



Wirral Health & Care
Commissioning























FORWARD THINKING






















Children and Young People's Mental Health and Wellbeing






















TRANSFORMATION PLAN






















2018-2019/20






















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OPEN LETTER TO YOUNG PEOPLE

To the young people of Wirral,

Your emotional health and wellbeing are important. We know that life can have its ups and downs and sometimes people need a helping hand. We want to support you in dealing with whatever life throws at you.

“Don’t worry, it’s just where you are at the moment”

- Young person using CWP CAMHS

Experiencing mental health concerns is not unusual. At least a quarter of people experience mental health problems at some point in their lives. Over half of all mental health problems in adult life (excluding dementia) start by age 14 and seventy five percent by age 18. If you have concerns about your emotional health and wellbeing – or that of anyone else under 18 – please call our Advice Line:

Advice Line

9am – 10pm Monday to Friday

12-8pm Saturday, Sunday and Bank Holidays

0151 488 8453

Advice and resources are also available from the [MyMind](#) website and a list of services for young people’s emotional health and wellbeing is available [here](#).

This Local Transformation Plan sets out what we have achieved for children and young people in Wirral in recent years and describes the services available to you.

The Delivery Plan for next year, set out in the next part of this document, says what we will achieve by March 2020. These goals have been shaped through talking with young people and reflect their views on how services should be improved.

If you would like to help shape our plans for the future and have a say in how your local mental health services are developed, please join one of our engagement groups such as the local authority’s Youth Voice Group or the CAMHS Listen Up Group.

| Youth Voice Group | CAMHS Listen Up Group |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Seline Wakerley | Kate Burnett |
| Team Leader, <i>Engagement & Participation</i> | Primary Mental Health Team |
| Tel: 0151 666 3707 | 07768648673 |
| Email: selinewakerley@wirral.gov.uk | Email: kate.burnett1@nhs.net |

- Wirral Future in Mind Steering Group





DELIVERY PLAN to March 2020

Each year we create a Delivery Plan setting out the key priorities for the forthcoming year. The deliverables for the next year matches the structure of this Local Transformation Plan (LTP) and are outlined below:

- ★ Engagement and Communication.
- ★ Promoting Resilience, Prevention and Early Intervention – including Perinatal, Parenting and Sleep.
- ★ Access to Effective Services.
- ★ Care for the Most Vulnerable – including Learning Disabilities.
- ★ Accountability and Transparency.
- ★ Developing the workforce.

| Theme | Deliverable |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Engagement and Communication | Consult with young people (e.g. Youth Voice Group or Listen Up Group) regarding the design of materials to support young people’s emotional health and wellbeing to ensure they are young-person friendly. |
| | Enable young people to take an active role in staff and service development, such as being involved in staff training events, being on interview panels and developing the Local Transformation Plan. |
| | Establish a means of engaging with parents. |
| | Research and consider establishing an appropriate social media presence. |
| Resilience, Prevention and Early Intervention | Improve access to the CAMHS Advice line by employing a Clinical Support Worker to screen calls. |
| | Implement the ‘children’s mental health awareness for parents’ strategy. |
| | Develop links with GPs and hospital doctors (paediatricians) to make it easier for children and young people to get support. |
| | Further develop links with schools. |
| | Extend the offer of Next Step Training. |
| | Upgrade of <u>MyMind</u> website which provides information and self-help support to children, young people and their families. |

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| | <p>Roll out the new Perinatal Mental Health Pathway, in line with the North West Coast Strategic Clinical Network Pathways in Antenatal and Postnatal Mental Health.</p> |
| | <p>Continue training the community and hospital midwives to support the emotional health and wellbeing of women during pregnancy, in accordance with the above pathways and to develop education in birth trauma.</p> |
| | <p>Work collaboratively with hospital staff, CWP Psychiatric Liaison team and CWP Specialist Perinatal Mental Health Team to develop a Puerperal Psychosis identification pathway, to assist with early identification and treatment.</p> |
| | <p>Implement a way of parents accessing support (a parenting pathway), including access to a service directory, self-help resources, peer support and parenting programmes, to enable families and professionals to access the right support at the right time.</p> |
| | <p>Reach an agreement (Memorandum of Understanding) with the non-commissioned providers of parenting programmes to ensure that they will send data to help improve services.</p> |
| | <p>Agree a new way for families to gain support on sleep without purely relying on sleep medication (a sleep pathway).</p> |
| | <p>Agree a more streamlined process (neurodevelopmental pathway) for children and young people with Attention Deficit Hyperactivity Disorder and/or Autism Spectrum Disorder.</p> |
| Access to Effective Services | <p>Complete a consultation with children, young people, families and key stakeholders to better understand local needs and inform appropriate service developments for substance misuse.</p> |
| | <p>Develop a clear “pathway” for children and young people to get the support they need for their mental health.</p> |
| | <p>Communicate to the wider workforce the support available to children and young people to ensure children and young people can receive the right care at the right time delivered in the right place.</p> |
| | <p>Continue to work to create a single all-age directory that brings together all relevant information to act as a gateway for all people.</p> |

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| | <p>Ensure Wirral meets the national access target for children and young people with a diagnosable mental health condition accessing treatment (32% in 2018/19, 34% in 2019/20 and 35% thereafter).</p> |
| | <p>Ensure CAMHS can report on the “Reliable Change” measure from April 2019 (formal reporting commences April 2020).</p> |
| | <p>Implement a way (pathway) to improve the support of children and young people who have experienced trauma that includes individual therapeutic intervention and group work.</p> |
| | <p>CAMHS will further embed a stepped approach to care to include group work and education workshops, to increase the mental health offer and promote resilience.</p> |
| | <p>Have a Specialist Mental Health Worker based in the Youth Justice Service to support the mental health needs of these young people.</p> |
| | <p>Work towards reducing CAMHS waiting times in line with the national standard.</p> |
| | <p>Further train the CAMHS workforce on the Special Educational Needs and Disabilities (SEND) reforms and in writing advice for Education and Health Care Plans (EHCP).</p> |
| | <p>Adopt the National Crisis Model (once published) and consider opportunities for local solutions to improve crisis care for Children and Young people in line with Crisis Care Concordat.</p> |
| Care for the Vulnerable | <p>Try a new approach (AMBIT) to enable services to engage with children and young people who they currently cannot engage with.</p> |
| | <p>Deliver training on the <u>Adverse Childhood Experiences</u> (ACEs) tool to the wider workforce to support the early identification of possible needs so that support can be provided.</p> |
| | <p>Further explore opportunities to target specific areas for development to improve our care for the vulnerable.</p> |
| | <p>Ensure children and young people who need early help, prevention or protection get the help they need, taking into consideration their emotional health and wellbeing.</p> |
| | <p>Further embed the Child and Young Person Dynamic Support Database into Learning Disabilities CAMHS with the aim of identifying the right</p> |

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| | <p>support needed to reduce inpatient and out-of-area admissions and reduce the length of any admissions.</p> <p>To raise awareness of the Transforming Care Programme (TCP) across relevant multi-agency professional groups via education and training, communication via social media, and regional workshops.</p> <p>Promote the use of the Care Education and Treatment (CETR) process and the Child and Young Person Dynamic Support Database (DSD) to the wider workforce to improve the multi-agency support for enabling (where appropriate) children and young people with a learning disability to remain in their community close to family and friends.</p> <p>Deliver training to workers on the CAMHS Advice Line to enable them to have the right skills to support calls regarding children and young people with a learning disability and / or autism.</p> |
| Accountability, Transparency and Governance | <p>Ensure we capture and understand the specific emotional health and wellbeing needs of our children and young people and understand the gaps in care through the Joint Strategic Needs Assessment.</p> <p>Identify the children and young people who could benefit the most from emotional health and wellbeing interventions and understand the impact of the services provided.</p> <p>Monitor the outcomes and identify opportunities to improve the quality of care and access to services using different scenarios, for example the impact of changing a pathway into a service.</p> <p>Ensure transparency and accuracy in the services we provide for children and young people by reviewing and strengthening our performance framework. This may include the use of advanced analytical tools and software and system-wide multi-disciplinary analytical teams.</p> |
| Workforce | <p>Determine whether there is a benefit of raising the awareness of businesses to the mental health support available to children and young people.</p> <p>Pilot the Competency Framework to enable organisations to assess the training they need for their staff so that they can support the mental health needs of children and young people.</p> <p>Assess capacity and demand for services supporting the mental health of children and young people.</p> |

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| | Identify and analyse potential areas of focus for early intervention and prevention work to help reduce demand in the future. |
| | Increase the CAMHS workforce trained in CYPIAPT in line with the national target (8-9 staff in Wirral over 3 years). |
| | Further develop the wider workforce by accessing courses on CYPIAPT and encourage the wider system to engage. |





EXECUTIVE SUMMARY

The Future in Mind (FiM) Local Transformation Plan (LTP) for Wirral was originally developed and submitted to NHS England in October 2015, and published in January 2016. This refreshed plan is the fourth version of our local plan and sets out what we have achieved so far and what we plan to do by 2020.

Since 2015, significant investment and progress has been made on the journey to transform services for children and young people’s emotional health and wellbeing on Wirral and to achieve the national Future in Mind ambitions. This progress is summarised in the section titled “Ambition 2018-20 and Summary of Progress”.

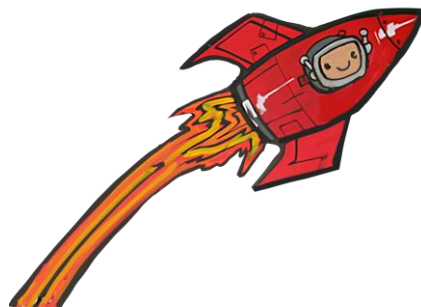
Over the last three years there has been greater collaboration across Wirral in both commissioning and provision of services.

Our overall vision remains unchanged: **“Happy, Safe, Achieving - only the best for our children and young people”**. We want to ensure all young people get the support they need for their emotional health and wellbeing and their mental health. Our main way of achieving this is through early identification of needs and responding to these needs before they become more complex.

We are pleased with the progress made, yet are aware that there is still much to do. We will continue to actively engage with our partners, and our children, young people and families / carers, to turn our vision into a reality.

We are delighted that our partners across Health, Social Care, Youth Justice, Education and the Third and Voluntary Sector continue to work with us to deliver transformed services. Together with young people and their parents and carers, we will further improve emotional health and wellbeing services for children and young people on Wirral.

The NHS Long Term Plan was published in January after this Local Transformation Plan was prepared. Wirral is committed to meeting the goals and requirements described in the Long Term Plan and will develop these further during 2019 and these will be included in the next Local Transformation Plan.





INTRODUCTION

Wirral believes that the emotional health and wellbeing of children and young people is everyone's business and that we all have a part to play. This plan sets out how commissioning organisations and partners will transform local services to improve outcomes for children, young people and their families, meeting the aspirations set out by the Government in their national strategy for children and young people's mental health: Future in Mind.

This plan sets out how we will work together with our stakeholders to bring about change until 2020.

It is essential that children and young people are supported to develop resilience and skills for life to ensure that they are ready for school and adulthood.

Nationally there has been recognition that improvements were required to the delivery of children's emotional health and wellbeing services. In response to these challenges, the Government produced Future in Mind, setting out five key themes to create a system that will support the emotional health and wellbeing of children and young people:

- ★ **Promoting resilience, prevention and early intervention**
- ★ **Improving access to effective support – a system without tiers**
- ★ **Care for the most vulnerable**
- ★ **Accountability and Transparency**
- ★ **Developing the workforce**

This Local Transformation Plan is structured around the same themes.

It is a joint plan in line with our commitment to integrate commissioning across health, education and social care partners, and supports the following pledges from the Wirral 2020 plan:

- ★ *Children will be ready for school.*
- ★ *Young people will be ready for work and adulthood.*
- ★ *Vulnerable children will achieve their full potential.*





OUR VISION 2016 – 2021

Happy, Safe, Achieving - only the best for our children and young people

Without the right support, feeling unhappy or having poor mental wellbeing can have a life-long effect.

Therefore, we believe:

- ★ The emotional health and wellbeing of children and young people is everyone's business.
- ★ Needs should be met in a joined-up, seamless manner.
- ★ Listening and responding to the needs of children, young people and their families is paramount.

We commit to realising our vision through 5 themes:-

- ★ Promote resilience, prevention and early intervention:
 - ★ By providing an Advice & Consultation telephone line and by delivering training to many groups including teachers, nurses, social workers and parents / carers.
- ★ Improve access to effective support:
 - ★ By ensuring that resources are realigned to the right part of the pathway.
- ★ Care for the most vulnerable:
 - ★ By supporting the most vulnerable to get the help they need through the delivery of targeted specialist and intensive interventions to those who need them most
- ★ Accountability, Transparency and Outcomes
 - ★ By identifying needs, commissioning services to meet those needs and by measuring the outcomes of services.
- ★ Develop our workforce:
 - ★ By ensuring the wider workforce across all agencies working with children and young people is trained to meet the needs of children and young people's emotional health and wellbeing.





CHILDREN'S MENTAL HEALTH IN 2015 – THE PICTURE BEFORE TRANSFORMATION

Before the publication of Future in Mind in 2015, the Clinical Commissioning Group (CCG) commissioned a two-Tiered Child and Adolescent Mental Health Service (CAMHS) service from Cheshire and Wirral Partnership NHS Foundation Trust (CWP), along with a Learning Disability (LD) CAMHS service. Tier 2 provided brief interventions whilst within tier 3, there were multiple teams and pathways delivering more specialist intensive interventions. Historically and in current times we are seeing rising referrals to specialist services, with children not necessarily needing to see a specialist to meet their emotional health and wellbeing needs. The CCG continues to commission a CAMHS service but the service model has been transformed to a model without tiers and with far greater emphasis on prevention and early intervention across universal services.

In addition to the CCG commissioned CAMHS service, the Local Authority (LA) commissioned an early assessment service from CAMHS for Looked after Children, whilst Public Health commission specialist support for substance misuse.

The CCG commissioned a Community Paediatric service from Wirral University Teaching Hospital (WUTH), which provides a range of services to support those with challenging behaviour and complex needs (ADHD, ASD), including the Designated Medical Officer role, supporting adoption and fostering panels, and providing input into Education, Health and Care plans. The CCG continues to commission this service and waiting times have been reduced over the last three years.

In 2015 Public Health commissioned a 0–19 'Healthy Child Programme', improving children and young people's health and wellbeing from birth, with responsibility for health visiting, school nursing and health improvement. This service, delivered by Wirral Community Trust, continues to be commissioned by Public Health and since 2015 there have been a number of developments that have improved the service.

A feature of the Wirral organisational landscape in 2015 and in current times is the strong culture and commitment of working together. For example, the 0-19 service provides the pre-diagnostic part of the ADHD pathway and WUTH support the diagnosis and post diagnostic support. This joint-working is now also seen in the training being delivered by the CAMHS Primary Mental Health Team to the wider workforce.

More specialist services are commissioned by NHS England, namely:

- ★ Specialist Eating Disorder Services.
- ★ Tier 4 CAMHS (inpatient) service.





AMBITION 2018-20 AND SUMMARY OF PROGRESS

This LTP was produced by Wirral CCG in conjunction with the local authority, third sector, youth justice, education and engagement groups. Many of the sections were drafted by these groups to ensure their voice was heard and that the LTP addresses their priorities.

Engagement with children, young people, parents and carers is a key element in Wirral's approach to transforming support available for the emotional health and wellbeing of children and young people. This has included running a joint event with the Youth Voice Group, the Youth Conference and Youth Parliament having "mental health" as the theme in 2016 and "mental health and education" in 2017, and the Youth Voice Group reviewing the draft deliverables before being finalised in this LTP; this is described fully in "Engagement and Communication".

The involvement of partner organisations is a recurrent theme in this LTP. Specialised Commissioning is covered in "Access to Services". The Local Authority chairs the Care for the Vulnerable Group and drafted this section. Developments to link mental health and emotional health and wellbeing with the Youth Justice Service are covered in "Health and Justice". The third sector has been strongly engaged with the mapping events and the Workforce Group; their workforce needs are outlined in "Workforce". In addition the third sector have been instrumental in the development of our first Children and Young Person Provider Forum for Wirral with many community, third sector and statutory providers meeting on a quarterly basis to discuss the ongoing needs of the Wirral population and opportunities for improvements. Schools and colleges are a key part of how Wirral is promoting "Resilience, Prevention and Early Intervention" and this is described in this section and in "Green Paper: Trailblazer Expression of Interest". Over the next year we will be working within our new neighbourhood structure to further engage Primary Care in the development and delivery of services and understand how we can work closer to address the needs of children and young people.

This LTP is fully aligned with national and regional priorities; see "Alignment with National Priorities" and "Alignment with Sustainability and Transformation Plan" for more information.

By 2020, five years since Future in Mind will have been published, the services for children and young people's emotional health and wellbeing on Wirral will have been transformed in a number of ways. To date, much of this transition has already been achieved. The transformation will have included (unless stated otherwise, these had all been achieved by autumn 2018):-

Improved resilience, prevention and early intervention:

- ★ Resilience, prevention and early intervention is delivered predominantly by the CAMHS Primary Mental Health Team (PMHT) which provides support to parents of children and young people of all ages as well as to professionals.
- ★ Each school has a named Primary Mental Health worker to support staff in managing mild to moderate mental health needs and behavioural issues.
- ★ The PMHT delivers a bi-weekly training programme to staff in universal settings (e.g. teachers) and the wider workforce; this is being extended to parents.
- ★ The PMHT has worked with schools to identify Accelerator Schools to develop best practice and to share learning across other educational settings in Wirral.
- ★ The annual [School Survey](#) identified wider services directly provided by schools and this facilitates the PMHT and Accelerator Schools to share and develop best practice.
- ★ The directory of Early Help and CAMHS has been combined and is now also closely aligned to that of Healthwatch Wirral. This enables more accurate signposting and point of contact for people accessing directories.
- ★ The PMHT works alongside other voluntary and commissioned services to ensure a consistent approach and to share best practice. For example, Early Help services from the local authority regularly meet with PMHT.
- ★ Improved perinatal services including training to midwives on mental health, a specialist midwife service for mental health, employment of a trauma specialist, and referral to specialist perinatal mental health team.
- ★ Early years are supported through a range of services including Children's Centres. There is a dedicated lead for mental health which helps ensure that needs of early years children are included when planning developments.
- ★ Introduced Health and Wellbeing Hubs led by School Nurses, enabling children and young people to drop into clinic to discuss a wide range of health issues including mental health and emotional wellbeing.
- ★ 300 workers from schools, the third sector and statutory bodies have been trained in the use of Next Step Cards to enable non-mental-health professionals to support young people's mental health through an innovative product.
- ★ Telephone consultations for young people, parents, carers and professionals available 9:00-22:00 weekdays and at 12:00-20:00 weekends. This has led to a significant reduction in young people presenting at A&E for self-harm and a reduction in the rate of increase of referrals to CAMHS.
- ★ Improved website (MyMind) that provides guidance and resources for children, young people, families and professionals - due for further improvement in 2019/20.
- ★ Employment of a parenting coordinator to support the development and coordination of services and support to parents. This has increased our understanding of the parenting offer and improved data collections and outcome monitoring.
- ★ Introduction of parenting skills courses for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) to support early help and intervention.

- ★ Review of pathways for ADHD and ASD assessment and intervention, this piece of work is ongoing.
- ★ Youth connect 5 training delivered to Multi-disciplinary teams.
- ★ Mapped services for supporting children and young people's emotional health and wellbeing, identifying priorities for improvements and highlighting gaps in current provision. This included an event attended by over 75 people, half of whom were children, young people and their families.

Improved access to services:-

- ★ Greater equity of service – CAMHS has been reorganised from having separate waiting lists based on geography to a single point of access with a single waiting list.
- ★ Families and young people can now self-refer into CAMHS improving speed of access from referral.
- ★ The Advice Line enables families, GPs and other professionals to refer directly to CAMHS via a phone call rather than needing a professional to write a written referral.
- ★ The referral form is available on the MyMind website to enable prompt referrals.
- ★ Improved waiting times for community paediatric services in line with national standards.
- ★ Improved transitions into alternative services – CAMHS are driving improvements through the CQUIN “Transitions out for children and young people mental health services”.
- ★ Establishment and promotion of local Eating Disorder services in line with national model – waiting times are within with national guidelines.
- ★ Introduced Qb Tests to enhance the assessment process for ADHD within the 0-19 Service.
- ★ Adoption of latest national guidelines for children and young people with learning disabilities, including Transforming Care.
- ★ Improved access to Forensic CAMHS via the regional Forensic CAMHS team as appropriate.
- ★ Access to improved inpatient care through the construction of a purpose-built Tier 4 facility (Ancora House) which provides Wirral children and young people with a local high-quality facility.
- ★ CAMHS clinicians have been trained on the identification and pathway for early intervention in psychosis to improve early identification and assessment.
- ★ CAMHS are developing a trauma pathway that will include individual therapeutic intervention and group work (due in 2019).
- ★ Extension of out-of-hours CAMHS risk assessments to the acute service to include weekends. Telephone support is now also available 9:00-22:00 weekdays and 12:00-20:00 at weekends and public holidays.

Improved care for the most vulnerable:-

- ★ Greater support for those young people whom services find it hard to engage with through the adoption of the AMBIT model – due to be piloted in 2019/20.
- ★ Mental health interventions and support for people in contact with the Youth Justice Service who do not meet the criteria for the main CAMHS service – due in 2019.
- ★ Rollout of training to support children and young people with three or more Adverse Childhood Experiences (ACEs) – due in 2019.
- ★ Ensuring children and young people who need early help, prevention or protection get the help they need, taking into consideration their emotional health and wellbeing.
- ★ Improved identification and reporting within CAMHS of children and young people who are Children In Need, Child Protection and Child Looked After through use of the Current View tool.
- ★ Children Looked After and young people referred by the Youth Justice Service receive an enhanced offer including a maximum 2-week wait for a Choice appointment. CAMHS utilise evidence-based therapies including Theraplay, Dyadic Developmental Psychotherapy and Therapeutic Crisis Intervention to support this group.

Improved accountability and transparency:-

- ★ Collaborative commissioning between the CCG, Public Health and the Local Authority.
- ★ Service specifications and performance monitoring moving towards being outcome-focused – due in 2019.
- ★ Alignment of service specification for CAMHS in Wirral with the specification for CAMHS in Cheshire (there are 4 CCGs in Cheshire). Key Performance Indicators are now common across Cheshire and Wirral.
- ★ Development of a Future in Mind dashboard measuring outcomes drawn from data held by different organisations. This will show the impact of preventive work and evidence how services supporting the mental health of children and young people are significantly different to the situation on 2015.
- ★ Formation of a monthly Steering Group chaired by the CCG with active involvement from the mental health trust (Cheshire & Wirral Partnership NHS Foundation Trust), education, the local authority (Wirral Council, including children’s centres and vulnerable groups), schools, educational psychology, the community trust (Wirral Community Trust, providing the 0-19 service including health visitors and school nurses), the acute trust (Wirral University Teaching Hospital) and third sector. This group is expected to continue after 2020/21 to enable continued close cooperation and sustainability.
- ★ Youth Conference and Youth Parliament theme on “mental health” in 2016 and “Education and mental health” in 2017.

