the project lead for CYP-IAPT to embed the engagement strategies
for CYP. This post will also work with partner agencies to create further opportunities to engage with CYP and their families so that moving forward services really reflect local need.

**Demand**

The provider has noted that as yet, despite the additional work force development core CAMHS is yet to see a reduction in its referrals. This is being closely monitored to see if once positive steps are firmly embedded whether differences in terms of stepping up to main CAMHS is reduced or whether the demand locally continues to increase. This could impact on workforce delivery as we will need to consider what the referral data going forward tells us.

**Workforce challenges**

The Walsall workforce has very similar issues to those faced nationally by teams.

- Low level of staff currently trained in CYP-IAPT, concerns in relation to retention once trained
- High number of staff who have both mental health officer status or are considering retirement in both nursing and medical professions and the impact these people retiring will have upon the service
- Difficulty in recruiting to posts, especially psychology

Walsall already utilises retire and rehire strategies to support those people who are able, or want to return following retirement. Furthermore the CYP-IAPT lead is developing a strategy plan to ensure that post qualifying, the practitioners are supported to continue to utilise the skills learned and placed in teams who will receive the most benefit and impact of CYP-IAPT such as positive steps team.

Walsall will look to develop a work force sub group with key partner agencies to ensure recruitment for high risk areas such as CYP-IAPT and mental health nurses have a plan which is innovative and sustainable.

**5. Collaborative and Placed Based Commissioning**

This section will cover

- Urgent and emergency care planning locally
- Pathway development to reduce admissions for children
- How this links to our STP

For Walsall, CYP collaborative and placed based commission occurs in several ways:

- Constant review of local need and looking to commission on a place basis as a result
- Working with colleagues from universal to specialist commissioning to understand the child journey and how commissioning can support them at every level
- From the footprint of the STP to ensure that we look to provide equity of service, equal access and learn from each other.

**Local commissioning picture for urgent emergency care and admission avoidance**
Walsall recognised that urgent action was needed to take steps to address our rate of admissions as these were higher than our colleagues, across the STP. Our commissioning focus for this has been twofold:

1. Understanding the current children who are already in tier 4
2. Developing more robust pathways for pre admission

In terms on understanding current admissions, we approached this in several ways:

- Asking independent commissioner to review cases and provide us with an independent critical oversight as to how we could improve the picture locally
- Building on the NHSE scrutiny board which took place on June 14th – This included have a similar local event where we could review cases with both CAMHS and social care and ensure we were considering discharge at every opportunity, also looking for commissioning gaps in care which could potentially prevent a discharge from occurring, sharing dates for CPA and CETR review to ensure local representation where possible and sharing up to date relevant information to ensure all agencies are working together
- To link closely with colleagues in NHSE, to share information and to understand clinical in patient picture.

As a result, our local TCP in patient picture has changed from 8 to 3 CYP. One of our young people has required, due to the complexity of the case, executive oversight.

In terms of pathway development, we are doing the following:

- Ensuring our risk stratification process is robust with all agencies understanding who they should be identifying as risk of admission. We have identified gaps such as children with ASD or LD who are not in education, we have a local CME panel and we hope to identify this cohort then look to resource appropriately.
- Having a plan of action once identified on the risk stratification such as full MDT before a CETR is called.
- To think of commission gaps that could prevent admission and offer support to the CYP and their family, rather than look to admission as a way to support family
- To routinely complete RCA for any admission to look for learning
- To have culture of engagement in the inpatient admission. To ensure earliest opportunity for discharge, to offer support, challenge and reflection to support practitioners to consider alternative possibilities.
- Clear clinical leadership to maintain oversight of the cases and engage with commissioners to understand the picture for these children.

**STP plans**

CAMHS commissioners meet monthly and have developed standing agenda items to discuss both current inpatients and admissions. The aim is to develop this further and have a collective understanding of the picture across the Black Country and to support each other with challenging cases.

<table>
<thead>
<tr>
<th>Admissions to Tier 4 in-patient beds in the Black Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
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<tr>
<td>2015/16</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
</tbody>
</table>
At the monthly TCP meeting we also have NHSE representation who have helped to think about the black country picture and mechanisms we can utilise to reduce admissions. There are plans for a local event to understand the local picture and the challenges and complexities across the STP footprint.