- ★ Annually refreshed LTPs outlining commitment to transformation and progress achieved.
- ★ Annually refreshed Joint Strategic Needs Assessments (JSNAs) identifying the needs of Wirral's population to ensure LTP focuses on priorities identified.
- ★ Annual School Survey to collate views from educational settings on emotional health and wellbeing across the Wirral.
- ★ Quarterly newsletter to professionals identifying key areas of progress, sharing best practice and learning; hard copies are available in waiting areas.
- ★ Developing relationships with Cheshire & Merseyside CCGs through the Cheshire & Merseyside Health and Care Partnership programme, considering at scale opportunities and how we can collaborate on new models of care specifically relating to inpatient and health and justice services.
- ★ In line with the development of the new neighbourhood model for Wirral, the Future in Mind Steering Group will review the priorities set out in this plan and ensure warranted variation to meet population needs. The Steering Group chair will link with the neighbourhood clinical co-ordinators to ensure that the plan meets needs across the four localities within Wirral, reflecting the diverse population.
- ★ Significant investment has been made to children and young people's mental health services specifically relating to the creation of the PMHT and parenting programmes for neuro-development conditions. Evaluation of such initiatives will be demonstrated through the Future in Mind dashboard and will enable future sustainability and funding decisions to be targeted on areas which have the maximum impact.

Enhanced workforce:

- ★ Extension of evidence-based practice in CAMHS and the wider workforce – CAMHS clinicians have been participating in CYPIAPT training programme for a number of years and in 2018 training opportunities were extended to the wider workforce such as health visitors. This shows the adoption of best practice for routine care at a universal and clinical level.
- ★ A Provider Forum chaired by a third sector organisation meeting quarterly to identify common concerns, develop joint approaches and share best practice. This supports the education and understanding of the wider workforce of current delivery models and opportunities for collaboration.
- ★ Greater understanding of capacity, demand and workforce composition across different organisations.
- ★ Common Competency Framework developed and shared by different organisations – currently in draft form.
- ★ More highly trained workforce through training and education (see above, "Improved resilience, prevention and early intervention").

- ★ Additional staff employed in line with national guidelines.

These achievements are described at greater length in the corresponding sections of this LTP.

The impact of these changes is already being felt:-

- ★ After decades of increasing demand for services in Wirral, nationally and across the Western world, referrals into Wirral CAMHS fell during the first year after the introduction of the Advice Line. Since then referrals have increased - but at a slower rate than before the introduction of the Advice Line - and still significantly below the national average of 10% increase in referrals year on year. Also, as an increasing number of referrals come through the Advice Line, the quality of information has greatly improved, supporting the service's ability to provide the right help at the right time.
- ★ Admittance to the paediatric ward for a CAMHS risk assessment following presentation at A&E fell by a third in the year following the introduction of the advice line.

As outlined earlier, the impact of the transformation described will be further evaluated by the implementation of the Future in Mind Dashboard during 2019.

Our goals for the next year can be found at the front of this document. These goals consolidate the progress we have made in recent years and highlight new initiatives such as piloting the AMBIT approach for children and young people whom services find it hard to engage with and training on using the Adverse Childhood Experiences survey for vulnerable young people. A common theme from feedback in 2018 was that young people, families and professionals do not always know what help is available. Improving this is therefore a common theme for 2019 including considering developing a social media presence, further improving the [MyMind](#) website and consolidation of directories of service.

The NHS Long Term Plan was published in January after this Local Transformation Plan was prepared. Wirral is committed to meeting the goals and requirements described in the Long Term Plan and will develop these in 2019 and these will be included in the next Local Transformation Plan.



Green Paper: Trailblazer Expressions of Interest

Wirral was invited to submit an Expression of Interest (EOI) to be a Trailblazer site as part of the Green Paper and on 17th September 2018 Wirral submitted proposals to develop Mental Health Support Teams (MHSTs) based in schools and to pilot a Four-Week Waiting time standard, unfortunately Wirral was unsuccessful in this round. We will look to apply for future funding opportunities.

The MHST proposal is to create teams working in half of Wirral schools. The MHSTs would provide direct interventions (face-to-face and group work) and would enhance the existing model of consultations and workforce support and training delivered by the existing Primary Mental Health Team (see “Resilience, Prevention and Early Intervention” section) and referral to CAMHS. It would address a known gap that has been highlighted through discussions with young people. The proposed service would therefore integrate seamlessly with this Transformation Plan.

The Four-Week Wait proposal is to fund additional posts to reduce and maintain the CAMHS waiting list. These resources would be added to existing teams. The teams would also support CAMHS in adopting new working practices (see “Access to Services” section). This would therefore also integrate seamlessly with this Transformation Plan.





FINANCE: INVESTMENT IN CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

The health and social care system on Wirral is currently facing significant financial challenge, and we are seeing demand and expectation for services continue to grow.

When we started this journey, it was clear that it was no longer possible to deliver services that will meet the growing demand, within shrinking resources, without working in a significantly different way. We therefore chose to focus our additional resources on prevention, resilience and early intervention by the creation of the PMHT.

Before the commencement of the Local Transformation Plan (2014/15) the financial spend in Wirral was:

| Commissioner | Service | Total Spend |
|------------------------------------------------------|-------------------------------------------|-------------------|
| Wirral CCG | Parenting and Prevention | £150,000 |
| | MST | £175,000 |
| | CAMHS (including LD CAMHS) | £3,940,343 |
| | Community Paediatrics | £1,700,000 |
| Local Authority – children's department | CAMHS | £530,000 |
| | Adolescent Support Counselling (Response) | £197,800 |
| | MST | £175,000 |
| | Counselling within schools | £118,813 |
| Local Authority – Public Health | Kooth – online counselling | £101,320 |
| Total Spend by Local Commissioners in 2014/15 | | £7,088,476 |

Investment by NHS Wirral CCG has enabled an increase in the CAMHS workforce including:

- ★ 1 x Future in Mind Project Manager.
- ★ 1 x Parenting Lead.
- ★ 1 x Primary Mental Health Team Manager.
- ★ 4 x Primary Mental Health Workers (total of 6).
- ★ 2 x Eating Disorder practitioners.
- ★ 3 x Clerical staff.

Further information on the CAMHS workforce and wider workforce can be found below in the section “Workforce”.

For 2017/18, the total investment in Children and Young People’s mental health and neurodevelopment by Wirral commissioning partners has been as follows:

| Commissioner | Service | Total Spend |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Wirral CCG | Parenting & Prevention | £51,911 |
| | CAMHS (including LD CAMHS) | £4,472,348 |
| | Community Paediatrics | £2,665,406 |
| Local Authority children’s department (General mental health spend, not specific for FiM) | CAMHS | £333,737 |
| | Response counselling service | £70,700 (this includes £12,000 from Wirral South Constituency Committee) |
| Local Authority Public Health (subject to council budget setting process) | Health services in schools | £159,000 |
| | GIRLs Project | £60,000 |
| | Young People's support service - sexual health and mental wellbeing | £135,600 |
| | Kooth – online counselling | £101,320 |
| | Preventative and early intervention secondary school based service | £111,002 |
| | Young people substance misuse programme’ | £204,467 |
| Total Spend by Local Commissioners in 2017/18 | | £8,365,491 |

The investment plan for 2019/20 remains the same with no planned change at this stage from the 2017/18 and 2018/19 position, although the local authority contract with CAMHS is scheduled to be reviewed by April 2020.





NATIONAL, REGIONAL AND LOCAL NEED

There has been universal acknowledgment in national policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. This includes:

1 in 10 aged 5 – 16 will have a diagnosable Mental Health condition

50% lifetime mental illness (except dementia) begins by age of 14, and 75% by 18

Young people not in education, employment or training report particularly low levels of happiness and self-esteem



Alignment with National Priorities

This LTP was developed with reference to national priorities as set out in publications such as “Future in Mind”, “NHS Five Year Forward View for Mental Health” and “Stepping forward to 2020/21: The mental health workforce plan for England”.

The national Future in Mind strategy gave a very clear picture of the key priorities for local areas to focus on. This included:-

- ★ Developing a system without tiers.
- ★ Improving access, including improving waiting times.
- ★ Supporting vulnerable children and young people.
- ★ Improving accountability and transparency.
- ★ Developing the workforce.

In addition, the publication of the “NHS Five Year Forward View for Mental Health” has highlighted the following as clear deliverables for Children and Young People’s Mental Health:

- ✓ By 2020/21, at least 35% of children and young people with a diagnosable MH condition receive treatment.

- ✓ By 2020/21, nationally 70,000 additional children and young people will be treated over the 2014/15 baseline.
- ✓ In 2016/17, all localities will baseline current performance against the new access and waiting time standard, and plan for improvement against the standard beginning from 2017/18.
- ✓ Use of specialist in-patient beds for children and young people with an eating disorder should reduce substantially.
- ✓ By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, and will have the minimum possible length of stay, and will be as close to home as possible. By 2020/21, inappropriate use of beds in paediatric and adult wards will be eliminated completely.
- ✓ By 2020/21, in-patient units will be commissioned on a 'place-basis'.
- ✓ Develop the workforce to better meet the needs of children and young people.
- ✓ All CCGs will have collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016.

The NHS England and Health Education England's publication of July 2017 "Stepping forward to 2020/21: The mental health workforce plan for England" shows that, nationally by 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet additional demand. Wirral will therefore need to consider how many additional posts are required locally and how this can be funded. This is set out in the section "Workforce".

This LTP sets out how Wirral plans to meet these national and regional initiatives.

Wirral will also continue to work closely with the North West Cost Strategic Clinical Network (SCN) and their children and young people's Expert Reference Group.



Alignment to the Sustainability and Transformation Plan

The majority of work for children's mental health will be delivered on a local footprint, in people's neighbourhoods. However, where it makes sense, we will work with our fellow commissioners as part of the Cheshire & Merseyside Health and Care Partnership.

The Cheshire and Merseyside Health and Care Partnership is the second largest Sustainability and Transformation Partnership (STP) in England. It is made up of a collection of organisations responsible for providing health and care services in Cheshire and Merseyside including the NHS, GPs, local councils and the community and voluntary sector. The purpose of the Partnership is to plan together how best to deliver these services now and in the future so that they meet the needs of local people, are of a high quality and are affordable.

The Partnership agreed that 'Mental Health' should be a strategic priority in Cheshire and Merseyside and established the Mental Health Programme Board. The Board's membership includes Mental Health NHS trusts, local authorities, Third Sector, clinical commissioning groups (CCGs) and the Police and Crime Commissioners Office. The Board's purpose is to accelerate the implementation of the Five Year Forward View (FYFV) for mental health and following a re-focus of its work, informed by partners across Cheshire and Merseyside, is now leading on FYFV objectives which are best developed at scale. The Board also has oversight of developments taking place on all other FYFV Mental Health objectives – described as 'place based', however does not hold accountability for these.

The Mental Health Programme Board has made significant strides towards supporting the Cheshire and Merseyside health and care system to achieve the FYFV Mental Health objectives. Whilst not having a role in commissioning or monitoring specific services, the Board plays a significant role in enabling the system to ensure the provision of safe, quality, effective, evidence-based and local care to service users and their families.

Cheshire and Merseyside has received an additional £7.8 million of national funding for mental health and care services for our residents in the last 18 months under Health and Care Partnership sponsorship. This includes funding for increased Liaison Psychiatry Services, Crisis Care for our children and young people and specialist perinatal mental health provision for our new mums and mums to be.



Local Needs: Joint Strategic Needs Assessment

In 2018 Wirral developed and published a series of JSNAs for children and young people's emotional health and wellbeing. These assessments cover:-

- ★ Prevention and Early Intervention.
- ★ Parenting and Sleep.
- ★ Access to Services.
- ★ Learning Disabilities.
- ★ Care for the Most Vulnerable.

This allows us to review whether service provision meets current needs of population and identifies any future commissioning opportunities. Appendix 1 provides further information.





ENGAGEMENT AND COMMUNICATION



We continue to be fully committed in engaging with children, young people, families and carers on issues affecting them. With this in mind we ensure that we regularly involve this important group of stakeholders in discussions about service delivery, provision and developments.



Youth Conference and Youth Parliament

The Youth Voice Conference and Youth Parliament have had consistent themes relating to mental health. The 2016 events focused on mental wellbeing and the 2017 events had the theme of education and mental health. The theme was identified by the Youth Voice Group

who planned and delivered the conference. The conference aimed to provide young people with the opportunity to:

- ★ Explore how mental health issues affect young people in education.
- ★ Improve understanding of issues around education and mental health.
- ★ Question council officers, councillors and officers from partner organisations on policy matters and to influence service provision related to young people's mental health.

Over 115 young people from 16 secondary schools and youth groups attended the 2017 event. Feedback from young people included:

- ★ *More time in the curriculum to discuss mental health and well-being across a whole range of issues and beyond depression and anxiety.*
- ★ *Less testing and consequently less exam stress. Value us beyond academic achievement and celebrate success in other skills and talents outside of maths and English.*
- ★ *The curriculum to be more relevant to a technological life of the future.*

Young people's feedback from the event and the associated Youth Parliament was sent to senior officers across Wirral for their comments and feedback. This feedback will be presented to the next Youth Conference.





Youth Engagement

The Youth Voice Group acts as a single reference group for Future in Mind Steering Group. This group has strong existing links to other young people's groups including with the CAMHS Listen Up Group and includes young people with special educational needs and disabilities.

On 22nd January 2018 we met with the Youth Voice Group to ask them what mental health meant to them, what is working well, what could be improved, how we can communicate and engage with young people and how we will know if we are making a difference. Some points raised were:

- ★ Having counsellors in schools is good.
- ★ There are long waiting times and limited appointments and young people have to tell their story more than once.
- ★ Teachers and other workers should be taught about mental health.

On 11th June 2018 we re-visited the Youth Voice Group to start working alongside them to ensure that young people's views are incorporated into our next Future in Mind Transformation Plan. Their points included:-

- ★ More awareness of mental health and more self-help resources.
- ★ Staff should be given more support.
- ★ Staff should come from more varied backgrounds.
- ★ Services to be available outside office hours.

We are actively working to address the points raised by the Youth Conference, Youth Parliament and Youth Voice Group, as can be demonstrated in this LTP.

The draft deliverables for this LTP were recently discussed with the Youth Voice Group and their feedback was used to revise our plans ahead of finalising and publishing this LTP.

The Youth Voice Group attended the Future in Mind Steering Group in April 2018 to advise on the best approaches to use when giving feedback to young people on the comments raised at the 2017 Youth Conference and Parliament, which both focused on mental health and education. Their comments have been invaluable and they are currently working with us to ensure that the feedback provided by specialist leads is understandable and responsive.



Mapping Events

In the last twelve months Wirral has held three events to map services supporting the emotional health and wellbeing of children and young people in Wirral. The first two

(December 2017 and February 2018) were attended by a wide mix of professionals. In between events, professionals consulted with people who access their services to identify the key themes that needed to be considered to improve services.

The third event (June 2018) invited children, young people and their parents and carers in addition to professionals. This event was held to enable commissioners and the services providers to hear the experiences and ideas of parents and young people. We asked about the services as they are now, and how people would like things to be in the future.

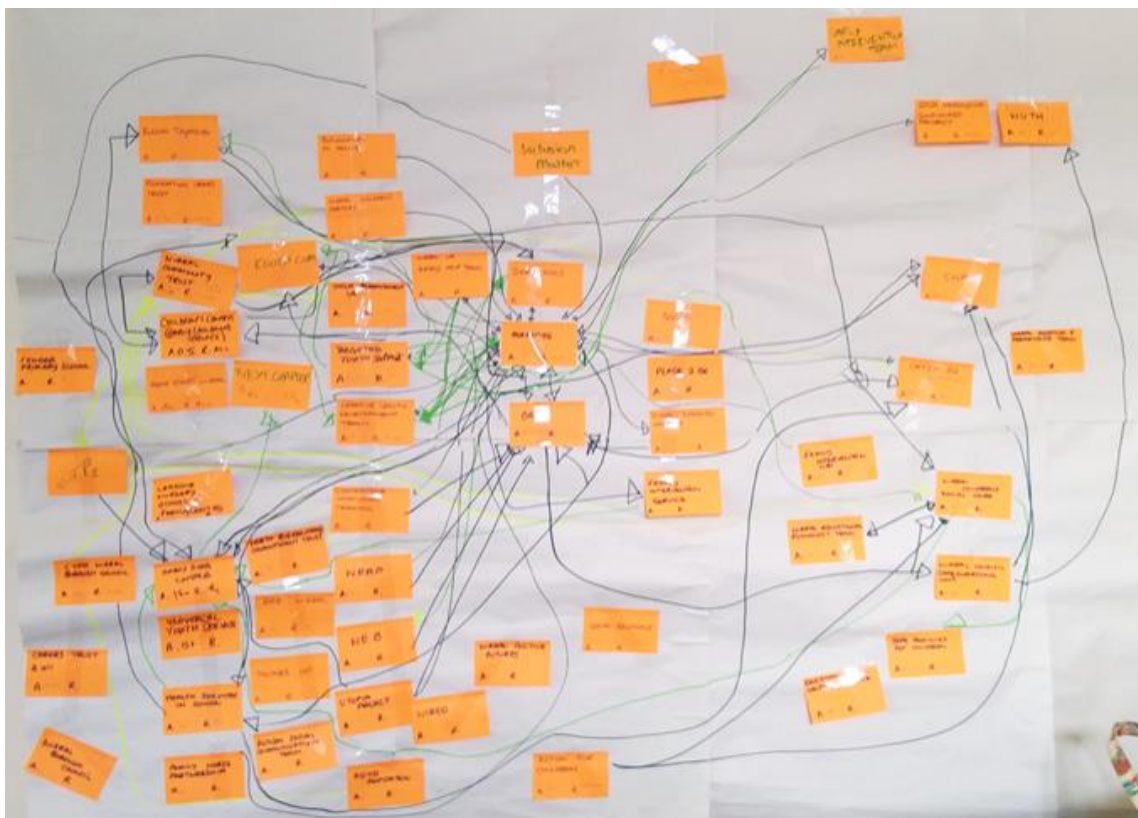
The evening was a huge success with over 75 people coming along - half of these were young people and parents. Highlights of the night included a powerful performance by the Youth Voice Group about mental health and some fabulous creative songs, puppet shows and drama from our guests to illustrate where improvements can be made.

We will use the views expressed at the event to guide how services look in the future in Wirral.

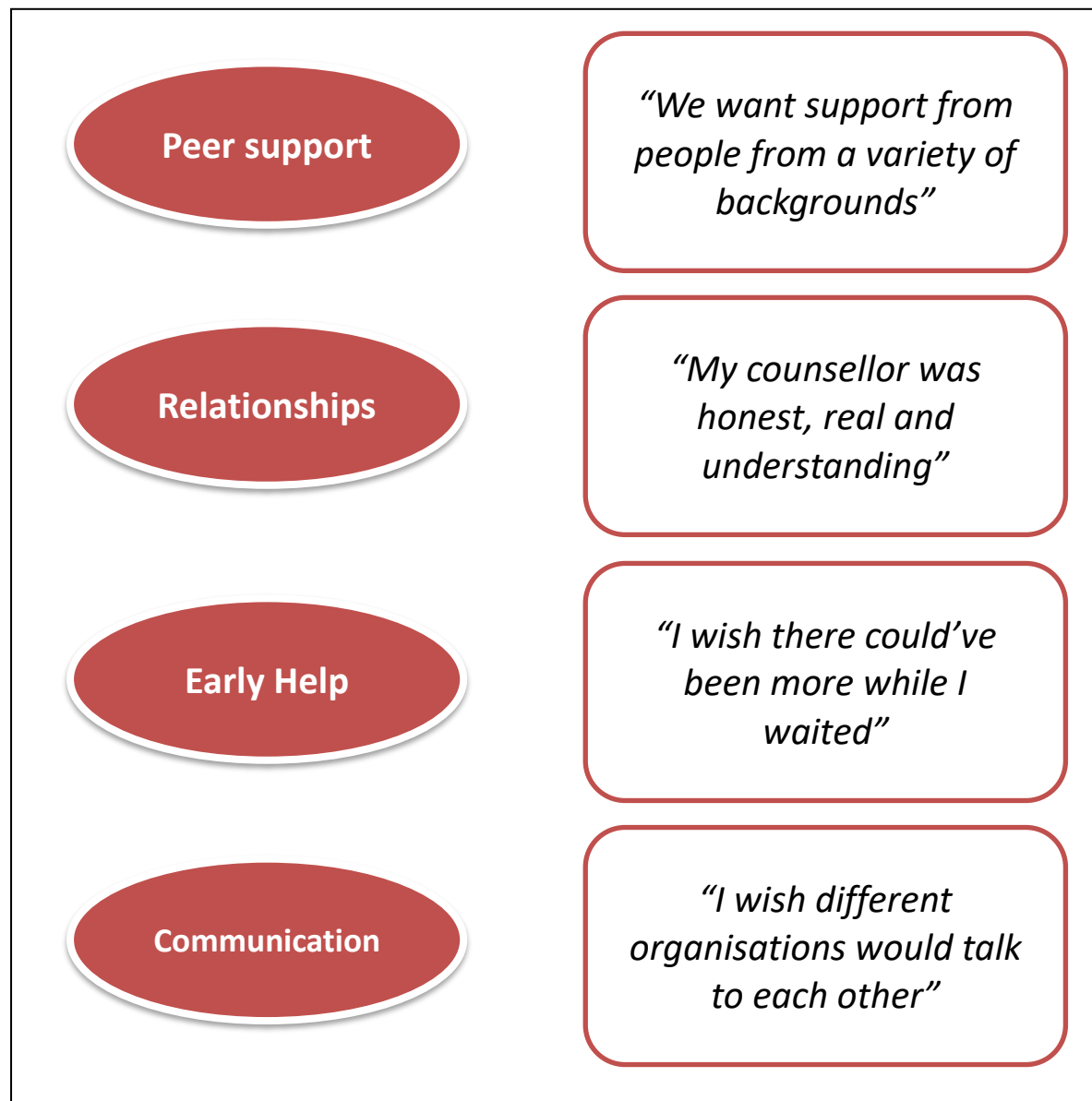
The mapping events aimed to address four key questions:-

1. What services are out there?
2. Are there any services missing that we need?
3. What is the journey like for young people?
4. How would we like this journey to look going forward?

The first mapping event showed that we need to figure a way of “untangling the spaghetti” of service provision:



The mapping events identified four key themes:



From the feedback received at the final Mapping Event, a 'word cloud' was produced to highlight the most frequent words mentioned:



Members of the Youth Voice Group and Future in Mind Steering Group



Engagement by CAMHS

CAMHS has held a Listen Up Group of Children and young people who access or have accessed their service for a number of years to enable children and young people to help shape the development of services. In 2018 a separate parent engagement group was established to enable parents and carers to also shape the development of services.