**Specialist Commissioning – NHS England**

The collaboration with Specialist commissioning is followed by using policy such as [https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf](https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf)

NHSE have been invited to any CETR’s that have been requested in Walsall. They have been either available in person or have been available on the telephone. Spec Comm were also invited and attended the independent feedback review from the tier 4 review.

**Leadership at every level**

The Executive Sponsor for TCP children is based in Walsall, which has been helpful due to the local picture.

The local transformation board discusses TCP agenda with wider partners to support collective understanding of the challenges. This also helps to generate wider discussion and planning.

The STP commissioners also meet monthly and consider collectively responses to this agenda.

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### 6. Health and Justice

In this section we will cover

- How do mental health services link in with liaison and diversion services
- What is the Forensic service Children and young people can access in Walsall
- What is Crisis point and how does this support children and young people
- What is West Midlands Paediatric Sexual Assault Service (WMPSAS)
- What is the Walsall Sexually harmful behaviour service

Future in Mind outlined ‘care for the most vulnerable’ as one of the key priorities for transformation of mental health care for children and young people. Identifying and breaking down the barriers which make it difficult for vulnerable children, young people and those who care for them, to access the support they need is a priority for Walsall.

**Liaison and Diversion**

Liaison and diversion services are designed to improve the health and justice outcomes for children who come into contact with the youth and criminal justice
systems where a range of complex needs are identified as factors in their offending behaviour.

Walsall has developed several pathways which look to offer children and young people interventions which may reduce the potential for offending behaviour

- Early help panel
  The early help panel is locality based and has representation from agencies including children’s services, police, YOT, education and CAMHS. When cases are identified and discussed a plan will be identified to ensure the right service is being offered to the CYP.

- Prevention Panel
  The prevention panel is police and YOT led with the aim of identifying community resolutions to CYP offending behaviour. This panel will look to identify key issues associated with the CYP which may lead to offending behaviour then put a suitable short term intervention in place. This panel is also multi-disciplinary and will feed into CAMHS pathways.

Locally CAMHS has placed a clinician (psychology) in the local YOT team. This clinician can work directly with CYP who are on the youth offending team case load (can be due to ASB, a referral or court order). The clinician can offer consultation and also bring CYP into CAMHS for further assessment if required. CAMHS have also recently appointed a dedicated worker for vulnerable groups who will be able to consult or co-work with agencies working with vulnerable young people and ensure that the right services are in place locally. The vulnerable groups practitioner and the dedicated YOT CAMHS workers are pivotal in ensuring that children and young people with additional vulnerabilities, such as a learning disability or SEND have their needs met.

Across Dudley and Walsall a collaborative commissioning bid was submitted and was successful in securing a clinical post across both organisations to support CYP who have been within secure facilities and will be transitioning into the community or vice versa. They will also support clinical assessments for this cohort. See appendix 24

**Forensic**

Forensic CAMHS for the Black Country is available through Youth First, a service available from Birmingham and Solihull Mental Health Trust. It is a specialist community child and adolescent mental health service for high risk young people with complex needs in the West Midlands region, providing an advisory, consultation, assessment and intervention model of care. Referrals are made by any professional working with those under 18 who are giving cause for concern and about whom there are questions regarding his/her mental health or neurodevelopmental difficulties including learning disability and autism who:

- present high risk of harm towards others and about whom there is major family or professional concern, and/or
- are in contact with the youth justice system, or
- about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and/or challenging behaviour which cannot be managed elsewhere.
The service can offer consultation to wider CAMHS services in how to plan appropriate therapeutic intervention for the CYP. The key principles of the team are:

- Our flexible and responsive approach means that referrals are prioritised so that resources are deployed on the most urgent cases and care planning is tailored to the different forensic or non-forensic needs of the young person.
- We work closely with health, social care, youth justice, policy, courts, youth offending teams and education in a whole system approach.
- Our team is visible and accessible across the West Midlands and forges strong relationships with local services, providing services close to home at locations to suit the young person and their family.
- We work collaboratively with commissioners and other stakeholder to identify gaps in services and pathways, share innovation and best practice and develop strategic solutions to influence practice and improve outcomes.
- We provide clinical supervision, teaching and training to local services and teams to give them the skills and confidence to identify high risk young people early, manage risk and provide interventions.
- We provide early intervention to address mental health needs and risks and prevent escalation into youth custody or inpatient care.
- We play an important role in enabling the voices of young people and their families are heard.