The PMHT are planning their mental health awareness strategy for parents for 2019. To support the development of this strategy they have held a number of parent focus groups in schools (primary, secondary and learning disability) and run a SurveyMonkey questionnaire. Emerging themes of what parents want are:-

- ★ A mix of peer and professional support.
- ★ Early intervention.
- ★ Community-based support – e.g. in Children’s Centres or community buildings.
- ★ Support available on different platforms – e.g. face-to-face or online.

These themes will form part of the future strategy and will be taken forward in 2019.

In addition to the engagement groups, the wider CAMHS service, including Learning Disabilities CAMHS, engage with children, young people and their families via the CHI Experience of Service Questionnaire. Goal based Outcome plans are used which are agreed by the children and young people to ensure treatment addresses the concerns of the person.



Engagement by Community Trust

In 2017, with the support of Healthwatch, the 0-19 Service of the Community Trust completed several engagement events with families and the wider public. The purpose of these was to review the 0-19 Service prior to Trust-wide transformation projects. The feedback from young people and their parents highlighted the need to review how children, young people and families accessed the school nursing service and access evidence-based health information.

As a result the 0-19 service introduced Health & Wellbeing Hubs which enables families to access services at a time when they feel they need support and advice. The Health & Wellbeing Hubs allow parents and young people the opportunity to “drop in” to a variety of community venues at a convenient time.

During 2018 the 0-19 Service further engaged with communities. This included the use of questionnaires, electronic surveys and focus groups. This produced over 500 responses with some very clear themes emerging. From the feedback received it is clear that the service needs to communicate with young people more effectively through the use of digital platforms and also share the service vision more widely. The next stage of the Trust’s engagement plans is to develop a regular young people engagement group to help steer the future of the 0-19 Service. This will further add to the wide range of engagement groups in Wirral and demonstrates how deeply the culture of co-production is embedded across Wirral partners.



Engagement by the National Citizen Service

The National Citizen Service is a four-phase programme for young people aged 15-17, specifically designed to provide young people with all sorts of new experiences to enable them to discover who they are and what they can achieve.

This year the National Citizen Service in Wirral chose to focus their social action project on mental health. This included workshops on mental health and meeting with the Mayor of Wirral. They felt that it was important to promote awareness of mental health in the private sector and as part of this met with a representative of the Chamber of Commerce

and designed, printed and distributed leaflets and posters; engagement with the private sector will be further developed in 2019 (see Workforce section).

The young people produced a video on their work which included local celebrities talking about the importance of mental health:

<https://www.teenwirral.com/news/watch-ncs-video-mental-health-support>



Engagement with professionals

A School Survey on emotional health and wellbeing is run annually. In 2018 over 98 schools responded (79%), which demonstrates the level of their interest in emotional health and wellbeing. The results of this survey have been published and can be accessed [here](#).

In June 2017 the Future in Mind Steering Group hosted a transformation workshop for professionals working with Children and Young People across Wirral. In addition to the statutory services there was a large presence from the third and voluntary sector.

Building on this success of bringing the children and young people's workforce together, in 2018 a Provider Forum has been established for anyone working to support the emotional health and wellbeing of children and young people in Wirral. This is chaired by a manager of one of the voluntary sector organisations and the inaugural meeting in September 2018 was attended by 26 people representing 17 different organisations. A second meeting was held 10th January 2019 and was equally well attended. The format of the event focused on what is going well, the challenges faced by services and solutions, and the possibility of developing a shared and comprehensive service directory. The next meeting is scheduled for May 2019.

A Future in Mind newsletter has been created in 2018 which is published every 3-4 months. The newsletter is circulated to people working to support the emotional health and wellbeing of children and young people in Wirral. Topics have included engagement events,

the telephone advice line, harmful sexual behaviour, needs assessments and outcomes and training. The Spring 2018 edition can be found by clicking [here](#), the Summer 2018 edition can be found by clicking [here](#), the autumn 2018 edition [here](#) and the Spring 2019 edition by clicking [here](#).

Just a quick email to say how useful I found your newsletter

- Pastoral Manager at a Wirral School.



World Mental Health Day

World Mental Health Day is celebrated on the 10th October each year and this year the international theme was young people’s mental health. In Wirral many organisations contributed to raising awareness. This included:-

- ★ The Primary Mental Health Team asking schools and colleges what they do; they will compile a book of good practice to support further developments across the Wirral.
- ★ The CCG promoting emotional health and wellbeing with Chester University in Wirral targeting both local staff and students.
- ★ The local authority promoting emotional health and wellbeing through stakeholder channels and staff communications, including advertising the NHS commissioned Advice Line.











Performance against the 2017/18 LTP




The table below summarises how we delivered against the priorities we set for engagement and communication last year:

| We said | We did | Achieved? |
|---------|--------|-----------|
|---------|--------|-----------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>Ensure that the engagement of children and young people is at the heart of our services and co-ordinate this work through existing engagement groups.</p> | <p>The main engagement group used to support the transformation of services is the Youth Voice Group. Progress against the plan to date was discussed with the Youth Voice Group in January 2018. There has been further engagement about this years' priorities and deliverables which have been incorporated into this plan. Through the relationships developed and close working, young people have directly helped shape the deliverables of this LTP.</p> <p>The Youth Voice Group also helped shape and deliver the mapping event with parents and young people in June 2018. 17 young people plus 10 from the Youth Voice Group plus 10 parents attended the Mapping Event. Feedback from attendees was extremely positive and the feedback helped to re-enforce priorities areas for the year ahead.</p> <p>In addition, services including CAMHS, the Community Trust and the local authority run their own engagement events throughout the year.</p> <p>The 2017 Youth Conference and Youth Parliament focussed on education and mental health. The Youth Voice Group is working with professionals to produce feedback on the actions taken following the 2017 Youth Conference and Youth Parliament.</p> |  |
| <p>Engage with young people when developing services.</p> | <p>See above for engagement with the Youth Voice Group (first deliverable).</p> <p>CAMHS used feedback from children and young people to develop their Stepped Approach to Care (see below "Stepped Approach to Care").</p> <p>The Community Trust engaged with families and the wider public to develop their service</p> |  |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | (see above "Engagement by Community Trust"). | |
| Ensure we feedback to young people by engaging with them so that they can influence service delivery and provision. | As above (first deliverable). |  |
| Continue to actively engage and communicate with children and young people and the wider workforce supporting them. | As above (first deliverable). A provider forum has been established for all organisations working to support the emotional health and wellbeing of children and young people in Wirral. |  |
| Identify a group of young people to take part in discussions on outcome measures for Future in Mind. | The Youth Voice Group discussed mental health services and outcome measures in January 2018 and September 2018. |  |
| Continue to use the opportunities through engagement groups to provide meaningful consultation on delivery plans including the Future in Mind Transformation Plan 2017/18. | As above (first deliverable). |  |
| Use feedback from the 2017 Youth Voice Conference on Education and mental health to inform FiM outcome measures. | As above (fifth deliverable). |  |
| Ensure the mapping exercise includes engagement with children, young people and their families to ensure that future clinical pathways meet the needs of young | As above (first deliverable). In addition, we recorded the views of young people at the 2017 Youth Conference and used these to help develop the first mapping event. Further engagement will be |  |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| people and provide the 'right service at the right time' for them. | undertaken when clinical pathways are reviewed and developed. | |
| Review engagement opportunities for families and carers to give feedback and design future services. | An initial meeting was held in January 2018 and agreed to get feedback from some existing parent groups. The subsequent consultation showed that the needs and views of parents vary significantly. A further meeting was held in March which was attended by one parent: it was agreed to engage with existing parent groups once the outcome of the mapping events was known and the outcomes dashboard has been developed. This will be taken further forward over the next year. | Partly |
| Support the FiM Steering Group to develop a robust communication strategy to ensure understanding of the key achievements and deliverables of the Future in Mind transformation plan. | A Communication and Engagement Strategy was agreed by the Future in Mind Steering Group in January 2018. An update on communication and engagement is presented to each meeting of the Steering Group as a standing agenda item. |  |



Key Deliverables by March 2020

| We Will |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consult with young people (e.g. Youth Voice Group or Listen Up Group) regarding the design of materials to support young people's emotional health and wellbeing to ensure they are young-person friendly. |
| Enable young people to take an active role in staff and service development, such as being involved in staff training events, being on interview panels and developing the Local Transformation Plan. |
| Establish a means of engaging with parents. |
| Research and consider establishing an appropriate social media presence. |





FIVE KEY THEMES



The following sections describe the key transformations delivered to date and key headlines for transformation for the coming year. It is divided into sections that mirror the national Future in Mind plan:

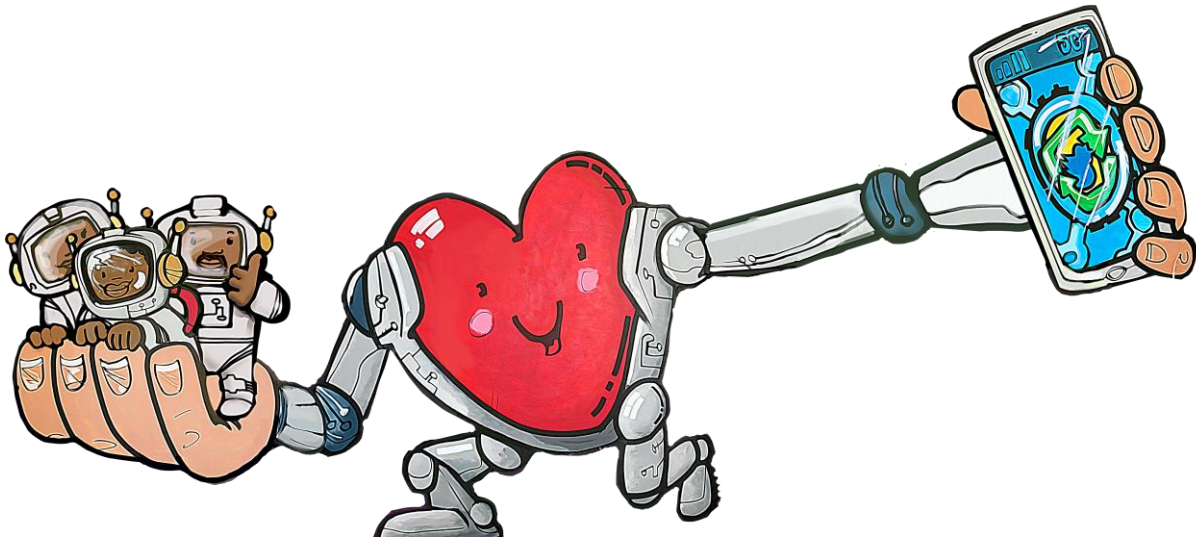
- ★ Promoting resilience, prevention and early intervention.
- ★ Improving access to effective support – a system without tiers.
- ★ Care for the most vulnerable.
- ★ Accountability and Transparency.
- ★ Developing the workforce.

A summary of the deliverables and timescales is given in the section “Delivery Plan” found at the front of this document.





THEME 1: PROMOTING RESILIENCE, PREVENTION AND EARLY INTERVENTION



Vision

Our vision is that young people on Wirral will be able to access the right help for their emotional health and wellbeing, at the right time, in the right place. We aim to increase resilience, mental health awareness and reduce stigma of mental health for young people and their families.



Service Description

A Joint Strategic Needs Assessment was updated and published in 2018 setting out the local needs for the emotional health and wellbeing of children and young people in Wirral.

The resilience, prevention and early intervention theme is primarily delivered by the CAMHS Primary Mental Health Team and supported by wider partners including the 0-19 service.

The objectives of the Primary Mental Health Team are:

- ★ To prevent mental health problems, where possible, by increasing the resilience of children, young people and families.
- ★ To increase early identification of mild / moderate mental health difficulties and equip professionals already working with the children and young people to intervene early.
- ★ To raise awareness of mental health issues and reduce the stigma.
- ★ To improve access to specialist expertise in mental health.
- ★ To raise the skill level in the children and young people's workforce to enable all professionals working with young people to feel confident in supporting emotional

health and wellbeing thereby reducing the impact on specialist mental health services.

- ★ To support parents and carers to feel confident in supporting their children's emotional health and wellbeing.
- ★ To work with partner agencies, young people and parents to co-produce services.



The Hive

Wirral's Youth Zone, The Hive, opened its doors on 8th April 2017. By autumn 2017 over 5,000 young people were signed up as members. The Hive provides a wide range of activities for young people aged 8 plus, including sports, arts, life skills and employability. The Hive is working in close partnership with local voluntary and statutory organisations to provide an attractive venue for young people to have 'something to do, somewhere to go and someone to talk to'.





The Open Door Centre

The [Open Door Centre](#) is a third sector organisation delivering support to young people in Wirral aged 15-30. Services include delivering creative therapeutic support if young people are feeling down, low, stressed or anxious as well as providing numerous activities within music and the arts. Membership is free, with no waiting lists.

Open Door works closely with Future in Mind Steering Group including chairing the Provider Forum.

Open Door recently relocated to the new Bloom Building in Birkenhead: Birkenhead Industrial Park, Unit 1, 3 Abbey Close, Birkenhead, CH41 5FQ.



Transforming the Primary Mental Health service

We want professionals to have fast access to information to help those that they are supporting. In October 2016, we launched a new way of delivering services for children and young people with mild to moderate mental health issues with the introduction of the Primary Mental Health team (PMHT).

Young people told us they thought very carefully about who they trust when they are worried about their emotional health and wellbeing, but too often the person they spoke to passed them on to someone 'more qualified'. Young people said they want to get the support they needed straight away, from the person they trusted, in a place they were familiar with. This has helped us shape the introduction of the PMHT. The service aims to support professionals supporting young people, via consultation and training.

Every school now has a named Primary Mental Health Worker (PMHW), and each school has identified an emotional health and wellbeing lead, who will champion emotional health and wellbeing in the school and link with the named PMHW.

From the initial meetings between PMHWs and schools, they told us they wanted:

- ★ Access to immediate advice from CAMHS.
- ★ Training in regards to specific areas of mental health.
- ★ Resources.
- ★ Signposting advice.

We continue to monitor the developments of the PMHT through an annual school survey with the 2017 survey highlighting positive achievement against the aims identified above.

The Primary Mental Health Team was shortlisted and 'highly commended' at the national Positive Practice in Mental Health Collaborative Awards for their partnership between primary and secondary care earlier in 2018. The Primary Mental Health Team won a national Positive Practice in Mental Health Collaborative award for their links between Primary Mental Health and Education in October 2017.



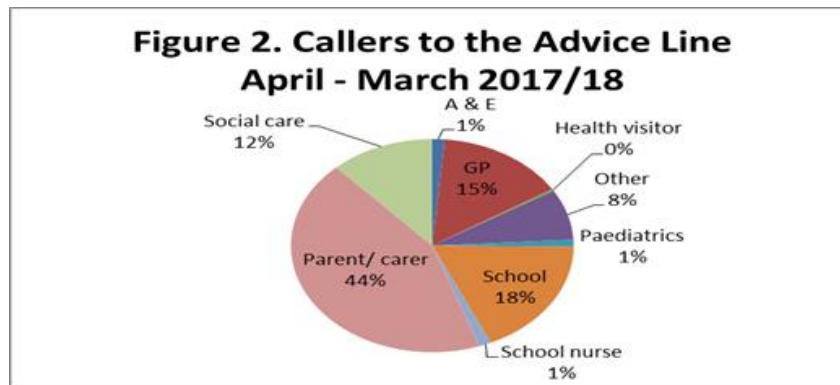
Access to Immediate Advice: Advice Line

In November 2016 the Primary Mental Health Team launched a telephone Advice Line, staffed by 2 Primary Mental Health Workers. This can be used for a consultation by parents, school staff, social workers, GPs and any other organisation with concerns in regards to children and young people's mental health. The outcome for each call results in advice and resources being given, information and advice sent to the school, or if appropriate, a referral into Specialist CAMHS.

Feedback on the advice line is overwhelmingly positive as callers report feeling understood and listened to, receiving good quality advice and helpful signposting and find the Advice Line (generally) timely and accessible ([School Survey 2018](#)). Feedback includes:

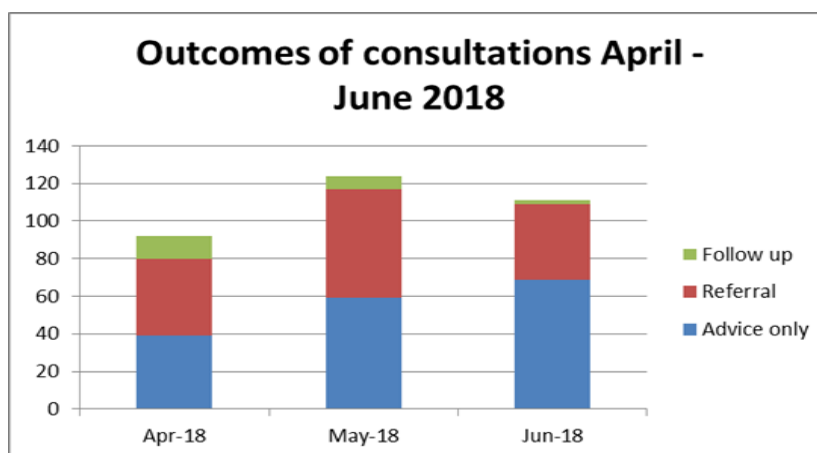
- ★ "Yes at least I know I can ring you for advice rather than go to A&E as that would be really upsetting for my autistic son."
- ★ "Yes brilliant – fabulous service! The increased accessibility is very helpful."
- ★ "Your signposting is second to none."
- ★ "The changes to CAMHS with the advice line have been revolutionary."
- ★ 'I genuinely can't thank you enough for your time, help and support today, not to mention your patience. It was great that you clearly understood the issues and challenges and they have been addressed so easily.' (e-mail from Criminal Justice Team).

Who calls the Advice Line (not out of hours)



This shows that the largest group of callers are parents (this includes children and young people, though those numbers are small as they are usually at school), followed by schools, social workers and GP's. By autumn 2018 over half of the calls were coming from parents.

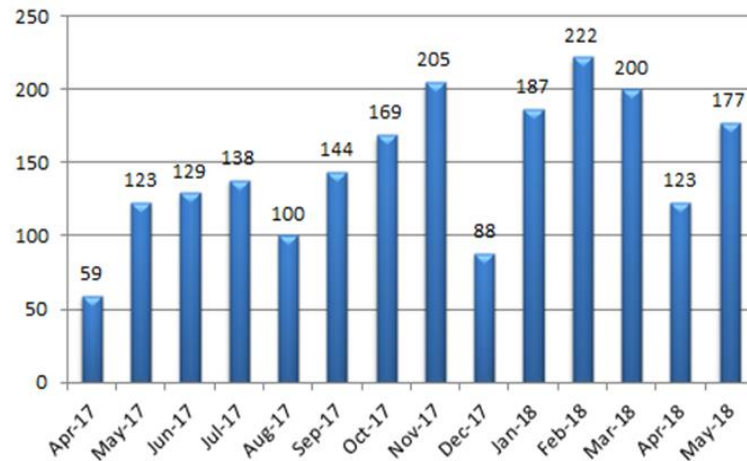
Outcomes of telephone Consultations



This shows that the majority of calls do not result in a referral to CAMHS demonstrating that the call was successful in resolving issues presented.

Activity on the Advice Line:

In 2017/18 the team completed over 1,500 telephone consultations. The demand on the Advice Line is steadily increasing, with the exception of school holidays where there is a significant decrease in activity. This activity is shown in the following graph:



Impact of the Advice Line:

In the year following the introduction of the Advice Line, there was a slight reduction in the numbers of young people referred to specialist mental health services (whereas the year-on-year trend prior was showing increasing referrals). In addition a significant reduction (40%) in young people being assessed at Accident and Emergency following deliberate self-harm was evident.

In April 2018 the Advice line extended its opening hours in line with a wider Cheshire & Merseyside initiative to support the crisis care of children and young people. The Advice Line is available:

9am – 10pm (Monday to Friday)

12-8pm (Saturday, Sunday and Bank Holidays)

Telephone: 0151 488 8453



Training the wider workforce in mental health

In 2017 the Primary Mental Health Team rolled out a training programme to schools (1 day a month), and in 2018 we extended this programme to the wider children's workforce via the Local Safeguarding Children Board (LSCB) training website. The training programme was devised following a Training Needs Analysis with all schools, social workers, health visitors and school nurses and some service providers in the voluntary sector.

The training programme currently includes:-

- ★ Mental Health Awareness & Resilience Building.
- ★ Low Mood.
- ★ Self-Harm & Suicide prevention.
- ★ The Impact of Parental Mental Health Problems.

- ★ Attachment.
- ★ Managing Anxiety & Worry.
- ★ Challenging Behaviour.
- ★ Mindfulness.
- ★ Mental Health & Learning Disability.
- ★ Eating Disorder.
- ★ Supporting bereaved children.
- ★ Understanding trauma.

By July 2018 the service had offered over 1,000 training places and evaluations of the training are overwhelmingly positive, with 97% of attendees reporting being very satisfied / satisfied with the training. Over 75% of all Wirral schools (including primary, secondary, colleges, alternative, specialist and independent provision) have attended 1 or more CAMHS training days.

Feedback on the training has been very positive. One person who attended the training said:

***“Helpful training which I will be able to implement immediately
It helped me gain confidence in my own abilities and use of existing skills”.***

We wanted to bring together Wirral schools to cascade best practice in emotional health and wellbeing and promote whole-system care. In 2017 11 ‘Accelerator schools’ were identified from every school cluster and across primary, secondary and special needs settings. These schools worked alongside the Primary Mental Health Team to influence all the schools on Wirral to make emotional health and wellbeing everybody’s business. In September 2018 we recruited a further 13 Wirral schools to join the Accelerator school project.



Health and Wellbeing Hubs

The Health and Wellbeing Hubs run by school nurses provide an opportunity for children and young people to drop in without an appointment where they will receive brief interventions, arrange follow-up or refer on to specialist services if necessary. The sessions run four evenings a week between 16:00-18:00 across different venues

The Community Trust is also in the process of developing an electronic library to host accessible information for our families.



Training in Next Step Cards

The Next Step Cards are a tool (a set of cards and app) co-produced with children and young people. Next Step Cards help children and young people to have conversations with teachers, school nurses and other professionals to understand and improve their mental health and wellbeing.

300 Next Step licenses were distributed to schools and organisations working with children, young people and families. Training events were held across Wirral and due to the popularity and effectiveness of the Next Step cards we will offer further training in the coming year.



Online Resources

We want children and young people to be empowered to find self-help resources wherever possible. To this end we are currently working to improve online resources available for children, parents and professionals. In the past 12 months there have been 33,000 visits to MyMind website, 20,000 downloads of self-help resources and 170,000 views of 'Beautiful Day' animation. A downloadable resource pack has also been made available via the MyMind website.