The model of care for Youth First:

Any child or young person who is taken to the local custody suite will be assessed by the liaison and diversion team but then referred to the local CAMHS team, predominantly the ICAMHS team.
Crisis Point

Locally, children and young people who have been the victim of rape or sexual assault who require psychotherapy, counselling or support can access crisis point. Currently the process if for this to be commissioned on an individual basis

Further information on the services available via crisis point can be found on their web site

www.crisispoint.org.uk

West Midlands Paediatric Sexual Assault Service (WMPSAS)

The West Midlands Paediatric Sexual Assault Service provides a 24/7 ‘one-stop’ open service to anyone up to the age of 17 who has been the victim of rape, sexual violence and/or sexual abuse.

The service, previously referred to as SARC (Sexual Assault Referral Centre), is delivered by the NHS Birmingham Community Health Foundation Trust in partnership with the Royal Wolverhampton NHS Trust, Coventry & Warwickshire Partnership NHS Trust, Worcestershire Health & Care NHS Trust, University Hospitals of North Midlands, G4S Health and the Rape Crisis Centre Consortium (comprising West Mercia Rape & Sexual Abuse Support Centre, Coventry Rape & Sexual Abuse Centre.)

The service offers a holistic health assessment for any child or young person (CYP) under 18 year of age who may have been sexually assaulted. The on-call team is available 24 hours a day, seven days a week and aims to be available within 90 minutes of referral. Alongside its urgent response service, the PSAS also operates week-day clinics which offer planned appointments at five venues (spokes) across the West Midlands region and a paediatrician is available on call 24 hours a day for case discussion.

Any child or young person aged 5 - 17 years’ old who undertakes a medical examination and/or has been sexually abused or exploited will be offered specialist counselling. This can either be via local CAMHS team by using referral pathways into the service or via crisis point.

The venues where a child or young person can be seen are:

- New Cross Hospital, Wolverhampton
- Blue Sky Centre, George Eliot Hospital,
- Nuneaton
- Oasis Suite, Birmingham Children’s Hospital,
- Birmingham
- The Glade, Bransford, Worcester

Walsall sexually harmful behaviour service

Walsall has a dedicated sexually harmful behaviour service which offers both direct work with children and young people and advice and consultation to partner agencies. Currently children who have an identified social worker would be able to access this service.
Key aims include:

- Being protected from harm and feeling safe
- Working with both children and their families to increase knowledge and understanding
- Education of key partner agencies to increase knowledge
- Educating children in relation to positive relationships

7. Children and young people’s Improving Access to Psychological therapies (CYP-IAPT)

This Section will cover

• The plan for including CYP-IAPT in Walsall services

Walsall CCG joined the CYP IAPT Midlands Learning Collaborative in 2017 and has subsequently received funding for training to backfill for providers of CCG commissioned services.

Staff have been identified to undertake the training and the first cohort is due to graduate in November 2018, including the leadership course and three supervisor posts (CBT and SFT). CAMHS already had one fully qualified CYP-IAPT CBT supervisor. However, the courses have been challenging both academically to the staff chosen to complete and practically due to distance of courses. Additionally the University has not always provided information in a timely manner to support future planning.

The key principles of the CYP IAPT programme are:

- The use of evidenced based routine outcome measures and using feedback to support delivery of intervention and planning in an holistic way
- Participation of children and young people in planning, services that provide CYP IAPT and their individual interventions
- Improving access to evidence-based therapies
- Training managers and service leads to support sustainability and long term planning

As a result of CYP IAPT implementation CAMHS is moving towards a self-referral model. The plan being to trial initially a positive steps team and then look to develop across the whole service. The team wants to develop this model but also is aware of capacity and demand.