Resources and Signposting

Wirral’s philosophy is based on the THRIVE model. The THRIVE model fully fits with the principles of Future in Mind. THRIVE places the young person at the heart of what we do therefore overcoming the risk of working in silos which is inherent in a tier-based model of delivery. Instead of working in tiers, THRIVE sees the young person as having different levels of need:-

- ★ Coping.
- ★ Getting help.
- ★ Getting more help.
- ★ Getting risk support.

This is shown in more detail in the diagram below:



This year we combined the CAMHS and Early Help directory to launch the [Wirral CAMHS / Early Help Resource Pack](#), which is based on the Thrive model. It includes self-help materials and links to useful websites, information of local organisations for children, young people and families, the CAMHS Advice Line number, the CAMHS referral criteria and where to seek risk support. We are currently working on integrating this with all the other help directories available on Wirral.

A national service directory is also available: [Youth Wellbeing Directory](#) and resources are available for young people from the [Mental Health Foundation](#).



Peer Education Project - Mental Health First Aid Training



The Primary Mental Health Team also continues to run the 'Peer Education Project'. This was initially set up after young people told us that, if they had experienced more education from other young people in school about mental health, it would have helped them identify their own mental health needs earlier and would have helped them to understand where and how to get support. Mental Health First Aid Training is a classroom project in secondary schools and focuses on increasing mental health awareness, reducing stigma and building resilience. Once schools have signed up to the project, a staff member from the Primary Mental Health Team delivers two days Mental Health First Aid training to two Year 12 students and school staff. The Year 12 students then create bespoke training to deliver to the whole of Year 9 in Personal, Health and Social Education (PHSE) lessons.

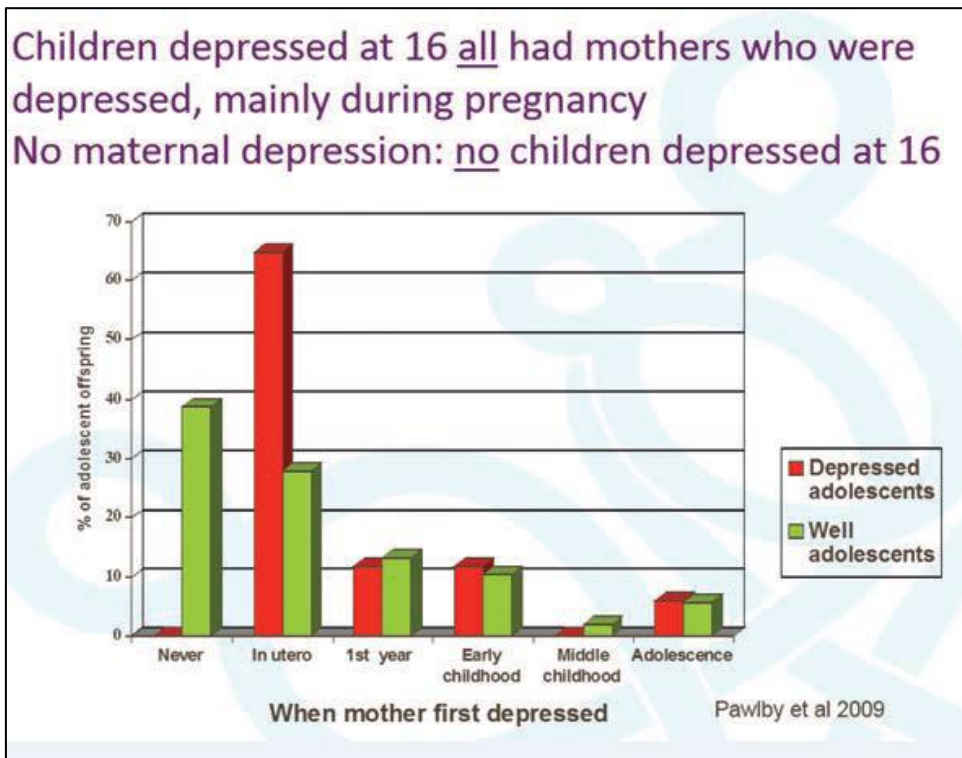
In 2015/16 training was delivered to 6 secondary schools. In 2016/17 training was delivered to 9 secondary schools (which included 24 students and 12 school staff) and in 2017/18 11 secondary schools participated.

As there has been a lot of interest regarding the project from other services and schools out of our area, we set up a peer education online digital toolkit with the aid of the Health Foundation, so that other schools and services around the country can run similar projects. A launch event was held for this on 10th October 2017, World Mental Health Day, in collaboration with the Youth Voice Conference.



Perinatal Services

Good emotional health and wellbeing for children and young people begins with the mother before they are born. Studies have shown that a woman's health during the perinatal period directly contributes to the mental health of the child as they grow up. One study found that all the children depressed at age 16 had mothers who were depressed, with the greatest effect being women who were depressed during pregnancy:



Women have a higher risk of mental ill health during the perinatal period. Public Health England states that 10-20% of women experience mental health problems during the perinatal period. During the pregnancy this can be triggered or exacerbated by worries over the pregnancy and birth and change in lifestyle. After the birth, mental ill health can be triggered by biological changes, the impact on lifestyle of having a new baby, and lack of sleep. Post-natal depression is common, affecting 1 in 10 women within a year of giving birth, and 20,000 women (roughly 2%) a year suffer Post Traumatic Stress Disorder a year after birth. Perinatal women have increased risk of suicide and up to a quarter of maternal deaths are due to maternal mental health causes (MBBRACE, 2017).

Timeliness of the perinatal service is very important as throughout the perinatal period the baby develops rapidly and negative influences can have a major impact on both maternal mental health and the child's development.

The Wirral perinatal service includes:-

- ★ Midwives trained to recognise symptoms of poor mental health. All pregnant women are seen by a community midwife and supported until the child is two weeks old. The community midwife uses a screening tool (at around week eight of the pregnancy) and refers to the perinatal mental health midwife team if needed. This screening may be the only time a member of the public is ever screened for mental health on a routine basis.
- ★ A Perinatal Mental Health Midwife team comprising of specialist midwives, a specialist registrar psychiatrist, a psychiatric liaison nurse and a psychological trauma specialist. Referrals are received from midwives (providing the largest number of

referrals), GPs, health visitors and hospital doctors; self-referrals are also received. For urgent referrals women are contacted within 5 working days and for non-urgent referrals women are contacted within 10 working days.

- ★ A Specialist Perinatal Mental Health team. This is a joint service across Cheshire and Merseyside, involving three mental health trusts working together to deliver the same service regardless of where a woman lives in Cheshire or Merseyside; in Wirral this service is provided by CWP. There are very few services in the country delivering specialist perinatal mental health services on such a large footprint. The service is in line with the Five Year Forward View target to ensure that an additional 30,000 women in all areas of the country will have access to evidenced-based specialist support by 2020/21. Cheshire and Merseyside were successful in bidding for national funding for this service in both Wave 1 & Wave 2 funding rounds set out by NHSE. The service was formally launched in June 2017 and NHS England commended the service for how quickly it had got running and how many people it had treated.



Early Years and Early Intervention

Wirral's approach to building prevention and resilience continues through the perinatal period to the early years of the child.

The Wirral 2020 plan outlines the commitments for the future for Wirral and commits to a number of pledges. These pledges include a Children and Young People Strategy which includes a priority area, 'children are ready for school'. The aim is that every child will have the emotional, social and developmental skills to be ready to start school and learn. This has focussed over the last couple of years on three areas – maternity and health visiting, support for parenting and early years. This year, a fourth priority has been added which is multi-agency working to safeguard and protect the youngest children.

Key activities include:

- ★ Support is available through Children's Centres. This includes a variety of groups including baby massage which helps strengthen attachment; low levels of attachment is known to be a root cause of later challenging behaviour.
- ★ Universal antenatal assessments for pregnant women between 32-38 weeks gestation where mental health is discussed and assessment offered.
- ★ 'Parents-to-be' sessions include developing parents' confidence and promoting positive relationships during the transition to becoming a family.
- ★ A specialist health visitor provides support directly to mothers, or supports staff in supporting mothers with more complex issues.

- ★ Young parents are offered intensive 1-1 support during pregnancy and the first two years of their first child's life through specialist family nurses in the Family Nurse Partnership team.
- ★ Health visitors are trained in supporting and promoting maternal mental health and parent-child Interactions.
- ★ Solihull parenting programmes are provided across the Wirral, and support parents with children in their early years to better manage their children's behaviour, and enjoy the parenting experience.
- ★ Healthy child clinics are provided across Wirral each week day, and staff are trained to observe and address signs and symptoms of maternal anxiety and depression, or distress.
- ★ Mental Health is discussed at all contacts by the 0-19 Service.
- ★ Every team has a Teenage Pregnancy Link Health Visitor who has received training from Family Nurse Partnership around teenage brain development and emotional health and wellbeing.



Parenting

Our vision is that children, young people and families are well supported by the right service at the right time, which will lead to happier, more resilient families, less pressure on targeted/specialist services and a shift from crisis care and reactive service delivery to prevention and early help.

The JSNA published in 2018 included a section setting out the local need for parenting in Wirral.

As part of our strategy to improve resilience and prevent mental health problems arising, Wirral funds a Parenting Coordinator to develop parenting support.

A review of current parenting provision across all services including health, local authority and voluntary organisations has been undertaken. Provision and initial gaps have been fed back to commissioners and data has been collected from the majority of organisations providing parenting programmes. This has helped us to establish current capacity and gaps in provision to inform a parenting strategy for implementation in 2019. The Parenting Coordinator is also developing support for sleep and developing pathways to support children and young people with the Autistic Spectrum Condition (ASC) and with Attention Hyperactivity Disorder (ADHD).

The parenting coordinator works closely with local authority and health, ensuring parenting is included in strategies, policies and changes to services. Parenting is also included in the pledges from the Wirral Plan 2020 for 'Children ready for School' and 'Young People ready for Work and Adulthood'.

Data collection over the last 12 months has highlighted the following trends across a range of parenting programmes provided by different organisations:

- ★ Waiting lists in some services.
- ★ Courses not full to capacity.
- ★ High “Did Not Attend” (DNA) rate.
- ★ Low completion rate.

Although there is a relatively wide range of services available across Wirral, there have still been difficulties for families to access the support they need at a time when they need it due to a number of factors. The following challenges were identified through parent consultation as well as conversations with professionals during the mapping process:

- ★ No service directory or coordinated service provision, making it harder for professionals as well as families to know what parenting support is available.
- ★ Access criteria for some programmes which results in some families being unable to access the most appropriate parenting programme and other support in the early stages of a problem arising.
- ★ The number of courses offered varies according to the capacity within services rather than courses being set throughout the year.
- ★ Waiting lists in some services, meaning courses might not be available at the time when a family needs them.
- ★ A number of services that work directly with children and young people and families do not provide parenting courses, meaning that parents are referred to different services to attend parenting courses. This can lead to parents being less likely to engage with the parenting offer as relationships have not been formed with the parenting provider.
- ★ Limited capacity in some areas impacts on proactive engagement with families either before or during the parenting course to encourage attendance.
- ★ Very limited number of services offering courses for parents of children aged 11+.
- ★ Only a very small number of organisations are specifically commissioned to deliver parenting programmes. This means that each service is able to decide when and how support is being delivered and parenting programmes might not be available.

The current provision of parenting programmes on Wirral can be found in the [JSNA on Parenting](#).

Teen parents (aged up to 19 at time of pregnancy) are offered intensive 1-1 support throughout pregnancy and the first two years of their first child’s life through the ‘Family Nurse Partnership’, providing an evidence-based programme of support based on the needs of individual families.

Parents of children with ASC and ADHD are also offered additional support (see below).

The parenting coordinator, in collaboration with commissioners and organisations, is working on developing parenting support that is based on the THRIVE model, offering parents access to advice and support at any level of need, including self-help resources in the early stages through access to universal services and multi-agency support to risk support.

Some of the specific areas for Wirral that need to be considered when reviewing and improving parenting support are:

- ★ Domestic Abuse.
- ★ Child on parent abuse.
- ★ Looked after children.
- ★ Children with Special Educational Needs and Disabilities (SEND), including the number of children with ASC and ADHD.
- ★ Prescribing levels for sleep medication.

The learning identified through the review of current parenting provision through consultation and data collection will inform the Parenting Strategy to be developed in 2019.



Sleep

A mapping of sleep support has shown that the majority of non-medical sleep support is provided by services on an ad-hoc 1-1 basis rather than in clinics or through workshops. Prescribing levels for sleep medication on Wirral seem very high compared to neighbouring areas but this is due to differences in commissioning arrangements (and therefore recording of prescribing data) as well as high numbers of children with neurodevelopmental conditions who often experience sleep problems as part of their conditions.



Neurodevelopmental Conditions

Based on the high numbers of children with neurodevelopmental disorders (ASC and ADHD) on Wirral, work is currently being undertaken to develop and implement a multi-agency neurodevelopmental pathway across services to improve access and the assessment and diagnosis processes (to be delivered in 2019). The new pathway is being developed through consultation with children, young people and families, including those with Learning Disabilities, ASC or ADHD.

Current ASC and ADHD parenting support has been funded by the CCG and new pathways have been in place since the beginning of last year (2017). Feedback for both services has

been positive, giving parents much needed support either whilst children are going through the process of being diagnosed (ADHD) or after receiving a diagnosis (ASC).

Further detail on provision around parenting (including neurodevelopmental support) as well as further information on sleep support and the cost of sleep medication on Wirral can be found in the [parenting section of the JSNA](#).



Youth Connect 5

Youth Connect 5 is a programme to support parents and carers to build upon their knowledge, empathy and attributes to enable them to promote and strengthen children and young people's resilience and emotional health and wellbeing and to enhance relationships that parents/carers have with their children.



The training also ensures that parents and carers are familiar with how to access information, support and services. By autumn 2017, 45 professionals in Wirral were trained to deliver Youth Connect 5 as a pilot, including, learning mentors, school pastoral staff, youth workers, youth offending staff, family support workers, foster carers and staff from voluntary and community organisations. These trainers delivered 19 parent/carer courses in 2017/18 with excellent feedback from participants. As Youth Connect 5 has now moved past the pilot phase, current work is ongoing to establish the up-to-date number of trainers still delivering the programme and systems are being developed to coordinate delivery locally. Termly practitioner meetings have been established to promote information exchange as well as co-delivery between organisations. Two more training sessions will be delivered before the end of March 2019 to give the 9 authorities that were part of the original pilot project the opportunity to maintain the original number of staff trained.







Performance against the 2017 LTP



The table below summarises how we delivered against the priorities we set for Resilience, Prevention and Early Intervention last year:



| We said | We did | Achieved? |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>We said we would hold a series of events to map out what is offered by the commissioned services, wider voluntary and community sectors.</p> | <p>Three workshops were successfully held 14th December 2017, 14th February 2018 and 27th June 2018; these included engagement from parents, carers and young people.</p> <p>These workshops identified what was important to young people, parents and professionals.</p> <p>The Mapping Storyboard gives the outcomes of the mapping event:</p> <div data-bbox="596 719 660 779" data-label="Image"> </div> <p data-bbox="544 786 708 837">Mapping Storyboard.pptx</p> <p>Following the mapping events, a Young Persons Provider forum has now been established which meets regularly.</p> <p>A Graduation Project is now being developed across CAMHS, Open Door and Response for young people who have used these services and want to graduate onto peer support / service delivery.</p> |  |
| <p>We said we would further improve online resources available for children, parents and professionals in the area of emotional wellbeing.</p> | <p>Work to further develop online resources is being taken forward across the CWP footprint. On-line resources have been agreed across the Trust, which will be uploaded onto the upgraded <u>MyMind</u> website.</p> | <p>Partly</p> |
| <p>We said we would align existing directories.</p> | <p>PMHT and Early Help have developed a single set of resources (shared directory). This is now available on the <u>LSCB website</u> and will be updated quarterly. Work is now underway to align this resource with the Healthwatch resource pack.</p> |  |


| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>We said we would implement a single integrated directory.</p> | <p>The local authority is progressing this and wants to do the internal integration before including other organisations.</p> <p>The Primary Mental health Team will engage with this project when the Local Authority is ready to commence the multi-agency part of the work.</p> | <p>Partly</p> |
| <p>We said we would continue to offer high quality training and will develop a plan for extending this support to parents and carers.</p> | <p>We have continued to offer high quality training</p> <p>There have been 4 focus groups in spring 2018 and feedback has been received from parents through these groups. An online survey was run (with 150 responses), going through the Accelerator Schools, to ask parents to provide further feedback, followed by a Parent / carer engagement event in September 2018.</p> <p>Primary Mental health Team has also been reviewing national models on supporting parents to enable Wirral to adopt best practice.</p> |  |
| <p>We said we would increase the number of secondary schools offering peer education.</p> | <p>The number of schools participating in Peer Education has increased and this is being encouraged through the Accelerator Schools. 15 out of 22 secondary schools have now participated in this project. This includes three schools without 6th Forms who have been trained and will deliver Peer Education in 2018/19 academic year.</p> <p>There is an online toolkit on Peer Education.: http://cwpcamhscentre.mymind.org.uk/peer-education/</p> <p>The PMHT will further develop their promotional materials.</p> |  |
| <p>We said we would increase the number of professionals trained in the 'Next Steps' tool.</p> | <p>300 Wirral people booked onto the training on Next Step Cards. Wirral therefore used all 300 licences purchased by the CCG.</p> <p>By December 2018 Nevexia will have trained all the</p> |  |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| | Primary Mental health Team in CWP to deliver training in Next Step Cards to enable a rolling programme to be delivered. Going forward, organisations will fund this training themselves. | |
| We said we would scope the integration between the Safer Wirral Hub (launched October 2017) and the Primary Mental Health team and the wider emotional health and wellbeing services. | The two teams have agreed a short route for referrals and have undertaken some joint visits to schools. | Partly |
| We said we would extend the support offered to professionals to the under-fives workforce and to social care workforce. | <p>Primary Mental Health Team received specialist training by the CAMHS lead on under 5s and then delivered training to the wider workforce on 12th June 2018 which was in World Infant Mental Health Awareness Week. The event was featured on the website of the Association for Infant Mental Health (AIMH).</p> <p>The PMHT is working with early years services to skill up the under 5 workforce via training and consultation.</p> <p>For social care, a training plan has been developed to support social workers, and this has been rolled out as part of the LSCB training programme, from April 2018.</p> <p>Primary Mental Health Workers have been assigned to each social care team.</p> |  |

Deliverables for 2017/18 were not set in the previous LTP and therefore are not reported here.

The table below summarises how we delivered against the priorities we set for Parenting last year:

| We said | We did | Delivered? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>We said we would collate data and feed information to commissioners, based on an information sharing agreement</p> | <p>Data is collected on a quarterly basis from the majority of organisations which gives a picture of capacity, demand and gaps.</p> <p>Public Health has released the <u>Evaluation Report</u> of the Youth Connect 5 project.</p> <p>A Memorandum of Understanding on data sharing will be developed in 2019.</p> |  |
| <p>We said we would collate qualitative data on a quarterly/6 monthly basis for both commissioned services to evaluate and monitor impact of support provided, including 3-6 month follow-ups</p> | <p>The two commissioned services provide qualitative data as part of their reporting cycles.</p> <p>Annual reports are due in January of each year.</p> |  |
| <p>We said we would agree a parenting pathway with commissioners and stakeholders, taking into consideration demand and training needs.</p> | <p>An event was held in February 2018 with Local Authority, Public Health, CCG and Third Sector organisations to discuss the Wirral-wide parenting offer.</p> <p>In June it was agreed by commissioners to encourage all provider organisations to sign up to a joint pathway in 2019/20.</p> <p>A draft pathway has been developed and shared with commissioners and the scope of "parenting programmes" has been agreed. This work will be further developed in 2019.</p> | <p>Partly</p> |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| We said we would research support and good practice in other areas and current cost of sleep medication on Wirral to reduce the reliance on medical interventions | A map of sleep services has been produced and an Action Plan will be developed. Research has been carried out on sleep support in neighbouring areas and benchmarking of cost of sleep medication has been completed. |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|



Key Deliverables by March 2020

The key deliverables for prevention, resilience and early intervention are:

| We Will |
|---------------------------------------------------------------------------------------------------------------------------------|
| Improve access to the CAMHS Advice line by employing a Clinical Support Worker to screen calls. |
| Implement the 'children's mental health awareness for parents' strategy. |
| Develop links with GPs and hospital doctors (paediatricians) to make it easier for children and young people to get support. |
| Further develop links with schools. |
| Extend the offer of Next Step Training. |
| Upgrade of <u>MyMind</u> website which provides information and self-help support to children, young people and their families. |

The key deliverables for perinatal are:

| We Will |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Roll out the new Perinatal Mental Health Pathway, in line with the North West Coast Strategic Clinical Network Pathways in Antenatal and Postnatal Mental Health. |
| Continue training the community and hospital midwives to support the emotional health and wellbeing of women during pregnancy, in accordance with the above pathways and to develop education in birth trauma. |
| Work collaboratively with hospital staff, CWP Psychiatric Liaison team and CWP Specialist Perinatal Mental Health Team to develop a Puerperal Psychosis identification pathway, to assist with early identification and treatment. |

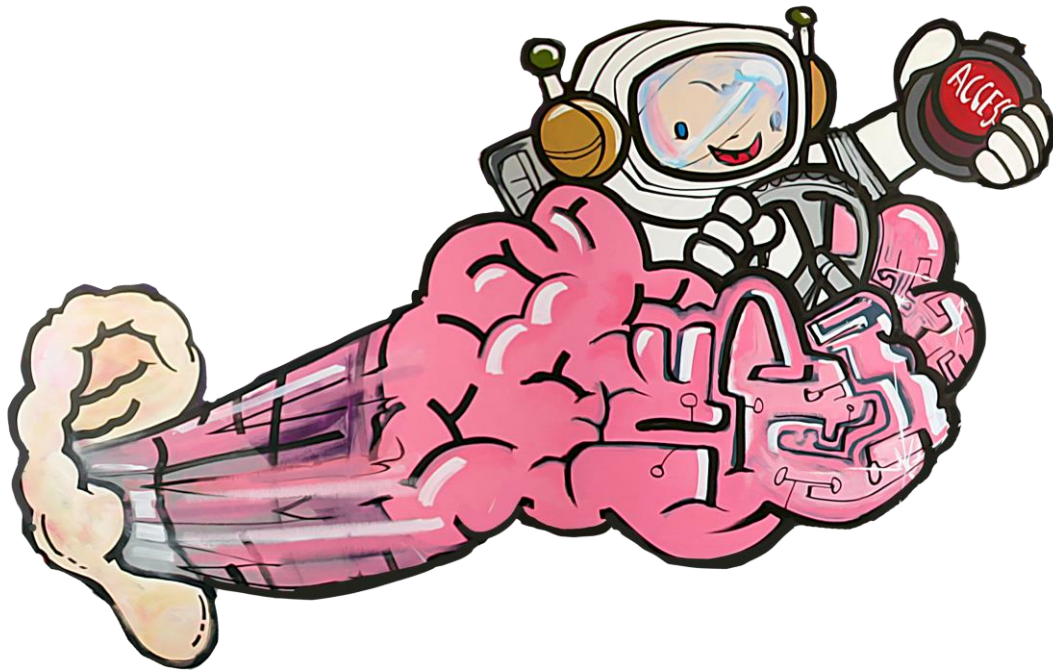
The key deliverables for parenting are:

| We Will |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Implement a way of parents accessing support (a parenting pathway), including access to a service directory, self-help resources, peer support and parenting programmes, to enable families and professionals to access the right support at the right time. |
| Reach an agreement (Memorandum of Understanding) with the non-commissioned providers of parenting programmes to ensure that they will send data to help improve services. |
| Agree a new way for families to gain support on sleep without purely relying on sleep medication (a sleep pathway). |
| Agree a more streamlined process (neurodevelopmental pathway) for children and young people with Attention Deficit Hyperactivity Disorder and/or Autism Spectrum Disorder. |





THEME 2: ACCESS TO SUPPORT



Vision

Our vision is that all services and communities in Wirral work together to create the conditions to enable our children and young people to thrive emotionally, physically and socially.