Also to support the key principles of collaboration and participation the team have developed a dedicated engagement post (band 5 working alongside the CAMHS project manager) This post will look to embed CYP-IAPT principles across the whole of the team and look for opportunities to engage across partner agencies. The success of this post will be measured by the increased use of youth engagement in the key groups connected with service delivery and CYP-IAPT. Further success will be the implementation of young advisors and parental engagement on boards to support CYP service delivery.

Walsall CCG is aware that a key driver within CYP-IAPT is to train partner agencies, however although an engagement event was held in May 17 and local public health
and other partners attended this did not result in further requests to send people onto CYP-IAPT training courses. We have recently revisited this with the public health commissioner to identify if there are ways we can look to develop the work force outside of CAMHS. Additional posts have been requested for the coming year and this will form part of a routine agenda item on the transformation board. Commissioning has also liaised with other local commissioners to see if they have been able to create different pathways outside of CAMHS to support the training objective.

Salary support has been utilised for the first cohort of trainees. These posts were recruited to on a fixed term 12-month programme. However, this has not been without challenges due to the difficulties nationally of recruiting suitably qualified staff to fixed term posts, the time it takes for staff to commence and the practicalities of learning a new service environment. There were also concerns that salary support channels did not release additional backfill in a timely manner.

There is a plan for further CYP-IAPT posts moving forward

<table>
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<tr>
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<th>2020</th>
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<tbody>
<tr>
<td>2 recruit to train- midpoint band 6</td>
<td>2 recruit to train – midpoint band 6</td>
</tr>
<tr>
<td>2 well-being practitioners band 4</td>
<td>2 well-being practitioner</td>
</tr>
<tr>
<td>1 leadership post</td>
<td>Educational well-being practitioner</td>
</tr>
</tbody>
</table>

As Walsall was one of the later cohorts to join the collaborative we have yet to see the benefits from the evidenced based practice locally. However, we have made a local sustainability plan for those practitioners who have completed the course to utilise skills.

8. Eating Disorders

This section will cover
- How Eating disorder service is measured
- Services offered to eating disorder clients
- The STP development for Eating disorders

Walsall has a dedicated community eating disorders (ED) service which is specific to children but has pathways to support transition to adult services when required.

Performance in terms of referral rate and caseload is monitored as part of the CAMHS score card (Appendix 21). Also the team have achieved 100% in terms of access rates based on NICE guidance. The ED pathway is currently under review, to ensure that it reflects the updated NICE quality standards for Eating Disorders.

Family Therapy is offered as a primary intervention as recommended by NICE guidelines. CYP can access 1:1 psychological therapy also, and the team have recently started running a group body image intervention for our young people.
Clinicians both in the ED team and the wider CAMHS team who may work with CYP who have an ED and are involved in the treatment of young people with Eating Disorders attended the national NHSE training programme over 2017/18. This included family therapists, nurses and clinicians from our ICAMHS team who often support ED young people who are at risk of admission. Staff within the ED team have attended a specialist dietetics training day, and also attended training provided by the West Midlands ED network and attend quarterly meetings as an opportunity to network and build on best practice.

The team are building links with our local paediatric teams. They have developed a training session on Eating Disorders which they are planning to deliver to Paediatric ward staff.

Staff have joined QNCC- national quality improvement programme for Eating Disorders for the next cycle, their focus will be on peer review.

The four local CCGs (Wolverhampton, Sandwell, Walsall and Dudley) are working together to design the specification for an Eating Disorder service across the STP. The providers of the service in these CCGs are working together to understand the commonalities and differences and how a new model could reflect the recommendations in NHS England’s commissioning guidance.

9. Data – Access and Outcomes

This section will cover

- Definition of access data
- Who do we collect data from

Good quality data is a fundamental element of any good service as it provides the information that enables providers and commissioners to consider effectiveness, benchmarking and utilising resources in the most appropriate way.

Included in the local transformation plan is evidence that all local commissioned services are providing data. CAMHS are uploading information to MHSDS, Kooth send through summary information and will be uploading to MHSDS from November and WPH will be uploading to MHSDS by sending their information to a dedicated link with the regional team. This will be in line with the STP activity requirements. Examples of all are included in the appendices.