Service Description

In developing our aims set out below, we have been informed by the Joint Strategic Needs Assessment (JSNA) for “access to services” and by the mapping events, the CAMHS parent focus group, the Listen Up Group and from an on-going evaluation of the service provision.

The JSNA highlighted the following points:

- ★ 11–16 year olds with an emotional disorder are more likely to smoke, drink and use drugs. CAMHS are currently negotiating with Public Health around an increased offer for young people who also misuse substances. There is also a consultation underway to inform future service developments which will be further progressed in 2019.
- ★ Around 60% of Children Looked After and 72% of those in residential care have some level of emotional and mental health problem. Children Looked After and care leavers are between four and five times more likely to attempt suicide in adulthood. CAMHS has improved how they record whether a child or young person is a Child Looked After to enable more accurate reporting of this cohort. To further support

Children Looked After and those on the edge of care, CAMHS has committed to attend the newly formed Edge of Care meetings with partner agencies: the intention is to inform decisions on whether to bring a child into care by providing insight into the mental health of the child and appropriate interventions.

- ★ One third of all children and young people in contact with the Youth Justice System (YJS) have been looked after. It is also important to note that a substantial majority of children and young people in care who commit offences had already started to offend before becoming looked after. Wirral has been successful in a bid for funds for a CAMHS mental health practitioner to work with Youth Justice System; this will be implemented in 2019 and is identified as a key deliverable in this LTP. More information about this project is outlined in the Care for the Most Vulnerable section.

Further to the 2017 JSNA, the 2017 annual school survey revealed:-

- ★ Access into CAMHS was an issue. We are working to improve waiting times and have set up a telephone advice service. This advice line supports appropriate referrals by enabling self-referral and CAMHS have noted that since its introduction the quality of referrals has improved. In addition, work has been undertaken to ensure prompt referrals for Eating Disorders.
- ★ The service delivered by CAMHS was good once a child or young person was being seen.
- ★ Liaison with CAMHS was an issue. The telephone advice lines helps address this.
- ★ Transitions between 0-13 and 14-18 teams and adult provision can be problematic. Work is underway to improve transitions within CAMHS and between CAMHS and adult mental health services.

78% of Wirral schools responded to the 2018 School Survey. The findings of the 2018 school survey can be found [here](#). In summary, the feedback for CAMHS was:-

- ★ The introduction of the Advice Line has been a major improvement. 73% of respondents stated that they were satisfied with the Advice Line provided by CAMHS.
- ★ However, there are still concerns over the delay in pupil's accessing therapeutic treatment: 50% expressed dissatisfaction with the access to therapeutic support in CAMHS support.
- ★ 56% of respondents were satisfied with communication and liaison with the service.
- ★ 56% of respondents also confirmed that their staff had attended the training and the topics meet the needs of the training

Our aspiration is that all services and communities in Wirral work together to create the conditions to enable our children and young people to thrive emotionally, physically and socially. When extra support is needed, we want to ensure that young people's goals and preferences are sought and prioritised, enabling them to access the right level of support

from the right service at the right time. In order to do this, services and communities will work together to break down barriers to ensure that there is no wrong door for young people and the adults that support them.

Once children do require additional help, we want and will develop clear pathways. During the last year CAMHS have introduced pathways for anxiety and depression that are easy for children, families and professionals to understand. We will commission based on need, and not criteria, so that children cannot fall through the gaps.

Historically, it has taken children too long to receive help, and we are aware that children and young people are waiting too long without support. We want children to wait no longer than 6 weeks for a CAMHS assessment, and then no more than a further 6 weeks to start treatment. When children do receive support, this should be at a time and place that suits their needs. We will make use of technology that fits in with young people's lives, such as online counselling and information.

By focussing on early intervention, we hope that we can free up our specialist clinical services to see those that need their support the most, and in a timely way to achieve our aim for assessment and treatment in a timely manner.

Access to services has been improved through a combination of factors:-

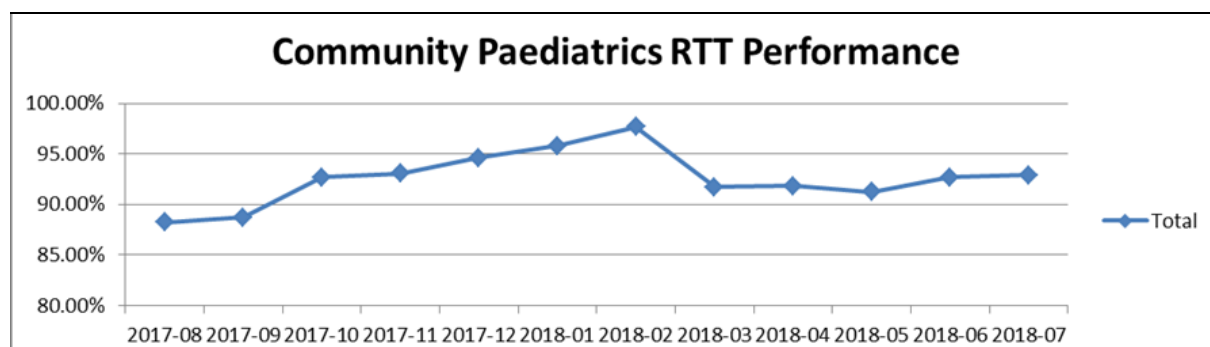
- ★ Provision of an advice and consultation telephone line 9-5pm (see below and the section "Access to Immediate Advice: Advice Line" above).
- ★ Initiation of Out of Hours Advice Line available Monday to Friday 5-10pm and weekends 12-8pm (see below and the section "Access to Immediate Advice: Advice Line" above).
- ★ Access to improved online resources (see "Online Resources" above).
- ★ Additional training to teachers and other professionals through training on Next Step Cards and the training being delivered by the Primary Mental Health team (see "Training in Next Step Cards" above).
- ★ Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND). CAMHS have received training around the Education and Health Care Plan (EHCP) process.



Access to Services - Community Paediatrics

Since October 2017 the performance for Community Paediatrics has been measured by the national standard of 92% for Referral to Treatment (RTT) of less than 18 weeks. Workforce challenges at the start of 2018 meant that performance dipped to 91% but this has since been recovered. Going forward we aim to maintain and improve on this performance

through close working with local partners on patient pathways. The performance is shown in the graph below:



Access to Services - CAMHS

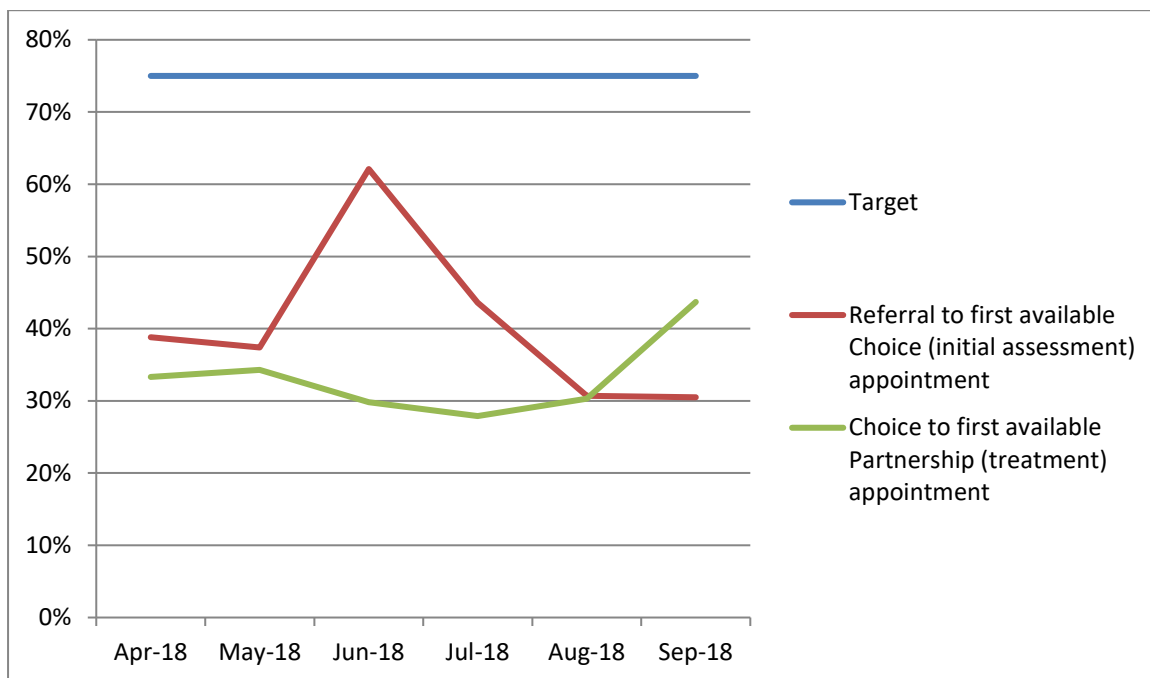
The ethos of the service is to improve quality and productivity and to increase the prevention, protection and resilience of our children and young people, ensuring that specialist clinically-led services have the capacity to see those who truly require care.

Waiting times for initial assessment by CAMHS has fluctuated over the previous 18 months. Our target is that 75% of children are able to have an assessment within 6 weeks, but we still have some way to go to achieve this goal.

The focus in CAMHS to reduce waiting lists is:-

- ★ Continued use of PMHT and promotion of the Advice Line and use of the Out of Hours Advice Line. Rollout of the Out Of Hours service.
- ★ Robust use of Routine Outcome Measures to demonstrate progress and to ensure a standardised offer is available to all children and young people Stepped Approach to Care that empowers the child or young person and their family to support their emotional health and wellbeing.

Waiting times for CAMHS, as reported in their contract dashboard against a target of 75% of people waiting no more than 6 weeks for their appointment, are shown in the chart below:



CAMHS Waiting Times: 6 week Target

It is acknowledged that the CAMHS service are not achieving the waiting time standards expected and as a result the service are working through an extensive set of quality improvement projects to improve waiting times and address gaps in performance; this will be closely monitored in line with contractual mechanisms. Whilst the advice and duty line has positively improved the referral rates into specialist CAMHS, it should be acknowledged that in line with national trends, referrals are increasing year on year and therefore impacting on the length of waits between assessment and treatment.



Stepped Approach to Care

In September 2018 CAMHS introduced a Stepped Approach to Care. Once a referral is accepted, children and young people are given a Choice appointment. The focus is on the child or young person, together with their clinician, agreeing what happens next.

Children and Young people are offered a “Getting Started Workshop” which takes place within a week of the Choice Appointment – one young person experienced a two hour wait between attending for their choice appointment and their getting started workshop. The Getting Started Workshop explains more about emotional health and wellbeing and provides strategies for the child or young person on how to manage their mental health needs. This empowers them to make a difference themselves. The success of the strategies is then reviewed through regular telephone contact whilst waiting for further treatment.

Following the workshop the child or young person is offered treatment (Partnership Intervention) tailored to meet their needs. This may be further group work or one-to-one interventions. The emphasis is that the treatment is a partnership between the therapist and the child or young person with an emphasis on further empowerment.

Following successful intervention and discharge from service, the child or young person will be offered follow-on care or “graduation”. This will provide some ongoing support and an opportunity for the young person to become involved with the service to “give back” something to support other children and young people. This will be developed more in 2019. This further empowers the young person and maintains their emotional health and wellbeing.

This Stepped Approach to Care is summarised in the diagram below:

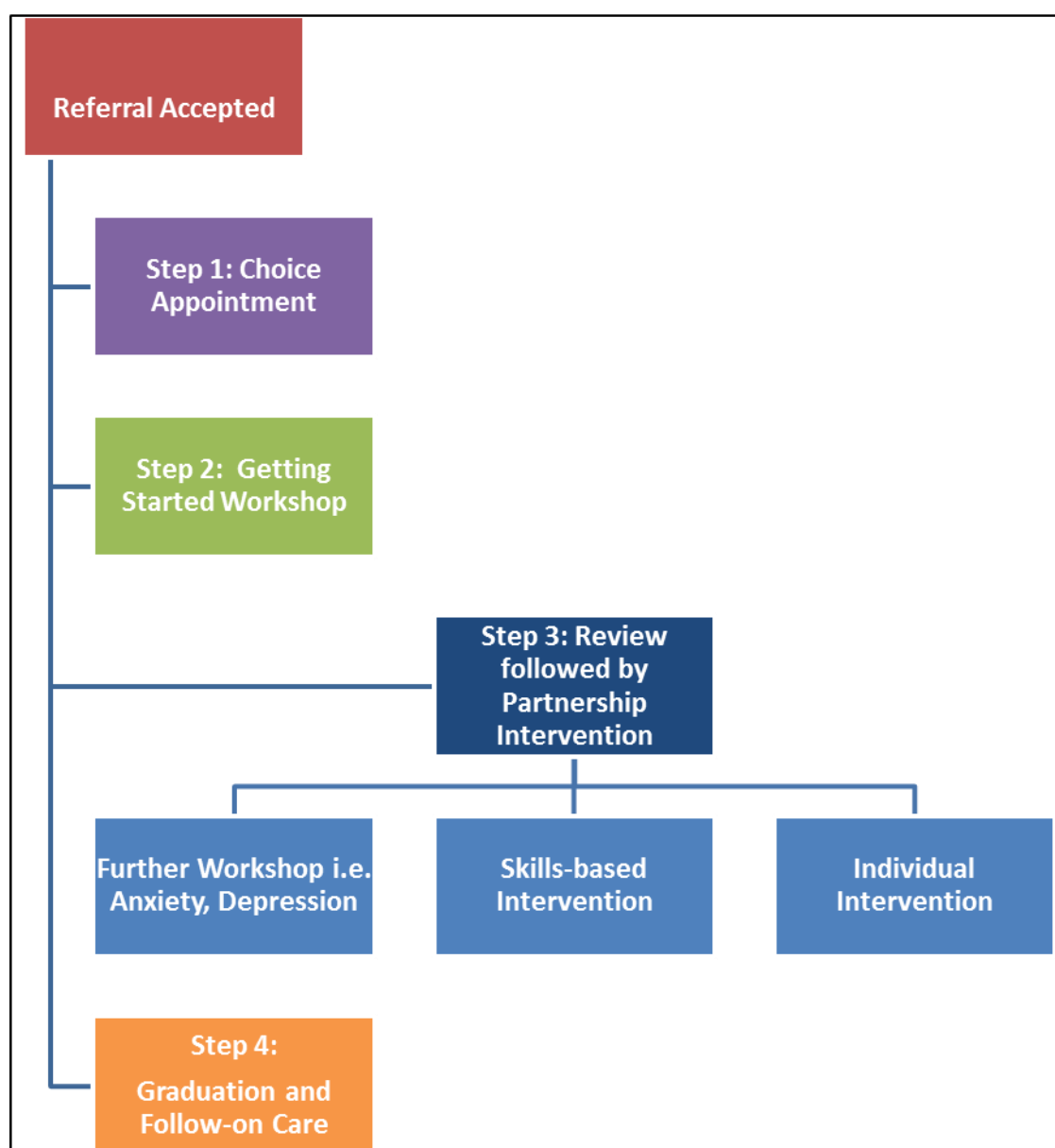


Diagram: CAMHS Stepped Approach to Care



Advice Line and Out of Hours Advice line

Wirral CAMHS has introduced a dedicated children, young person and family telephone support, advice and triage line, available within and outside office hours. This is designed to improve access, speed up response times and provide the immediate, available support and flexibility needed.

Evidence from Wirral and around the UK has shown that telephone support from specialist CAMHS clinicians can be effective in preventing and reducing the effect of crises for children and young people.

There is now seamless access to immediate advice & support from 9 to 10pm Monday to Friday and 12 to 8pm Saturday & Sunday. The contact number for the in-hours Advice Line and Out-of-Hours Crisis Line is **0151 488 8453**.

The Advice Line has led to reduced referrals to CAMHS and a 40% reduction in attendance at Accident & Emergency for self-harm.



Eating Disorder Service

In 2015, NHS England published new guidance around the detection and treatment of eating disorders in children aged 8 upwards¹, and introduced the following new standard:

“The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.”

Wirral CCG received additional national funding to implement this guidance and in 2016 delivered a ‘hub and spoke’ model through working with our commissioning colleagues in West Cheshire, East Cheshire, South Cheshire and Vale Royal CCGs. This new Wirral CAMHS eating disorder service is fully operational and, as at Quarter 2 2018/19, was compliant with the future target (from April 2020) of 95% of routine eating disorder cases receiving treatment within four weeks.

Criteria have been set to determine urgent versus routine appointments and the assessment process is fully integrated into the established CAMHS Choice Clinic process. Clinical treatment is delivered in line with NICE guidelines in accordance with the NHS England

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

Commissioning guidance. The service provides evidence-based treatment including CBT and James Locke Family Based Treatment Model, both with dietetic input.

Early identification is important for eating disorders. Wirral is promoting early intervention via:-

- ★ Training to CAMHS practitioners on early identification and referral Pathways.
- ★ The telephone Advice Line has an Eating Disorder checklist to enable prompt onward referral to the specialist service.
- ★ Commenced training to Schools regarding early identification.
- ★ Information sent to all GPs on Wirral regarding the new Waiting Time standards with checklist and questionnaire to help with early identification and to encourage early referral to the service.


Next year a full day course will be delivered to Primary Care on eating disorder identification.

A Paediatric Guideline for Management of Eating Disorders requiring medical management has been formally adopted by Arrowe Park Paediatric Services.

The eating disorder service has received excellent feedback from families.

Between 1st Sept 2017 and 31st August 2018 Wirral had 40 referrals for children and young people with Eating Disorders, of which 4 where urgent, with an average wait of 16.1 days.

Wirral's Community Eating Disorder Service (CEDS) is a member of the [Quality Network for Community CAMHS \(ED\)](#).



She was delighted to report that the care her daughter received has been outstanding and that she has achieved her target weight; she also praised the new dietician and the positive impact of early intervention.

- Parent of Eating disorder patient.



Crisis Care, Risk Support and Support for those who Self-Harm

CAMHS have been working closely with social care, the hospital, schools and voluntary agencies across Wirral to improve the initial crisis management, such as educating partner agencies in their understanding of behaviours that can be described as self-harm. Within CAMHS, training on the management of self-harm and suicidal behaviour is delivered to the entire CAMHS clinical workforce.

A 24/7 crisis service is provided by the acute trust at the Accident & Emergency department of Arrowe Park Hospital. Where a child or young person presents in crisis (e.g. self-harm), CAMHS offers a risk assessment at Arrowe Park Hospital on the next working day when the young person has been given medical clearance. From summer 2018 this support was extended to include weekends. The CCG is working with the Cheshire CCGs to establish Key Performance Indicators for this new service, including waiting times, outcomes and experience of service.

Telephone support is also available 9:00-22:00 weekdays and 12:00-20:00 at weekends and public holidays. The number is **0151 488 8453**. The Key Performance Indicators for the out-of-hours service are shared across Cheshire and Wirral.

Following assessment, it may be determined that the child or young person requires further CAMHS support at which point they will be allocated to the most appropriate specialist team for intervention, or signposted to another agency if appropriate. Irrespective of the onward signposting, CAMHS endeavour to follow up young people following an individual crisis episode within 5 working days and young people referred with significant concern about their mental health are seen within 7 days.

As described above and in the earlier “Theme 1: Resilience, Prevention and Early Intervention”, Future in Mind funding has been used to set up an ‘advice and duty line’ telephone service for anyone in Wirral who has concerns about a young person’s mental health. This was developed in consultation with young people and education and has been very positively received. It contributes to Wirral’s approach to providing risk support.

Since introducing this advice line there has been a 40% reduction in young people presenting at Accident & Emergency (Arrowe Park Hospital) following episodes of self-harm who require overnight stays on the paediatric ward. This is an excellent example of how the Future in Mind funding has been used to support the children’s workforce to improve outcomes for young people in crisis.

Specific work has been undertaken to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people with learning disabilities and / or autism. These include:-

- ★ Children and young people with learning disabilities and/or autism have access to the CAMHS Advice Line, including the Out of Hours Advice Line (see above) and plans are in place to support children and young people with learning disabilities and/or autism to access Wirral CAMHS Advice and Duty Line.
- ★ Easy read materials to support accessibility to services at times of crisis are available for children and young people with learning disabilities and/or autism.
- ★ Wirral CAMHS have a designated Transforming Care Strategic Lead to support continuing service developments to meet the needs of this population when in crisis (e.g. Intense Models of Support).
- ★ Wirral CAMHS are in the process of implementing a dynamic risk stratification system to identify children and young people with learning disabilities and/or autism who are at risk of in-patient care and out of area placements in line with the Transforming Care and Building the Right Support agendas. For more information see “Learning Disabilities” below.
- ★ CAMHS staff are able to access consultation with specialist LD-CAMHS professionals to inform individualised person-centred responses to crisis intervention.
- ★ CAMHS staff access continuing development opportunities to enable them to support the crisis needs of children and young people with learning disabilities and/or autism.
- ★ CAMHS staff and the wider workforce have been trained on Care, Education and Treatment Reviews (CETRs).

It is recognised that crisis support for children and young people on Wirral needs to be enhanced, specifically to address the forthcoming national standards to deliver a responsive, effective crisis response. Commissioners will be working collaboratively across the Cheshire & Merseyside Health and Care Partnership, providers and voluntary sector to develop services to meet this need. This work will form a key priority for the next year.



Links with Adult Liaison Psychiatry

Adult Liaison Psychiatry is available 24/7 to young people over the age of 16 at Arrowe Park Hospital. The aim is to provide therapeutic, holistic and evidence-based assessments and interventions and signpost patients to appropriate services when required. There are strong links between Adult Liaison Psychiatry and CAMHS to ensure continuity of care post crisis attendance.



Post-Crisis Follow Up

CAMHS runs an “Emotional Regulation Workshop” for young people and their parents to attend following an appearance at A&E and for young people experiencing thoughts of self-harm or having difficulty with emotional regulations. This is a workshop to help the families cope better should they face another crisis, thereby improving resilience and aid prevention of future crises.