**NHSE Access definition**

‘Access’ is defined as:

- **The total number of individual children and young people aged 0-18 receiving two or more contacts in the reporting period.**

In order to be counted as ‘access’:

- Treatment is defined as **2 or more contacts** (contact as defined on previous page)
- Age is **0-17 y 364 days at first contact**. The second contact can be after the 18 birthday.
• Individuals can be counted only once in a financial year
• Treatment can include indirect contacts but not text or SMS.
• Digital contacts count (but not text message or email where you cannot differentiate between these and appointment reminders – admin messages on Kooth)

Walsall is part of the local STP working group with the clinical network to improve data collection both locally and across the STP. The challenge locally has been to ensure that Walsall is meeting its access targets. Data which has been uploaded to date, has indicated that the trajectory is not being met. To understand this Walsall has set up a task and finish group with the main provider and is working with the STP regional lead to meet the requirement to ensure the flow of key data is submitted by all providers onto the MHSDS. Locally for Walsall this means the following organisations:

- Dudley and Walsall Mental Health Trust
- Kooth (Xenzone)
- Walsall Public Health

The above services have an access target of 35% as per plan below

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
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<tr>
<td>Number of additional CYP treated over 2014/15 position</td>
<td>21,000</td>
<td>35,000</td>
<td>49,000</td>
<td>63,000</td>
<td>70,000</td>
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</table>

For Walsall CCG the denominator (i.e. Prevalence) was given as 6,772, so for 2018/19 our target is for 2,175 children to receive treatment.

As an STP the target is set as a prevalence of 33147 which means 2018/19 the expectation is for 9331 Children to receive treatment as per the NHSE definition.

There are several work streams that are supporting this programme.
Locally Walsall CCG has set up a task and finish group specifically to work with the main provider DWMH to work through any data issues (appendix 20 for terms of reference).

**Kooth**

The regional lead is working to ensure upload of data is available from all providers in a systemic way. Kooth is a regional issue that, once resolved should increase access data significantly across the STP footprint for those who use Kooth. It has been agreed that Kooth will be reporting their data through the MHSDS from November 2018. Definitions have been agreed and HSCN link is now working. Appendix number 5 illustrates the current data received.

**WPH**

For WPH the data is available but not in the required format an example is included below. This is due to is being a small voluntary sector organisation only available in Walsall. The regional lead is offering support with data upload which will be sent to team. This will be the same process for some of the other small voluntary organisations, which should support data quality. Furthermore, we a liaising with WPH to ensure the data which is collected meets the requirements of the MHSDS. The web portal has been enabled to ensure the flow of data is sent.

---

**WPH Counselling & Education Service**

**Adolescent Mental Health**

**July – September 2018 Quarter Statistics**

Total Adolescents and Family Therapy Sessions = 290 - 6 Adults (Parenting) allocated to 

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<tr>
<th>Adult MH = 284</th>
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<table>
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<th>Adolescents</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>Clients – No</th>
<th>First visits</th>
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<td>3.6</td>
<td>Female</td>
<td>182</td>
<td>62.8</td>
<td>Male</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Bereavement</td>
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<td>3.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td>Depression/Anxiety</td>
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<td>Behaviour Problem</td>
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<td>Self Harm</td>
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<td>Still birth/loss</td>
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<td>27</td>
<td>9.3</td>
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<td>Miscarriage</td>
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<td>0.0</td>
<td>Adults</td>
<td>6</td>
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<p>| Total            | 149         |     |     |     |     |     |     |     |           |     |</p>
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<th>Totals</th>
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<tr>
<td>Midwife</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Hospital/Paramedics</td>
<td>2</td>
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</tr>
<tr>
<td>GP/Paediatrician</td>
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<td>16.6</td>
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<td>Hatherton Centre</td>
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<td>0.0</td>
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<tr>
<td>Drug/Alcohol Support Agencies</td>
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<td>0.0</td>
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<td>CAMHS</td>
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<td>Health Worker/Health Visitor</td>
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<td>Youth Worker/TPT</td>
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</tr>
<tr>
<td>White Irish</td>
<td>B</td>
<td>3</td>
</tr>
<tr>
<td>Any Other White background</td>
<td>C</td>
<td>2</td>
</tr>
<tr>
<td>Mixed White/Black Caribbean</td>
<td>D</td>
<td>7</td>
</tr>
<tr>
<td>Mixed White/Black African</td>
<td>E</td>
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</tr>
<tr>
<td>Mixed White Asian</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>Any Other Mixed background</td>
<td>G</td>
<td>0</td>
</tr>
<tr>
<td>Asian/Asian Brit-Indian</td>
<td>H</td>
<td>9</td>
</tr>
<tr>
<td>Asian/Asian Brit-Pakistani</td>
<td>J</td>
<td>4</td>
</tr>
<tr>
<td>Asian/Asian Brit-Bangladeshi</td>
<td>K</td>
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<td>(Any Other Asian background</td>
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<tr>
<td>Chinese</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>290</td>
<td></td>
</tr>
</tbody>
</table>