For those young people who are most severely affected by suicidal or self-harm behaviour, CAMHS runs a full Dialectical Behavioural Therapy programme with the intention of helping them utilise more skilful and effective problem-solving behaviours.



Trauma

Wirral CAMHS provides treatment on trauma for children or young people who have experienced the following:

- ★ A single incident of trauma but who have gone on to develop symptoms of post-traumatic stress disorder.
- ★ Complex trauma that might involve a combination of chronic or multiple traumas, sometimes referred to as developmental trauma disorder or complex post-traumatic stress disorder.

Depending on circumstance, the treatment will seek to either relieve symptoms or teach the child, young person or family how to manage the symptoms and may take the form of either individual therapeutic intervention or group work.

CAMHS is introducing a trauma pathway that will further refine this part of the service in 2019 and the lead clinician from CAMHS will deliver training on this to other CAMHS clinicians during this year. The pathway will include:

- ★ Resources to support advice line clinicians to identify possible trauma symptoms or history.
- ★ Psychoeducation resources about trauma for parents or professionals contacting the advice line.
- ★ A prompt sheet for clinicians to use during the Choice (initial assessment) to aid identification of possible trauma symptoms or history to support early consideration of what stabilisation may be necessary within the CAMHS team.
- ★ A rolling psychoeducation group for young people, parents and carers to follow on from Getting Started Group.



Early Intervention in Psychosis (EIP)

CAMHS clinicians have been trained to recognise psychosis and to refer to the EIP team as appropriate.

Women open to the specialist perinatal mental health team but who experience a first episode of psychosis are managed by the perinatal team (with discussion with the EIP where appropriate) until the end of the perinatal period when they are referred to the EIP team.

EIP services provide care to all people between the ages of 14 and 65 who are experiencing a first episode of psychosis (FEP) and this is reported on by age. EIP teams do not provide care for people experiencing organic psychoses, e.g. psychosis in the context of dementia.

The use of standardised assessments, namely the Positive and Negative Syndrome Scale (PANSS) and Comprehensive Assessment of At Risk Mental States (CAARMS), to measure symptom severity and response to treatment has been implemented within the EIP team.

Some people benefit from an extended assessment (usually for 3-6 months) to clarify whether they meet the criteria for FEP or At Risk Mental State (ARMS), or neither of these.

Comorbidities are extremely common, and do not preclude care from EIP services. If psychosis is not the primary problem that needs care, the EIP team may feel that it is appropriate to refer to another, more appropriate service, for example, drug and alcohol, autism, mother and baby or personality disorders services. In such cases, the EIP team remains involved to deliver interventions as necessary and appropriate.

The acceptance criteria for the EIP team are:

- ★ First presentation of psychosis.
- ★ Age 14-65.
- ★ Not previously in receipt of a full three years of EIP treatment.
- ★ Psychotic symptoms (hallucinations, delusions, catatonia, thought disorder present for one week and causing distress or impairment of function).

If psychosis is suspected, but does not meet the above criteria, assessment for an At Risk Mental State (ARMS), using a validated ARMS assessment instrument such as the Comprehensive Assessment of At Risk Mental States (CAARMS) is utilised.



At Risk Mental States (ARMS)

In addition to providing care for people experiencing first episodes of psychosis, EIP teams assess and treat those deemed to be at risk of developing psychosis. The aim of working with this group is to reduce the number of people developing psychotic illnesses.

As these services are intended to reduce future morbidity, they aim to see people who do not meet criteria for a first episode psychosis, yet show features which are predictive of risk of development of an episode of FEP.

These include:

- ★ Distress.
- ★ Young adulthood/adolescence (age 14-30).
- ★ Recent (over past year) decline in social function.

Plus:

- ★ Attenuated psychotic symptoms or
- ★ Transient psychotic symptoms or
- ★ Strong family history of psychotic illness or
- ★ Increasing unexplained distress or agitation or
- ★ Other risk indicators, e.g. schizotypal personality or
- ★ Assessment indicating risk.

The EIP service provides assessment for all people aged 14-65 with At Risk Mental States. Standardised, validated instruments, such as the Comprehensive Assessment of At Risk Mental States (CAARMS) are used in the assessment.

Particular emphasis will be placed on providing training and support for GPs and CAMHS teams to help identify cases that may be at high risk of developing psychosis and thus require 'At Risk Mental State' assessment.

Individuals accepted by the EIP team as first episode psychosis or at risk mental state will receive NICE concordant care. EIP teams usually provide care for three years, to ensure that service users receive best practice treatment over the "critical period". On occasions, people may need longer care to achieve a stable personal recovery, while some make good progress earlier and feel that they no longer wish to be involved with services.



Inpatient Care

Inpatient care is commissioned by the NHS England Specialised Commissioning Team and Wirral is fully engaged with Specialised Commissioning to ensure the needs of local people are met. The main inpatient service is provided from Ancora House in Chester, just outside the Wirral area, which is a new purpose-built facility that includes accommodation and classrooms to support educational needs.

Children and young people with mental health problems, their families and carers want timely access to evidence-based high quality care in the right setting. They have made it

clear that more services should be provided in the community and that, where an inpatient stay is required, it should be as short as possible. They have also made it clear that it is unacceptable for some young people to travel excessive distances, be placed inappropriately on paediatric acute or adult wards, or struggle to access inpatient care at all.

NHS England is supporting a whole-system modernisation of children and young people's mental health services with a programme of support for CCGs and their partner agencies, including:

- ★ The development of effective evidence-based services that work with partners across the voluntary sector, education and social care.
- ★ Delivering improvements in the direct commissioning of services in the secure system and inpatient beds.

NHS England's goal is to minimise the number of children and young people requiring inpatient care, using these intensive resources more effectively to increase access to services in the community.

NHS England has identified a need to improve the national distribution of inpatient beds as well as a need to provide more effective integrated treatment pathways. Regional specialised commissioning teams are working to implement the recommendations relating to inpatient care, aiming to improve outcomes and expertise by:

- ★ Eliminating inappropriate out of areas placements.
- ★ Improving local bed availability aligned with community services.
- ★ Eliminating inappropriate under-18 placements in adult beds.
- ★ Ensuring a sufficient national bed stock for surge management.
- ★ Integrating and collaborating with local commissioners and providers.
- ★ Developing service specifications that support these ambitions.

The implementation of changes needs to take place in three phases:

- ★ Stabilisation of the current situation by increasing inpatient capacity where there is unmet need whilst shifting focus onto community services.
- ★ Transition to reduce bed numbers by removing surplus inpatient supply where the capacity does not match the local needs.
- ★ Transformation to a predominantly community-based model to drive out variations in practice, deliver quality outcomes and better patient experience, and maximise young people's life chances.

The North West team are joining with Cheshire and Merseyside colleagues on CAMHS work programmes in order to ensure that information and planning is shared so that Cheshire and Merseyside patients have services that are high quality, meeting their needs, safe and sustainable.



Transition to Adult Services

In line with national quality initiative schemes, CAMHS has been working with wider system partners to improve the transition of young people to adult services. The Future in Mind policy recommends joint-working to aid transitions and Wirral CAMHS advocates that transitions start to be planned at Year 9 (age 14) and provide a key worker supporting young people across the transition. In conjunction with children and young people, the service has developed a “My Moving Forward Plan” (transition to adult services) and a “My Recovery Plan” (discharging back to Primary Care GP services). In order to improve joint planning and processes around transition, CAMHS have arranged a Wirral Transitions Internal Meeting between CAMHS and Adult Mental Health services, and have incorporated a mental health transitions slot into the Transition Operational Group (TOG) attended by Local Authority, Education and Mental Health. These additional governance groups support the oversight of transitions and ensure system-wide commitment to safe transition of care.

CAMHS delivers against the Transition Commissioning for Quality and Innovation (CQUIN) and will continue to do so (the CQUIN is currently in its second year). The detail of this is robustly reported to commissioners through NHS Digital and quality reviews of CQUIN activity with commissioners.



Between April 2018 to December 2018 the number of young people open to Wirral CAMHS age 16+ represented 28.6% of the entire caseload; of the young people who then transitioned into Adult Services, 100% had a Transition Plan: In 2019 we aim to maintain this high standard of Multiagency Transition Planning.





Performance against the 2017 LTP



The table below summarises how we delivered against the priorities we set for Access to Support last year:

| We said | We did | Achieved? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>We said that through the mapping workshops we would identify any gaps in current service provision and consider how we can shape and design services to ensure children cannot fall through the gaps</p> | <p>Mapping workshops were held with the aim to identify gaps in provision. The findings of these events include:-</p> <ul style="list-style-type: none"> - To develop an online directory for children and young people’s emotional health and wellbeing services on Wirral. To date, the CAMHS and Early Help directories have been merged with further alignment planned for the next year. - Regular “Provider Forums” with professionals coming together to discuss what is happening in their service and solve any problems. The first was held on 13th September 2018 and the second is on 10th January 2019. - To develop a clear “pathway” for children and young people to get the support they need for their mental health. This is in development and is a priority for the next year). - To commit to involving children and young people in our work moving forward (see section on Engagement and Communication). |  |
| <p>We said we would continue to continue to work on improving flow within CAMHS to ensure that the service is as efficient as it can be. We also said we would work with schools and other communities and services to ensure that there are clear pathways of emotional health and wellbeing support outside of specialist CAMHS services</p> | <p>CAMHS is implementing a range of changes to improve the flow for children and young people accessing the service. These include:-</p> <ul style="list-style-type: none"> - Introduction of “Getting started” weekly workshops. - Formulation and delivery of evidence-based anxiety and depression workshops. - Standardisation of Choice (assessment) appointments - Strengthening Choice And Partnership Approach (CAPA). - Stronger adherence to referral criteria. - Greater use of routine outcome measures. |  |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> - Appropriate use of clinical sessions. - Improved capacity. - Improving flow management (e.g. ensuring discharge when treatment is complete). - Improved access to summary data - e.g. a personal dashboard for each clinician to monitor outcomes of care delivery. - Care Programme Approach training refresh to ensure identification of complex cases and provide standardisation across Trust services. | |
| We said we would ensure early identification and referral for treatment to reduce risk of need for inpatient admission for Eating Disorders. | <p>In the last year Wirral has promoted early intervention via:-</p> <ul style="list-style-type: none"> • Training to CAMHS on early identification and referral Pathways. • Telephone Advice Line has an Eating Disorder checklist. • Training to some Schools on Wirral regarding early identification. • Information sent to all GPs on Wirral regarding the new Waiting Time standards with checklist and questionnaire to help with early identification and to encourage early referral to the service. <p>Next year a full day course will be delivered to Primary Care on eating disorder identification</p> |  |
| We said we would support the services to meet the new national standards for Crisis Care through bidding for innovation funds and review commissioning funding. | The Out of Hours advice and duty line was launched in Spring 2018 across Cheshire & Wirral through national funding. Further work is to be undertaken in the next year through a scoping exercise to determine need and current capacity of Wirral partners to meet crisis response guidelines for children and young people in line with national standards. | Partly |
| We said we would ensure that CAMHS staff are trained in recognising the EIP symptoms (training will be provided by the EIP team) and are fully | The Early Intervention Psychosis team delivered training to CAMHS teams on 27 th March 2018. The CAMHS team is clear of the clinical pathway for EIP and have embedded this in practice. |  |

| | | |
|---------------------------------------------|--|--|
| implementing the clinical pathway into EIP. | | |
|---------------------------------------------|--|--|



Key Deliverables by March 2020

| We Will |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete a consultation with children, young people, families and key stakeholders to better understand local needs and inform appropriate service developments for substance misuse. |
| Develop a clear “pathway” for children and young people to get the support they need for their mental health. |
| Communicate to the wider workforce the support available to children and young people to ensure children and young people can receive the right care at the right time delivered in the right place. |
| Continue to work to create a single all-age directory that brings together all relevant information to act as a gateway for all people. |
| Ensure Wirral meets the national access target for children and young people with a diagnosable mental health condition accessing treatment (32% in 2018/19, 34% 2019/20 and 35% thereafter). |
| Ensure CAMHS can report on the “Reliable Change” measure from April 2019 (formal reporting commences April 2020). |
| Implement a way (pathway) to improve the support of children and young people who have experienced trauma that includes individual therapeutic intervention and group work. |
| CAMHS will further embed a stepped approach to care to include group work and education workshops, to increase the mental health offer and promote resilience. |
| Have a Specialist Mental Health Worker based in the Youth Justice Service to support the mental health needs of these young people. |
| Work towards reducing CAMHS waiting times in line with the national standard. |
| Further train the CAMHS workforce on the Special Educational Needs and Disabilities (SEND) reforms and in writing advice for Education and Health Care Plans (EHCP). |

Adopt the National Crisis Model (once published) and consider opportunities for local solutions to improve crisis care for Children and Young people in line with Crisis Care Concordat.





THEME 3: CARE FOR THE MOST VULNERABLE



Our Vision

Our vision is that vulnerable children and young people get the help they need to support their emotional health and wellbeing. Vulnerable children are a diverse range of children who are at risk of experiencing inequalities and poor life chances. This includes, but is not limited to, those who are:-

- ★ Open to social care – Children in Need, Child Protection and Children Looked After, including those who are from Wirral but live outside Wirral; those who are from out-of-borough but who live in Wirral, and those who have left care.
- ★ With Special Educational Needs and/or a Disability.
- ★ Open to the youth justice system.
- ★ Not attending school or not in education, employment or training.
- ★ With parents with physical and/ or mental health conditions.
- ★ Are young carers.
- ★ Refugee or asylum seekers.
- ★ At risk of exploitation inclusive of sexual and criminal acts.
- ★ At risk of substance/alcohol misuse.
- ★ Bereaved.
- ★ Not ready to engage with services or who services find difficult to engage.



Service Description

The JSNA for the mental health needs of vulnerable children and young people, produced in 2018, highlighted that Wirral has a high prevalence of Children Looked After and that this group tend to have more mental health needs than the wider population. CAMHS provides an enhanced service for Children Looked After by ensuring they receive a Choice Appointment (assessment) within two weeks of referral. In 2019 we will ensure pathways for early help, prevention and children who need protecting take into consideration their emotional health and wellbeing.

In understanding a children and young person's needs for emotional health and wellbeing we need to ensure they are supported in accordance with their presenting issues rather than the vulnerable group they belong to. Wirral therefore offers a personalised approach which builds on positive relationships that are already in place.

Specific work to engage young people from vulnerable groups includes examples such as GIRLS Project, LADS Project, bereavement support, substance misuse and the Youth Justice Service.



G.I.R.L.S. Self-Development Project

The GIRLS Self Development Project is an 8-week developmental programme for young people (females) aged 13-19, run by Wirral Council's Targeted Youth Support Service. The project aims to reduce risk taking behaviour, strengthen resilience to peer pressure and abusive relationships and raise aspirations and in relation to healthy lifestyles and choices. Projects take place in schools, youth hubs and at Pilgrim Street Arts Centre. There is also a junior G.I.R.L.S. project for girls aged 8 -13yrs. The work achieved by young women through their involvement in the programme is celebrated at termly Red Carpet Award events. Referral forms can be obtained by calling **0151 6663706**.



LADS Project

The LADS Project is a 6-week developmental programme for young people (males) aged 13-19, run by Wirral Council's Targeted Youth Support Service. The project aims to reduce alcohol and drug misuse, reduce harmful and abusive relationships and raise aspirations in relation to healthy lifestyles and choices. A multi-media project for young men from across

the Wirral takes place at Pilgrim Street Arts Centre and other projects take place in Youth Hubs. Referral forms can be obtained by calling **0151 666 3715**.



Substance Misuse and Health Services in Schools

The Health Service in Schools team has begun delivering parents events in secondary schools. These events are for parents and carers to explore young people's issues in particular relating to current substance misuse issues, alcohol use and risk taking behaviors and mental health and wellbeing. At one recent event over 70 parents attended and gave very positive feedback. Parents and schools want to learn from professionals, have time to discuss issues that are affecting their children and learn how to approach talking to their children about these issues.

These events have a strong multi-agency flavour with Action for Children and CAMHS delivering workshops on emotional health and wellbeing. Additional Youth Support deliver the alcohol and risk taking behaviour session and Health Services in Schools deliver the substance misuse workshop. School nurses also attend and support discussions.

These events are very much aligned with the philosophy of resilience, prevention and early intervention and aim to reduce demand for substance misuse services. They are also a further example of the excellent multi-agency approach that is core to Wirral's Future in Mind programme.

Substance misuse issues

Alcohol use

Risk taking
behaviours

Mental
health

Wellbeing



Bereavement Support

In 2017, the provisional number of deaths registered in the UK was 607,172; the highest recorded in 14 years (<https://www.ons.gov.uk>). Many of those deaths will have increased the population of bereaved children. Approximately 140 parents of dependant-age children die on Wirral each year leaving over 240 bereaved children and young people – but many more will experience the death of a grandparent or other family member or friend. 78% of senior school pupils state they have experienced a significant bereavement (Harrison, L. and Harrington, R. (2001) 'Adolescents' bereavement experiences. Prevalence, association with depressive symptoms, and use of services', *Journal of Adolescents*, 24, 159-169).

Children and young people who have experienced bereavement are identified as a vulnerable group and bereaved people are more at risk of suffering poorer mental and physical health. Jones and Platt (Jones, E., Gutman, L. and Platt, L. (2013) Family stressors and children's outcomes, London: Childhood Well-being Research Centre, p.70) found teenagers who experienced bereavement at any age had lower emotional well-being aged 13 than those who had not been bereaved, adding "This indicates family bereavement had continuous, cumulative effects on children's emotional and social well-being, long after the event happened".

Within Wirral, the PMH Team has delivered training to schools and other professionals on how to support bereaved children. Over half of the organisations responding to a Wirral survey in 2017 indicated that their staff were trained to support bereaved children and young people. Specialised support and training is available from:

- ★ Child Bereavement UK (www.childbereavementuk.org) has a website with a range of information and resources covering many aspects of bereavement that can be accessed by families, children and young people and professionals. Support for schools and professionals working with children and young people is also available through delivery of bereavement awareness sessions; Child Bereavement UK also provide a free programme for primary schools, <https://www.elephantsteaparty.co.uk/> which provides lesson plans for teachers to help give children a vocabulary around loss and memorialisation and equip them to develop coping skills for dealing with bereavement. The charity also provides a downloadable app for young people to access support resources (<https://childbereavementuk.org/our-app/>). A Helpline is also available: **0800 0288840**.
- ★ Dove (<https://www.thedoveservice.org.uk>) provides services to people within the community from the age of 4+ who are experiencing issues relating to bereavement, loss or life-changing illness. They can also be contacted on: **01782 683155**.
- ★ Butterflies (part of Listening Ear) provides services to children and young people in Wirral for bereavement as well as Domestic Abuse and Family Breakdown. They can

be contacted on: 0151 4886648. Referrals can be made by the young person, their family or a professional by going [here](#).

Schools should produce a Bereavement Policy/Protocol to help alleviate some of the anxiety that prevails when a school community is hit by a bereavement of any sort.

Training across the multi-agency workforce builds confidence and reduces the apprehension that is widely felt over addressing bereavement issues. Death is part of life and the children and young people of Wirral deserve to be given the skills and support in bereavement that will contribute to their holistic emotional development and mental well-being.



Harmful Gambling

Research shows that 1 in 10 young people follow gambling companies on social media. Research by the Gambling Commission shows that people who are harmful gamblers are more likely to require physical and mental health services:-

- ★ 2.69 times more likely to have visited their GP in the last 12 months with a mental health issue.
- ★ 8.64 times more likely to be accessing mental health services.
- ★ 5.53 times more likely to have been a hospital inpatient within the last 3 months.

Within Wirral (and nationally) gambling is more prevalent in areas of deprivation such as Birkenhead and Wallasey, compounding existing health inequalities.

Local support is provided by the Beacon Counselling Trust, based in Liverpool. They provide free gambling treatment to the North West and are opening a new hub on Conway Street, Birkenhead, very soon. The Beacon Counselling Trust run a youth outreach programme which is free for any service that works with young people to raise awareness of problematic gambling. During the next year we will further explore opportunities to target specific areas such as harmful gambling.



Health and Justice

The regional “Health and Justice: The Children and Young People’s Mental Health Transformation Programme” comprises three work streams:

- ★ Work stream 1 - Forensic CAMHS. This service went live in the North West on 1st October 2017 and is provided by Greater Manchester Mental Health NHS Foundation Trust. For more information see “Forensic CAMHS Service” below.

- ★ Work stream 2 - Secure Stairs. This is a national psychologically-informed programme which aims to create change for children and young people across the Children and Young Peoples Secure Estate. In the North West, this is being rolled out in two Secure Children’s Homes at St Catherine’s (St Helens) and Barton Moss (St Helens).
- ★ Work stream 3 - Collaborative Commissioning Networks (CCN). This is about agencies working collaboratively together to enhance services for children and young people accessing Health and Justice commissioned services, which includes the following pathways:
 - ★ Those transitioning into and out of custody and detention.
 - ★ Those transitioning into and out of secure welfare placements.
 - ★ Those presenting at Sexual Assault Referral Centres.
 - ★ Those in contact with Liaison and Diversion Services.

Within Wirral a pathway has been developed for young people within the criminal justice system. This includes:-

- ★ A referral process and pathway to and from the secure estate.
- ★ A referral process and pathway to and from the regional forensic CAMHS offer.
- ★ Within CAMHS there is an agreement that referrals from Youth Justice System are prioritised and receive an enhanced offer of assessment within 2 weeks.

In 2018, Wirral secured additional funding from the Collaborative Commissioning Network to place a CAMHS clinician within the Youth Justice Service. This person will deliver direct support to children and young people in contact with the Youth Justice System. They will work with young people entering the community from a custodial institute as well as young people who are hard to engage and who currently will not attend clinic-based CAMHS appointments. In the delivery plan for 2019, recruitment into this post is included in the “Access to Services” section.

The new CAMHS-Youth Justice Service resource will also train the wider workforce on [Adverse Childhood Experiences \(ACEs\)](#). Research has shown there to be links between mental ill-health and ACEs, with mental health needs being more prevalent among children looked after.



Wirral has a Criminal Liaison Justice Team, based within the Wirral Youth Justice Service one day a week. They primarily work with low-level offending cases and prevention cases who do not at the time hit the criteria for CAMHS but who have low level mental health issues. They work on a time-limited basis with young people and their families. They also liaise and consult with case managers for advice. The new CAMHS worker based within the Youth Justice Service and the Criminal Justice Liaison worker will work closely with those young people whose mental health deteriorates and may need more intensive CAHMS intervention.

The Criminal Justice Liaison Team are also based within every custody suite within Merseyside. They assess all young people coming into custody with regards to their mental health and wellbeing. Any young people who are experiencing an extreme mental health episode will be discussed with CAMHS and referred to CAHMS if appropriate.

The Senior Lead from CAMHS sits on the Youth Justice Management Board. One of the local key performance indicators in the future will be based around the CAMHS worker based within the Youth Justice System.

Specialist care and community CAMHS have links with the regional forensic CAMHS service.

Children and young people who have experienced rape or sexual abuse are supported by Rape and Sexual Abuse (RASA) Merseyside and can attend a Sexual Assault Referral Centre (SARC) in Liverpool. RASA participated in the Mapping Events in 2017/18 to identify how services could be improved. For more information on RASA click [here](#).



Forensic CAMHS Service

The Forensic Child and Adolescent Mental Health Service (FCAMHS) North West service is commissioned by NHS England and provided by Greater Manchester Mental Health NHS Foundation Trust. It is available across the whole of Cheshire and Merseyside.

The service is commissioned to work with agencies across a variety of community and secure settings to ensure best practice in managing young people up to the age of 18 who present with complex needs and high-risk behaviours.

FCAMHS is a multi-disciplinary service with a range of clinical expertise. The service offers a range of services from advice and liaison through to specialist interventions.

Referral criteria is a young person where there is a concern regarding mental health, including those with neurodevelopmental disorders such as learning disorders and / or autism.

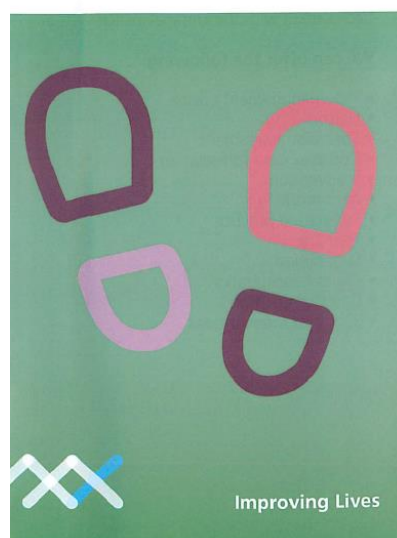
The team can be contacted by any professional regarding a young person giving cause for concern and about whom there are questions regarding his/her mental health. Discussion and formal consultation with referrers is undertaken by experienced members of the team.

There should be meaningful engagement and joint working with CAMHS for any child referred by agencies other than CAMHS.

Contact details:

Telephone: **0161 – 358 – 0585**
Email: **gmmh-ft.fccamhsnw@nhs.net**
Available Monday to Friday 9am - 5pm

Forensic Child and Adolescent Mental
Health Service (FCAMHS) North West





Learning Disabilities

The JSNA for the mental health needs of children and young people with learning disabilities and / or autism was produced in 2018 and identified local needs.

All services and communities in Wirral collaborate to promote an environment to enable our children and young people, with a learning disability (LD) and/or autism to thrive emotionally, physically and socially.

Learning Disabilities CAMHS (LD-CAMHS) is a specialist multi-disciplinary team who work with children and young people with severe/profound and multiple LDs with complex needs, in line with their life long disability, including behaviours that challenge and co-morbid mental health issues. LD-CAMHS accept parent/carer referrals, alongside referrals from wider professionals. The team provides holistic child and family centered assessment and intervention working within Positive Behaviour Support (PBS) and Person Centered Planning (PCP) models of care.

Children and young people with a LD and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life (NHS England, LGA, ADASS, 2015).

Promoting equality and addressing health inequalities are central to NHS England's (NHSE) values and the Transforming Care Programme (TCP), which aims to transform services for individuals of all ages with a LD and/or autism who display behaviour that challenges, including those with a mental health condition, in line with Building the Right Support – A national plan to develop community services and close inpatient facilities (NHS England, LGA, ADASS, 2015).

The main aims of the TCP are:

- ★ To improve quality of care and the quality of life for children and young people with a LD and/or autism.
- ★ To enhance community capacity, via the implementation of local service delivery plans, to support the needs of this population, thereby reducing inappropriate hospital admissions and residential placements.

To ensure children and young people remain in their local community, LD-CAMHS identify those children and young people who are vulnerable to hospital admissions or out of area placements. This has been enhanced by the innovative introduction in 2018 of the children and young person's Dynamic Support Database (CYP-DSD) which identifies this vulnerable

group and supports decision-making regarding whether someone can remain in the community or needs inpatient care or is at risk of out-of-area provision.

The introduction of the CYP-DSD in addition supports the implementation of Care Education and Treatment Reviews (CETRs) which assess whether someone can be discharged from inpatient services. The CYP-DSD therefore supports children and young people to remain within their community close to family and friends, thereby improving outcomes, this process will be further enhanced during the next year. Wirral is an early implementer of this process and is sharing the learning across the UK to support other areas in implementation.


Wirral has made improvements in our services for children and young people with LD and/or autism and we will continue to improve during the next year in line with the TCP programme.





Performance against the 2017 LTP






The table below summarises how we delivered against the priorities we set for Care for the Vulnerable last year:


| We said | We did | Achieved? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| We said we would ensure that all online resources are aligned and that local services are promoted on Live Well in Wirral, Early Help site, CWP, Safeguarding, Local Offer and Right Side of Care. | The CAMHS and Early Help directories have been merged and are available online. |  |
| We said we would combine a single all-age directory to bring all relevant | The local authority has commenced scoping and identified leads from various related sites. A business case has been developed which has been signed off by senior officers in the local authority. This will be further developed | Partly |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| information together and act as a gateway for all. | next year within the "Access to Support" theme. | |
| We said we would link criminal justice liaison service to wider emotional health and wellbeing mental health system where children are involved or at risk of offending behaviours | A pathway has been developed for young people within the criminal justice system. External funding has been secured to place a CAMHS clinician within the Youth Justice Service. |  |
| We said we would develop a systematic approach around implementing the AMBIT model to work through professionals already engaging children and young people | A conference call with AMBIT took place on 4th April 2018. An all-day workshop between Wirral and the national AMBIT team is arranged for 25th March 2019. The proposal is to have 2 phases:- 1 = train the trainer. 2 = rollout to the Tier 3 Prevention Team plus relevant AMBIT Champions in other organisations. This will be further developed next year. | Partly |
| We said that emotional wellbeing support services would be fully promoted as an effective alternative to specialist mental health intervention across all professionals. | The Early Help and CAMHS Service Directory have been merged and shared with all partners via the FiM Steering Group to enable each partner to promote alternative approaches. The shared directory also featured in the first newsletter published in March 2018. |  |
| We said we would develop a fully integrated emotional wellbeing and mental health system that takes a holistic approach to intervening early to reduce the need for specialist services. | This is being delivered via the mapping workshops in Theme 1 "Resilience". | Partly |

The table below summarises how we delivered against the priorities we set for Learning Disabilities last year:

| We said | We did | Achieved? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>We would meet with commissioners to inform, design and develop an effective service model to meet the needs of children and young people with LD as part of the TCP, FIM and Wirral All Age Disability Strategy</p> | <p>CWP and commissioners have discussed how best to further develop a service in line with the TCP and FiM agenda. CWP have developed a Children and Young Peoples' Dynamic Support Database (CYP-DSD) to inform the Care, Education and Treatment Review process (CETRs).</p> <p>CWP have delivered training and education to allied professionals to promote understanding of the Transforming Care Agenda across the workforce.</p> <p>CWP have also used the THRIVE model to inform how LD-CAMHS delivers a needs based service to children and young people to ensure they receive the right support at the right time.</p> |  |
| <p>We would meet with commissioners to ensure appropriate Key Performance Indicators (KPIs) and targets are in place (e.g. number of contacts) to measure and evidence the service delivery model in line with the TCP, FIM and Wirral All Age Disability agendas.</p> | <p>The CCGs and CWP agreed to progress the children and young people mental health dashboard prior to the LD children and young people dashboard; the LD dashboard will be progressed over the next year.</p> <p>Provisional meetings have taken place and it has been agreed that the LD CYP dashboard should include number of contacts. Suggested outcome measures include:</p> <ul style="list-style-type: none"> • Goal-Based Outcomes. • Quality of Life measures and referrer feedback. • A measure of volume (e.g. number of contacts). • Number of out-of-borough placements/inpatient admissions. | <p>Partly</p> |
| <p>We would ensure that the workforce of LD-CAMHS is compatible with the</p> | <p>CWP has delivered training to ensure that the LD-CAMHS workforce have the skills and</p> | <p>Partly</p> |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| proposed LD service delivery model, supported by appropriate KPIs. | understanding to deliver a service in line with the Transforming Care Agenda. KPIs for the service will be developed in 2019. | |
| We would introduce a children and young people Dynamic Support Database. | CWP has designed and implemented a Children and Young People Dynamic Support Database which helps identify and manage those at risk of requiring inpatient admission. |  |
| We would work with commissioners, the local authority and special educational needs (SEN) leads to identify the number, and the needs of children and young people in out of area placements. This data would inform the delivery of local community based service delivery models in line with the TCP. | The number of children and young people located in out of area placements was reviewed in June 2018 by commissioning in health, education and the CCG. This information will inform any future discussions to deliver a community based Intense Model of Support Service in Wirral. | Partly |
| We would ensure the right support is in place to reduce crisis, inappropriate hospital admissions and out of area placements. | LD-CAMHS is using the CYP-DSD and the CETR process and community based interventions which aim to reduce the need for crisis care, inappropriate hospital admissions and out of area placements. | Partly |
| We would work in partnership with commissioners and all-age multi-agency services to ensure appropriate co-location. | Further discussions identified that the LD-CAMHS would remain in the current location. | No |
| Support the Primary Mental Health team (PMHT) to deliver training re: LD, autistic spectrum conditions, behaviours that challenge and mental health. | LD-CAMHS have supported, and will continue to support, the delivery of the Primary Mental Health Team's training programme with targeted education relating to LD (40-50 staff attended in 2018). |  |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>Ensure the early identification of children and young people with a LD and delivery of timely interventions to promote effective outcomes.</p> <p>AND</p> <p>We would ensure the right support, at the right time, in the right place is available to children and young people with a LD.</p> | <p>LD-CAMHS is using the CYP-DSD and the CETR process and community based interventions which aim to reduce the need for crisis care, inappropriate hospital admissions and out of area placements.</p> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|



Key Deliverables by March 2020

Key deliverables for Care for the Vulnerable for by March 2020 are:

| We Will |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Try a new approach (AMBIT) to enable services to engage with children and young people who they currently cannot engage with.</p> |
| <p>Deliver training on the <u>Adverse Childhood Experiences</u> (ACEs) tool to the wider workforce to support the early identification of possible needs so that support can be provided.</p> |
| <p>Further explore opportunities to target specific areas for development to improve our care for the vulnerable.</p> |
| <p>Ensure children and young people who need early help, prevention or protection get the help they need, taking into consideration their emotional health and wellbeing.</p> |

Key deliverables for Learning Disabilities for by March are:

| We Will |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Further embed the Child and Young Person Dynamic Support Database into Learning Disabilities CAMHS with the aim of identifying the right support needed to reduce inpatient and out-of-area admissions and reduce the length of any admissions.</p> |

To continue to raise awareness of the Transforming Care Programme (TCP) across relevant multi-agency professional groups via education and training, communication via social media, and regional workshops.

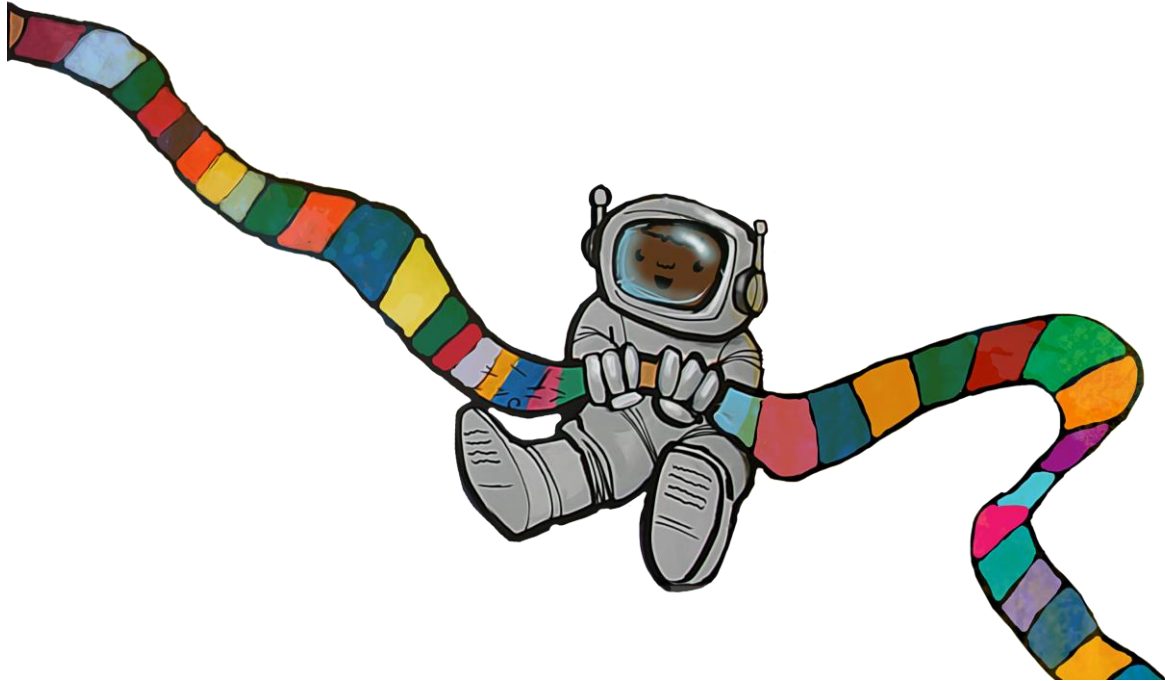
Further promote the use of the Care Education and Treatment (CETR) process and the Child and Young Person Dynamic Support Database (DSD) to the wider workforce to improve the multi-agency support for enabling (where appropriate) children and young people with a learning disability to remain in their community close to family and friends.

Deliver training to workers on the CAMHS Advice Line to enable them to have the right skills to support calls regarding children and young people with a learning disability and / or autism.





THEME 4: ACCOUNTABILITY, TRANSPARENCY AND GOVERNANCE



Vision

Wirral's vision is to be accountable and transparent by developing our understanding of need and by assessing performance by measuring outcomes. We will work together with commissioning and provider colleagues to ensure services are efficient and effective in meeting the needs of our children, young people, their families and carers.

We will do this by:-

- ★ Working together as commissioners to identify areas where we can jointly commission services in order to realise efficiencies and reduce duplication.
- ★ Working with children, young people, carers and professionals to develop a set of outcomes that will tell us how well our plan is working, and whether we are getting value for the resources invested.
- ★ Embedding routine outcome collection in service delivery.
- ★ Requiring transparency from our providers, so that we can understand how investment is used to directly impact change and improvement in service delivery.
- ★ Measure performance by measuring outcomes.
- ★ Developing robust monitoring processes to ensure delivery of the commitments outlined within this delivery plan.

We believe a key aspect of accountability and service design is through engagement with children, young people and their families; this is covered in the section “Engagement and Communication”.



Governance

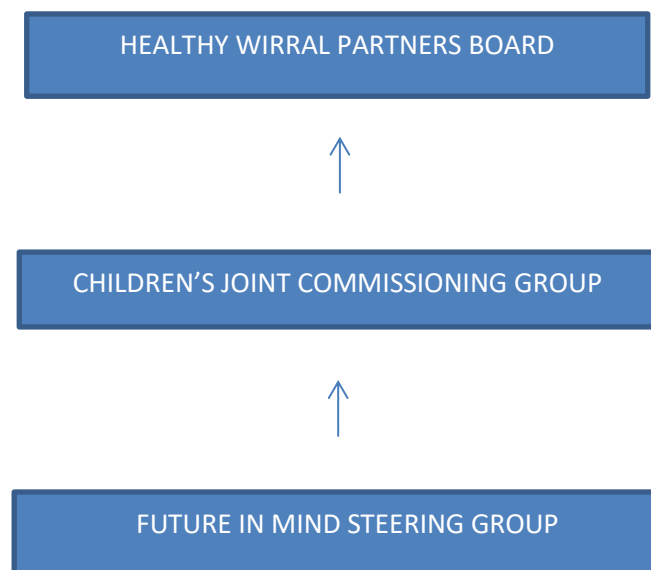
For three years Wirral has had a Future in Mind Steering Group which governs and gives direction to our work, enhancing services supporting the emotional health and wellbeing of children and young people in Wirral. The group is chaired by the Mental Health Senior Commissioner from the CCG, supported by the Future in Mind Project Manager, and is attended by representatives from many organisations including Public Health, Local Authority, Education, Schools, CAMHS, Learning Disabilities CAMHS, Community Trust, Acute Trust and Third Sector. The Youth Voice Group has attended the Steering Group and advised on how to feed back to children and young people.

The Steering Group monitors the progress of each deliverable set out in this LTP.

Each “theme” identified in this LTP has its own lead who is responsible for delivery. There are also leads for “parenting” and “learning disabilities”.

A Project Manager monitors progress and meets with each lead on a monthly basis to provide support and to check on progress. Issues are escalated to the Steering Group if appropriate.

The governance process is detailed as follows:



In addition to the formal governance there are a series of stakeholder groups that meet to discuss best practice, learning and innovation across areas such as outcomes, data and workforce.



Collaborative Commissioning

Wirral is fully committed to collaborative commissioning. Within the sphere of children and young people’s mental health this includes:-

- ★ An Eating Disorder service commissioned across the Sustainability and Transformation Programme area (for more information see “Eating Disorder Service” above).
- ★ Work with the Cheshire CCGs and Specialised Commissioning to further develop urgent and emergency care (for more information see “Crisis Care, Risk Support and Support for those who Self-harm” and “Inpatient Care” above).
- ★ Funding secured from the Collaborative Commissioning Network for a CAMHS clinician to be based in the Youth Justice Service (for more information see “Health and Justice” above).
- ★ Working with colleagues in NHS England Specialised commissioning team to review new models of care for inpatient services across Cheshire & Merseyside in line with the Mental Health Five Year Forward View and Mental Health programme board priorities.

In 2018 Wirral CCG has combined with commissioning colleagues from Public Health and the Local Authority to form Wirral Health and Care Commissioning.



Place-Based Commissioning

| | |
|----|--------------------------------------------------------------------------------------------------------------------|
| Jo | Is the role of the STP reflected in joint place-based commissioning plans? |
| Jo | Is there evidence of clear leadership and implementation groups in place to oversee progress of place-based plans? |

The Local Transformation Plan details the priorities for the Wirral population and the commitments locally to meet the needs of children and young people; this is in line with place based commissioning. In addition, as outlined above, there are a number of areas where Wirral are commissioning on a Cheshire and Merseyside footprint in line with the Cheshire and Merseyside Mental Health Programme Board priorities.

In line with national direction, Wirral is seeking opportunities to maximise the value of community based support through social prescribing initiatives, matching local people with their communities to improve health and wellbeing. There has been significant progress across adult services and work undertaken across Childrens services with our third sector. Specifically the work that The Open Door centre have been involved in in respect of the provider forum, mapping events and leading a bid for a Voluntary Community Sector Grant application has really driven this area forward and will be a continued priority for the next year and beyond.



Prevalence Data

NHS Digital published new data on the prevalence of mental health issues in children and young people on 22 November 2018, as this LTP was being finalised, called Mental Health of Children and Young People in England, 2017. This collected information from **9,117** children and young people. For the first time, the survey covered children aged 2- 19, whereas previous surveys have focused only on the 5- 15-year-old age group.

Looking at the 5-15-year-old age group over time, the report reveals a slight increase in the overall prevalence of mental disorder. For this age group, prevalence has risen from **9.7%** in 1999 and **10.1%** in 2004 to **11.2%** in 2017. When including 5-19-year-olds, the 2017 prevalence is **12.8% (one in eight)**, but this cannot be compared to earlier years.

The estimated prevalence of mental health disorders in children and young people (5-16 years) in Wirral is 9.6%. (Source: PHE Fingertips CYPMH 2016/17).

In the national analysis, mental disorders were grouped into four broad categories - emotional, behavioural, hyperactivity and other less common disorders:

- ★ Emotional disorders are now more common in five to 15-year-olds – going from **4.3%** in 1999, to **3.9%** in 2004 to **5.8%** in 2017.
 - ★ The estimated prevalence of emotional disorders in children and young people (5-16 years) in Wirral is 3.7%.
 - ★ The estimated prevalence of conduct disorders in children and young people (5-16 years) in Wirral is 5.8%.
 - ★ The estimated prevalence of hyperkinetic disorder in children and young people (5-16 years) in Wirral is 1.5%.
- ★ All other types of disorder remained similar in prevalence for this age group since 1999.

Different disorders were found to be more or less common at different stages of childhood, with rates of mental disorder broadly higher in older age groups (though caution should be applied due to the different way data was collected for different age groups):

- ★ **Preschool children (2-4 years old):**
 - ★ One in eighteen (5.5%) preschool children had at least one mental disorder at the time they were surveyed.
 - ★ Behavioural disorders were the most common and were evident in one in 40 (2.5%) of preschool children, consisting mainly of oppositional defiant disorder (1.9%).
 - ★ Within this age group, boys are nearly twice more likely to have a mental disorder than girls.
- ★ **School-age children and young people:**
 - ★ Girls are more likely to struggle with mental health as they reach young adulthood compared to when they were younger.
 - ★ For boys, the prevalence of mental disorders does not change much among the age groups surveyed, even decreasing slightly among older teens.
- ★ **Young people (17-19 years old):**
 - ★ One in six (16.9%) 17 to 19-year-olds were found to have a mental disorder with one in 16 (6.4%) experiencing more than one mental disorder.
 - ★ This age group had the highest rate of emotional disorder (14.9%).
- ★ **Young women (17-19 years old):**
 - ★ Young women in this age group are more than twice as likely as men of the same age to have a mental disorder, with anxiety and depression the most common disorders.
 - ★ Young women in this age group were also identified as having higher rates of emotional disorder and self-harm than other demographic groups - 22.4% had an emotional disorder.
 - ★ 5.6% of young women were identified as having body dysmorphic disorder (BDD), an anxiety disorder characterised by the obsessive idea that some aspect of their body or appearance is severely flawed and warrants exceptional measures to hide or fix.

The survey also examined sexual identity and mental health. A third (34.9%) of the young people aged 14-19 who identified as lesbian, gay, bisexual or with another sexual identity had a mental disorder, as opposed to 13.2% of those who identified as heterosexual.

Self-harm and suicide was also examined. A quarter (25.5%) of 11 to 16-year-olds with a mental disorder had self-harmed or attempted suicide at some point, compared to 3.0% of those who were not diagnosed as having a mental disorder. The rate of self-harm increased significantly for girls with a mental disorder as they became older: less than a third had self-harmed or made a suicide attempt for ages 11-16 compared with nearly half (46.8%) for 17 to 19-year-olds. Young women aged 17-19 with some kind of mental disorder were also more likely (almost half) than young men to self-harm or attempt suicide (a third).

The Wirral position for hospital admissions as a result of self-harm for 15-19 year olds per 100,000 population is 739.8 (133). The England position for this indicator is 617.1. (Source: PHE Fingertips CYPMH 2016/17).

The report also looked at other aspects of the lives of the children and young people surveyed, including – for the first time – social media, bullying and cyberbullying.