**CAMHS scorecard:**

Walsall has developed a small CAMHS scorecard, which will expand to include routine monitoring of outcome measures in line with the CYP-IAPT principles. This score card already provides key data on referrals into service, waiting times, ICD10 codes, LAC and transition. It breaks this data down to children who have a learning disability, are in core CAMHS, ICAMHS or have an eating disorder. The plan is to build on this scorecard to include further key data. DWMH are in the process of
changing their IT recording keeping system and have indicated that once the transition to the new technology is introduced that data quality should significantly improve. The current dashboard captures key information (see appendix 21 and 22).

The CAMHS scorecard will be monitored within the CCG contract review and quality meeting. Through this it will ensure that the data for eating disorders referral and access times, 4 week wait for CAMHS to offer an appointment and 4 hour assessment window for children and young people who require assessment following self-harm and attendance at A&E is as required. Measures to manage performance will be put in place if an issue arises.

10. Urgent & Emergency (crisis) Mental Health Care for CYP

This section will cover
- How the ICAMHS team operates
- How ICAMHS work with children and young people in Walsall Manor hospital

Walsall has an ICAMHS (I stands for intensive) service which was initially developed in 2015.

The service operates 8am until 8pm seven days per week, 365 days per year and is based with the main CAMHS team during working hours and the adult psychiatric liaison team outside of these hours. Which enables the service to have 24 hour coverage. The STP specification for crisis across the black country has indicated that 24 hour coverage will be one of the elements of the specification.

The team model consists of the following:

2 x Band 7 Clinical Nurses Specialists
3 x Band 6 Community Psychiatric Nurses
0.5 x Band 3 Administrator

Medical component

The ICAMHS service has a very clear key performance indicator attached which is that a deliberate self-harm (DSH) referral received from the Manor Hospital paediatric ward has to be responded to within four hours of receipt however there is also an agreed pathway in which a priority appointment is kept available every day in the ICAMHS diary in order for a child or young person (CYP) whom presents at their GP practice in crisis can be seen the same day, this is so the CYP does not have to present at Manor Hospital Accident & Emergency Department.

The team have developed very good working relationships with the acute trust. However, some of the cases that have presented at PAU via this pathway have not been without their challenges. (see PAU presentation (appendix 23). It has been recognised that some of the very complex cases create a challenge for all services and not just CAMHS. As a result the CCG along with local partners have developed a complex cases group which has developed an action plan to collectively address the needs of CYP who are in crisis but who have multiple needs.
ICAMHS also are a crucial element of any pre-admission CETR as it would be an expectation as part of Tier 4 reduction that any child where admission is being considered is offered ICAMHS to support robust assessment, risk assessment and understanding of the environmental factors, which are affecting upon the family. They also link in with children’s services and are part of the discharge process for any CYP who has experienced an inpatient stay.

Children with additional needs such as ASD or learning disability are also supported via this service. However, the provider lead has indicated that in terms of future planning it would be helpful to consider the role of a clinician with an LD speciality in the team. This would give the team greater breadth of clinical knowledge. Currently the team have developed good working links with the LD team for the cases that require additional knowledge.

Please see ICAMHS report for further information – appendix 2711.

Integration

This section will cover

- The CQUIN and what is needed

The LTP does include information which relates to the local delivery of the CQUIN for transition and data is routinely captured for transition on the CAMHS score card.

The requirement for the transition CQUIN is indicated below

| Q4 2018/19 | Case note audit to be undertaken for CYPMHS transitioning out of CYPMHS from Q3 and Q4 | Sending provider |
| Q4 2018/19 | Assessment of discharge questionnaires for those who transitioned out of CYPMHS Q3 and Q4 | |
| Q4 2018/19 | Assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS for Q3 and Q4 | Receiving provider |
| Q4 2018/19 | Results will be presented to commissioners at the end of Q4 with final response submitted to NHS England | Sending & Receiving providers |

The current transition numbers for Walsall are captured on the CAMHS scorecard.

| Transition | April 18 | Q1 |
| Total number of patients discharged from CAMHS to Adult mental health Services | 0 | 1 | 1 | 2 | 3 | 0 |
| Total number of patients discharged to their GP | 117 | 110 | 113 | 340 | 94 | 92 |

Both the commissioner and project manager recently participated in a webinar to understand the national expected picture for transitions. One of the significant areas for development is the post transition questionnaire as this has a low return rate.
Transition has featured with the tier 4 cohort as there are a significant proportion of these CYP who are of an age to transition. We are working closely with the provider to both raise the discharge age to 18 so all transitions would occur at the same time but also to ensure that when a CYP has complex needs that they remain in service until 18 to enable them to access services provided within CAMHS.

See Appendix 26 CAMHS transition pathway

12. Early Intervention in Psychosis (EIP)

This section will cover
- Who is referred to Early intervention in psychosis service
- How EI links to transition to adult services
- Referral into EI

The Early Intervention Service (EIP) is a specialist community Mental Health team, which works with Young People aged between 14 and 65 years in the three years following a first episode of psychosis or those who are deemed to be at risk of developing psychosis (At Risk Mental State). The early intervention team is well established locally with clear pathways into the service.

The LTP includes an EIP service based on NICE recommended treatment.

The team operates Monday to Friday and is co-located with local CAMHS team which supports, partnership working.

There is also an identified medic who will offer consultation to CAMHS practitioners who are concerned about first episode psychosis and will then link in with the EI team for further assessment.

Although the service was historically 14-35 years it has now increased up to the age of 65. This has created its own challenges in terms of capacity within the team and clinical skills to deal with a wide range of ages. One way the team has looked to address this is to have a clinician with CAMHS experience working with the younger age group.

<table>
<thead>
<tr>
<th>Referrals to EI 2016/17 under 18</th>
<th>Referrals to EI 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>27</td>
</tr>
</tbody>
</table>

The EI clients will form part of the CQUIN for transition and will follow the transition pathway – appendix 28

13. Green Paper

Walsall will not be a trailblazer site for the green paper, however we are hoping to understand the trail blazing process and learning from the first group who implements the green paper as Colleagues in Wolverhampton have placed an expression of
interest. Walsall will look to apply in the future; this will be helpful, as CYP-IAPT will have had further opportunity to embed within the service.
Moving forward the green paper will be incorporated onto the agenda for the transformation plan as this will enable the planning for any changes that need to be considered to be planned.

14. Final reflections

The LTP is a five year transformation plan. Locally this has been both planned but also has adapted as new needs have emerged. The original transformation plan is available to understand the journey that the local services have had to date. The conversations currently are about the need to demonstrate effectiveness, use data to support delivery and review new services as there is an opportunity to adapt.

CAMHS have identified that there is a positive impact for CYP where clinicians are available in services away from CAMHS and have used some funding creatively and innovatively to address this. IBSS (integrated Behaviour Support Service) is an example of a bespoke service locally which has been noted to have positive impact and seen as innovative practice.

Commissioning for outcomes is not without its challenges. There are practical difficulties currently such as the IT data flow within the main provider being changed and some of the smaller voluntary sectors requiring changes in process to upload. Kooth has had impact with CYP who may not have been willing to access traditional face to face mental health services but a national agreement is needed to uploads their data to support access to services. Furthermore, the routine outcome measures used for CYP-IAPT will be rolled out to CAMHS as a whole but there are additional training needs locally which will need to be addressed. The task and finish group locally will look to ensure that data trajectories are met, however we will also need to anticipate what the action will be if this target is not met. This will be better understood once we have a clear picture of access based on full upload of DWMH, KOOTHT and WPH.

There have been difficulties locally recruiting to some of the posts, which can impact upon when services launch. Furthermore some of the new services have moved the service forward to a degree but either not had the impact that was anticipated or identified that the need is greater than the resource available (e.g. LD team). A further risk is the local picture of children’s services, that some resources which have been made available from local authorities require further investment due to increased demand but this may not be readily available. Additionally when considering redesign of services a local collaborative approach will often be required, however this takes time to implement.

There is an expectation that CCG’s will make funds available to continue the training plan for CYP-IAPT. However this may require reduction in funding in other areas. Also whilst self-referral is seen as generally positive there are concerns that at least initially demand may increase.

Further final reflections, Making it happen: Walsall Children and Young People’s Mental Health and Wellbeing Transformation Strategy Action Plan
A Walsall Children and Young People’s Mental Health and Wellbeing Strategy Transformation Action Plan for 2016-2021 has been produced to accompany this five year transformation strategy. It includes actions to support the 6 agreed priorities in the transformation strategy. This will ensure we achieve the outcomes needed to transform mental health and emotional wellbeing for children and young people in Walsall.

It will deliver the recommendations for future commissioning with the provision of mental health and wellbeing services for children and young people, as laid out in ‘Future in Mind, Promoting, protecting and improving our children and young people’s mental health and wellbeing’ 2015.

It was developed in partnership with Walsall CCG, Walsall Council, Children’s Services, Education, Public Health and current Providers and reflects feedback from children and young people about what they would like to see in place to help them with their mental health and wellbeing needs.

The Walsall Children and Young People’s Mental Health and Wellbeing Strategy Transformation Implementation Group will be accountable to the Governing Body of Walsall CCG, Walsall Corporate Parenting Board and Walsall Health and Wellbeing Board. Progress against the delivery and implementation of the strategy transformation plan will be reported regularly to these boards and annually shared with children, young people, parents/carers and stakeholders.

The strategy, outcomes and accompanying implementation plan will be regularly reviewed, with a refresh October 2018 undertaken. Transformation will be delivered within current financial resources and we will work with partners to develop jointly funded and joined up commissioning plans.

**What will we do next to make this happen?**

We will consult with all partners on the content of this draft 2018 ‘refreshed’ transformation plan.

- Amendments will be made if necessary, before publication, and following assurance from NHSE.
- The refresh will be formerly discussed at the CAMHS Transformation Board and Health & Wellbeing Board.
- Plans will be edited into easy to read sections.
- A summary document that outlines the plans will be developed, following full assurance and sign off from all partners.
- Links to the plans will be made available on Walsall CCG and LA website after the above process is completed.

**Appendix.**

The appendix builds on some of the previously submitted documents with updates and progress as this will help map out the Walsall Journey
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<thead>
<tr>
<th>Document Title:</th>
<th>Document file</th>
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| 1  | Strategy refresh 2017 | Walsall CCG Oct 17 CYP MH WB LTP Refr
| 2  | Action Plan refresh | Walsall CYP Mental Health and Emotional |
| 3  | CYP crisis escalation pathway | Escalation process for CYP in crisis.doc |
| 4  | FLASH reports 2017/18 | 160119 - FLASH Service Delivery.docx FLASH feedback - May 2017.docx |
| 5  | Kooth service– August 2017 summary July 18 summary | Kooth Online August 2017 Summary - walsall.pdf |
| 6  | Secondary age user feedback group | Secondary Age Service User Group Feedback Oct17.doc |
| 7  | SPOA for referral process | SPA for referrals - October 2017.doc |
| 8  | Position statement on positive steps | Position Statement on Positive Steps - Oct |
| 9  | CAMHS service user experience | CAMHS service user experience.doc |
| 10 | Birth to five years pathway | Pathway for Birth to Five Assessment and |
| 11 | Walsall CYP IAPT position statement | Position Statement on CYP IAPT - Octobj |
| 12 | WPH counselling summary reports | Adoles Mental Health Adoles GP Surgeries Outcome July to Sept July - September 201 |

Draft 6 Walsall Mental Health and Emotional Wellbeing refreshed September 2018 final
Page 66 of 68
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<tr>
<td>14</td>
<td>Action Plan incl tier 4</td>
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