Recent statistics show that 20% of children and young people indicated fear of cyber bullies made them reluctant to go to school; 5% reported self-harm; 3% report an attempt of suicide as a direct result of cyber bullying; 28% of young people have reported incidents of cyber bullying on Twitter; 26% of young people have reported incidents of cyber bullying on Ask.fm; young people are found to be twice as likely to be bullied on Facebook as any other social networking site. (Source: Wirral Safeguarding Children Board 2019).

The report also found a link between poverty and poor mental health. Children and young people living in households with the lowest income levels were more than twice as likely (14.7%) to have a disorder as those in the highest income households (6.8%). The effect was even more pronounced among households where a parent was receiving benefits related to low income or disability: almost a third (31.8%) of children and young people with a parent receiving disability benefits had a mental disorder.

The proportion of children under 20 in poverty as a percentage of all dependent children under 20 for Wirral is 19.9 % . The England position for this measure is 16.6%. (Source: PHE Fingertips CYPMH 2016/17).

Ethnicity was also examined. White British children are nearly three times as likely to have a mental disorder than black and Asian children. Black and Asian girls are much more likely than boys within the same group to report mental health issues. Among White British children, rates are the same for boys and girls.



Outcomes and Data

Through multi agency working and shared intelligence we will ensure that we maintain a shared focus on improving outcomes and wellbeing for children and young people in Wirral.

Our ongoing engagement with children, young people and their families has informed a series of outcomes that reflect a shared ambition:-

- ★ Improving resilience in young people and creating emotionally healthy environments for them.
- ★ Have choice and access to the right help for their emotional wellbeing, at the right time, in the right place for them.

- ★ Receive targeted specialist and intensive interventions for those who need them the most.
- ★ Will have a workforce to support the emotional wellbeing and mental health in Wirral.

Our ambition is to use patient reported outcomes and other shared intelligence to identify opportunities to improve the quality of care and access to services to ensure that the children and young people who need help the most can access services efficiently and fairly across the borough.

Work continues to ensure we capture and understand the emotional health and wellbeing needs of our children and young people. Baseline work is underway, including identifying the links to other strategic plans for children and young people, such as the development of the multi-organisational SEND dashboard and providers' contractual performance. Triangulation of this insight continues with the intelligence leads to ensure a reduction in fragmentation and duplication and foster a more collaborative approach to understanding children and young people's health and care across Wirral.



Measuring Outcomes

In 2018 we drafted a multi-agency Future in Mind Dashboard ready for implementation in 2019. Routine reporting will make data more accessible and transparent, allow benchmarking across services and help us to identify areas of good practice and demonstrate value for money. This will also help us to shadow-monitor payments linked to outcomes for commissioned services.

Our ambition is to share data in a consistent way that is accurate, timely and accessible to partners across organisations.

Data will be reported linked to national standards and will allow for drilling down to the level of the local provider delivering aspects of a combined pathway. The Future in Mind dashboard will be complemented through individual provider reporting and significant work has been undertaken during 2017/18 to develop a shared Cheshire and Wirral dashboard across CCG areas. This work has been shared with wider commissioners and colleagues in NHS England and the Strategic Coast Network through the Deep Dive events.



Goal-Based Outcomes

CAMHS already has a strong focus on setting individual goal-based outcomes for children and young people. This very much aligns with what children and young people have told us is

important to them. All CAMHS clinicians are trained in the use of outcome measures and the use of them is recorded in the patient record system (CareNotes). In addition, many clinicians have attended training in CYPIAPT (see section on “Workforce” below).

The ambition is to use patient-reported outcomes and other data to help consider the impact of services. We have begun to expand the goal-based outcomes approach to other professionals who work with children and young people, for instance school counsellors and nurses, through providing training on Next Step Cards. This will enable us to achieve a truly person-centred approach and measure improvements accordingly.



Understanding Local Need and Data

In 2018 we produced and published a comprehensive Joint Strategic Needs Assessment (JSNA) for the mental health and emotional health and wellbeing of children and young people in Wirral. This was a collaborative effort with sections written by clinicians and staff from different organisations; it was coordinated by the CCG and the Wirral Business Intelligence Team that works across the CCG, local authority and public health. The JSNAs pull together local and national data to form an extensive and detailed picture of need. These JSNAs directly informed the development of this LTP. Each Theme in this LTP refers to the relevant JSNA.

Specific health inequalities will be addressed through our work to support the most vulnerable. See “Theme 3: Care for the Most Vulnerable” (above).



Access Target

There is a national target of children and young people with a diagnosable mental health condition receiving treatment within the financial year (32% in 2018/19, 34% in 2019/20, and 35% thereafter).

Wirral requires all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow data to national datasets; they are free to achieve this by flowing data directly themselves or by going through a third party or lead information provider.

At the start of 2018 only data from the CAMHS provider was contributing to the access target. Wirral has worked hard to improve this. By the end of September 2018 data was flowing to MHSDS and contributing to this target from:-

- ★ CAMHS.
- ★ Community paediatric service.

★ ADHD service.

Work is underway nationally to enable the online counselling service to be included in the Access measure.

In the first seven months of the financial year (April to October 2018) 970 children and young people received treatment in Wirral (with CAMHS seeing 91% of these) which gives a forecast of 21.5% access across the whole financial year. This does not include data from community paediatrics as their data started flowing in September 2018.



CAMHS Data Quality

CAMHS recognise that their data quality can be improved and have developed a quality improvement plan across the Trust to drive this forward. To support the improvement, Wirral CAMHS have provided all staff with refresher training on their patient record system (CareNotes). They have also developed a set of process maps to define the standardised process for using CareNotes and a Data Dictionary defining what each data field in the patient record system should contain. There is an implementation plan to roll out the data dictionary across Trust-wide CAMHS. Once implemented, this should provide staff with the knowledge they need to use each data field in a consistent way, thereby enabling reports to be produced with greater accuracy.








Performance against the 2017 LTP



The table below summarises how we delivered against our 2017 Local Transformation Plan for Accountability, Transparency and Governance:

| We said | We did | Achieved? |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------|
| We would produce a CYP MH JSNA to | The first <u>JSNA for C&YP mental health and emotional wellbeing</u> was published in June 2018. It includes sections on; | ✓ |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| inform service delivery in 2018. | <ul style="list-style-type: none"> • Prevention and early intervention • Parenting and sleep • Access to services • Vulnerable groups • Learning disabilities | |
| We would collate needs as identified by the needs parents/ carers have in supporting their children with mental health and behavioural difficulties. | Priorities for service transformation were agreed through the service mapping work and through consultation with the Youth Voice Group. |  |
| We would compare local and national data on the prevalence of mental health problems. | <p>The aim of this is to understand how current services are supporting our children and young people. By understanding the need we can start to understand the future impact on delivery of our service areas. This has been achieved by delivering the local evidence base to inform service provision and commissioning led by Future in Mind Steering Group members and Wirral Intelligence Service. This evidence base that underpins this work can be found here:</p> <p>https://www.wirralintelligenceservice.org/jsna/children-and-young-people-mental-health/</p> <p>We have also improved the way current performance is monitored through inter-related performance reports for Future in Mind, SEND and our mental health providers. By having an agreed single version of the truth and improved data quality, this will allow us to model future demands more accurately and inform future service redesign.</p> |  |
| We would develop greater understanding of the current demand on services | This has been delivered mainly by the JSNA. To date, work has been carried out to determine the areas of greatest need on Wirral using a locally adapted method of Multi-Criteria Decision Analysis (MCDA), using a wide range of data. The majority of areas of need are unsurprisingly clustered in the four most deprived wards |  |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>particularly around health inequalities for specific groups.</p> | <p>in Wirral; Birkenhead & Tranmere, Bidston & St. James, Rock Ferry and Seacombe. This supports other research indicating that in areas with the most acute needs, issues are numerous, complex and cluster together.</p> | |
| <p>We would deep dive into particular areas informed by our priorities.</p> | <p>Wirral Intelligence Service has undertaken two specific pieces of work under the direction of the Future in Mind Steering Group:</p> <ul style="list-style-type: none"> • What is the demand for bereavement support services for Children and Young People in Wirral. • The prevalence of Children and Young People who are vulnerable. <p>Wirral profiles have also been developed in support of the locally agreed outcomes using the Public Health Outcomes Framework that provide an overview of how Wirral is performing on the measures that matter and in comparison to other areas. Action plans will be developed by the Steering Group as and when areas of focus are agreed.</p> |  |
| <p>We would provide access to wider activity and performance data for all services that support children and young people services to enable a full understanding of current baselines and agree trajectories for improvement over the period 2018-21</p> | <p>Alongside the Wirral and National Profiles, a local insight tool has also been developed, that allows us to map national and local data such as ADHD prevalence to support access to wider activity and performance. The tool is available via the Wirral Intelligence Service website and can be accessed by all stakeholders and the public here: https://wirral.communityinsight.org/</p> |  |

| | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <p>We would collate non-NHS data in a simple and uniform form aligned to the MHSDS.</p> | <p>Wirral requires all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow data to national datasets such as MHSDS.</p> <p>Our understanding of children and young people’s health and care needs will increase through ‘joined-up’ intelligence and multi-organisational collaboration. For example, it will enable us to understand the specific needs of children and young people and to explore gaps in care and unwarranted variation across Wirral. This includes the identification of key local assets such as voluntary groups.</p> <p>By working with our wider stakeholders we can develop our wider intelligence to identify those children and young people who could benefit the most from interventions. This will inform the design and implementation of multidisciplinary, cross-organisational interventions that are targeted at appropriate population segments.</p> <p>We will develop an intelligence-led model of care that is underpinned by evidence, active monitoring and rapid improvement.</p> | <p>Partly</p> |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|



Key Deliverables by March 2020

| We Will |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Ensure we capture and understand the specific emotional health and wellbeing needs of our children and young people and understand the gaps in care through the Joint Strategic Needs Assessment.</p> |
| <p>Identify the children and young people who could benefit the most from emotional health and wellbeing interventions and understand the impact of the services provided.</p> |
| <p>Monitor the outcomes and identify opportunities to improve the quality of care and access to services using different scenarios, for example the impact of changing a pathway into a service.</p> |
| <p>Ensure transparency and accuracy in the services we provide for children and young people by reviewing and strengthening our performance framework. This may include</p> |

the use of advanced analytical tools and software and system-wide multi-disciplinary analytical teams.





THEME 5: WORKFORCE



Vision

Our vision is to provide a skilled and compassionate workforce to support the emotional health and wellbeing of children and young people, including through prevention and easy access to services.

Children and young people have told us that they want to feel listened to, by people who understand mental health. It is therefore important to look at the workforce mix, skills and training needs of not only the specialist CAMHS service but also of the wider workforce across children and young people services. This LTP therefore looks at the size and capacity of services and demand across organisations and outlines a Competency Framework we are developing to assess the skills and training needs across organisations. Together, these elements form a strategic workforce development plan.



Workforce Size

In July 2017 NHS England and Health Education England published “Stepping forward to 2020/21: The mental health workforce plan for England”. This outlined national expectations that the NHS is expected to increase the number of staff working in mental health. It set a national target to have an additional 1,700 therapists and supervisors by 2020/21. In Wirral we have grown our mental health workforce through the creation of the Primary Mental Health Team and the Parenting Co-ordinator with a further commitment to support staff to access mental health IAPT training.

There is also a national requirement to ensure more clinicians are training in evidence-based therapies. Wirral’s share of this is estimated to be 8-9 posts and this will be implemented over the next three years. The plan is to train people in CAMHS as follows:

| Year | Additional people to be trained in evidence-based therapies |
|---------|-------------------------------------------------------------|
| 2018/19 | 2 |
| 2019/20 | 3 |
| 2020/21 | 3 |

Wirral has also examined the number of posts, vacancies, Whole Time Equivalent (WTE) and staff turnover for the workforce supporting the mental health and emotional health and wellbeing of children and young people. This is summarised in the table below:

| Whole Time Equivalents as at 1 st August 2018 | |
|----------------------------------------------------------|----------------------------------------------------------|
| | Total (CAMHS, Community Paediatrics and 0-19 Service) |
| Total WTE in post | 214.67 |
| Total WTE of vacant posts | 9.91 |
| Total WTE (filled or unfilled) | 224.58 |

Note: the community paediatric data is for neuro-developmental services only – it excludes IHA, PAMR, Child Protection and EHCP.

In addition to the summary above, Wirral has 2,422 posts in schools and schools play an important part in supporting the emotional health and wellbeing needs of children and young people.

Staff turnover ranges 11-16% across CAMHS, Community Paediatrics and the 0-19 Service.

Whilst things like vacant posts and staff turnover are primarily an internal matter for each organisation, since workforce configuration impacts on the ability to meet the needs of Wirral children and young people, we continue to monitor these data sources and review any issues highlighted by this information and any associated risks to service provision.



Workforce and Training for Specific Needs

The Eating Disorder Service is well established in line with national guidance and delivering clinical standards; there are no additional staffing requirements.

The service model and staffing required to provide a 24/7 Crisis Care service will be developed as outlined above with consideration to both place-based and at-scale delivery. In 2018,

Wirral (in partnership with Cheshire) recruited additional staff to provide an out-of-hours service that provides telephone crisis support 17:00-22:00 in the week and 12:00-20:00 at weekends. The service also enables risk assessments to be undertaken at paediatric wards over the weekend.

The Early Intervention in Psychosis team delivered training to all CAMHS clinicians in 2018 to provide them with the skills to identify and support children and young people experiencing psychosis and what pathways should be followed.

The Learning Disabilities team within CAMHS is specially trained to treat children and young people with learning disabilities including autism. This team also provides link workers into the main CAMHS teams to ensure clinicians are able to meet the needs of children and young people with learning disabilities, autism, ADHD, or communication impairments.

Other teams would refer into CAMHS should they identify a children and young people who needs specialist support.



Capacity and Demand

Wirral has examined the demand and capacity of services in 2018. Our intention was to measure capacity and demand in a consistent way across all main providers including CAMHS, community paediatrics, the 0-19 service, schools and some voluntary organisations. As we looked into this in more detail we realised this would not be possible due to the nature of some services and the way data is (and can be) collected.

For example, the 0-19 Service provides both universal and targeted work and this makes assessing demand and capacity difficult.

Similarly, schools support the needs of all their pupils, often in informal supportive ways such as conversations between teacher and pupil, and therefore cannot give a meaningful picture of either capacity or demand; also, each school collects their data in a local way making collation problematic.

Each of the organisations use their own tool for measuring capacity. The table below summarises the capacity of these organisations to support the emotional health and wellbeing of children and young people in Wirral:

| Capacity | | | | |
|-------------------------------------------------------------------------|--------------|------------------------------|--------------------------------------------|--------------------------------------------------|
| 1st August 2018 | | | | |
| | CAMHS | Community Paediatrics | Open Door | Adolescent Support Counselling (Response) |
| Number of requests for service the organisation has capacity for | 1,008 | 1180 | Approx 390 Approx 800 from Feb 2019 | 276 |

Note: the community paediatric data is for neuro-developmental services only – it excludes IHA, PAMR, Child Protection and EHCP.

Note: the CAMHS figure is the number of accepted referrals that the service has capacity for based on Whole Time Equivalents in Partnership Teams and using the CAPA model.

Our investigation into demand showed that organisations that take referrals (CAMHS and Response) or deliver drop-in services (Open Door) are able to measure demand whereas universal services (e.g. Schools and the 0-19 service) are unable to provide meaningful data as they provide services to every child and young person. The table below summarises our findings:

| Demand | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|------------------|
| 1st April 2017 to 31st March 2018 | | | |
| Number of requests for service | CAMHS | Adolescent Support Counselling (Response) | Open Door |
| Aged 0-3 | 29 | 0 | 2 |
| Aged 4-11 | 731 | 0 | 31 |
| Aged 12-15 | 860 | 218 | 70 |
| Aged 16-19 | 350 | 152 | 102 |
| Aged 20+ | 2 | 0 | 188 |
| Total number of requests for service | 1972 | 370 | 393 |
| Children and young people at Level 4 of the continuum of need (i.e. Child In Need, Child Protection or Child Looked After) | 215 | 46 | N/A |

Note: the demand data for Response includes accepted referrals only; the others include accepted and declined referrals.

This shows that almost half (44%) of CAMHS referrals are for the age range 12-15 with a further 18% being 16-19 – which means that young people of secondary school age account for 61% of CAMHS referrals. Children of primary school age (4-11 years old) account for 37% of CAMHS referrals and early years (0-3 years old) account for just 1%.

Total demand for these three services in 2017/18 was 2,735, but this will include some children and young people referred to more than one service; this data quality issue should be less significant in the future as CAMHS and Response now discuss waiting lists on a regular basis and ensure each child and young person is only on the waiting list for one organisation.

The data for CAMHS capacity (1,008 accepted referrals per year) and CAMHS demand (1,972 referrals per year including declined referrals) shows how demand exceeds current capacity.

Demand within CAMHS has been analysed according to the primary reason for referral (based on open cases at 16th July 2017):-

- ★ Anxiety = 309.
- ★ Behavioural Problems = 243.
- ★ Emotional Problems = 120.

Together, these three categories account for 57% of referrals. An analysis of how confident clinicians are in delivering interventions for specific clinical needs demonstrates that the highest level of confidence closely matches the demand: staff said they were most confident at providing interventions for Anxiety / Depression, Challenging Behaviour and Complex Care. This strongly suggests that CAMHS staff have appropriate training and skills. We will analyse this information further in 2019 to identify trends and potentially be better able to target early interventions.

A similar analysis was undertaken for CAMHS interventions (type of treatment) which again showed that, broadly, the confidence in delivering interventions matched the demand for that type of intervention. This supports the view that CAMHS staff have the right training and skills.



Continual Professional Development

All services provide continual professional development such as supervision, mandatory training and further training. Services are encouraged to participate in evidence-based therapies such as CYPIAPT (see below).



Children and Young People's Improved Access to Psychological Therapy (CYPIAPT)

Wirral's participation in CYPIAPT is coordinated by the CYPIAPT Lead for Cheshire and Wirral.

CYPIAPT is a project that aims to improve access to psychological therapies (IAPT) for children, young people and families and is built on several principles:

- ★ Using routine outcome monitoring (ROMs) to measure a person's wellbeing, progress and improvement.
- ★ To get more people accessing services for their mental wellbeing in a timely manner.
- ★ Engaging children and young people, not just in their own treatment but also in service design.

CYPIAPT was established in 2011 and aims to get current staff trained in specific modalities of evidence-based psychological interventions such as Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy for Adolescents and Eating disorders (IPT-A or IPT-ED), Autistic Spectrum Disorders and Learning Disabilities (ASD and LD) as well as Systemic Family Practice (SFP), Parental Training (PT) and Infant Mental Health (0-5 years). Training clinicians also required high quality supervision and therefore training was also offered for people to become supervisors in the above modalities, including Leadership and Management for CYPIAPT.

Wirral have given an ongoing commitment to support the workforce in accessing both the CYPIAPT and leadership courses to enable safe and effective clinical practice and high quality supervision. We have expressed an interest in applying for the relevant courses. Collaboratively, commissioners and the provider organisations are committed to supporting staff to access the wide offer of training including the newly introduced Children and Young Persons' Well-being Practitioner (CYWP) which is a less intensive course and qualification but gives clinicians a good grounding in evidence-based practices.

It is also envisaged that more partner organisations will access this training to skill up people involved in various parts of a child's journey such as Local Authority, health visitors, teachers, teaching assistants or social workers.

CYPIAPT and its principles are now embedded in Wirral:

- ★ **Collaboration and participation:** Organisations such as CAMHS and the Local Authority have engagement groups; FiM primarily uses the Youth Voice Group. CAMHS will fund a Participation Worker who will support CAMHS staff CWP with participation and engagement work and events.
- ★ **Evidence-based practice:** Wirral is getting a larger proportion of clinical staff, especially those working in the Partnership teams in CAMHS, to be trained in evidenced-based practice. The sustainability of continuing training in evidence-based interventions is being considered. Wirral CCG will fund the training and backfill costs to support two Wirral children and young people staff on CBT training on the 2019 cohort.
- ★ **Routine outcome monitoring with improved supervision:** CAMHS has agreed to use the RCADS and Current View as standard for anyone accessing this service. This was agreed after consultation with various teams and the decision was reached because the RCADS is already well used and understood, measures a range of conditions and is completed by the children and young person and/or parent and carer. The

Current View is completed by the clinician and records information about the population accessing CAMHS including vulnerable groups.

Local arrangements to support the participation of staff from all agencies in CYPIAPT training were successful in 2018: 2 health visitors were trained. The benefits of CYPIAPT training for the wider workforce will be shared through both the FiM Steering Group and the workforce subgroup to grow the numbers of non-CAMHS clinicians accessing training.

We are aware of the potential increase in clinicians needing appropriate supervision so we plan to send some current staff on the CBT supervisors course.

Wirral knows that training a further 5 CWP staff in evidence-based practice would have a positive impact on patient flow and intervention and it has been agreed to stagger this to two staff this year and the remaining three in 19/20; this fits with the Future in Mind and Five Year Forward View.

We are implementing the routine use of outcomes monitoring as recommended by CYPIAPT principles. CAMHS across the Trust (not just Wirral) has improved its reporting of use of paired outcomes from 2% to 62% in 2018. There is ongoing work nationally with NHS Digital to help all services with their reporting and Wirral will engage with this. CAMHS also uses the Friends and Family Test.



Workforce for Resilience, Prevention and Early Intervention

Wirral has a Primary Mental Health Team dedicated to prevention, resilience and early intervention. It includes a manager, clinical psychologist, Primary Mental Health Workers and administrative support. This team works closely with schools and the wider workforce such as delivering training. For more information see “Theme 1: Resilience, Prevention and Early Intervention”.



Workforce for CAMHS

The composition of the CAMHS team was analysed in detail in summer 2017. At this point, CAMHS had a total of 68 staff (57 WTE) including 4 in the management team and excluding all administrative resources. This resource was broken down across 0-13 years (42% of overall workforce) and 14-18 years (58% of overall workforce) teams.

The analysis showed that, although there is slight variation, each team is sufficiently staffed across each day.

The most common job title within CAMHS was “Mental Health Practitioner” comprising 36% of the workforce. They provide clinical interventions and are supported by other roles such as psychologist, psychotherapist and psychiatrist.

Nationally the Future in Mind strategy highlighted that: “Skills and capabilities audits in the North West have shown... gender and age issues that need to be addressed. 48% of staff in the survey were found to be due to retire in the next 10 years, and 90% were female.” The review of the Wirral CAMHS workforce in 2017 considered age and gender and showed that 85% of the CAMHS workforce (WTE) was female – slightly more balanced in Wirral than across the North West. Discussions with the Youth Voice Group have shown that at least some young people believe there should be more male clinicians in CAMHS.

The age breakdown showed that 33% of the CAMHS workforce (WTE) was aged 50 or over (and therefore perhaps considering retirement in the next 10 years) compared to 48% being due to retire in the next ten years across the North West. The age profile was also analysed against the clinical pathways. This showed that no pathway faces a significant issue due to imminent retirement.



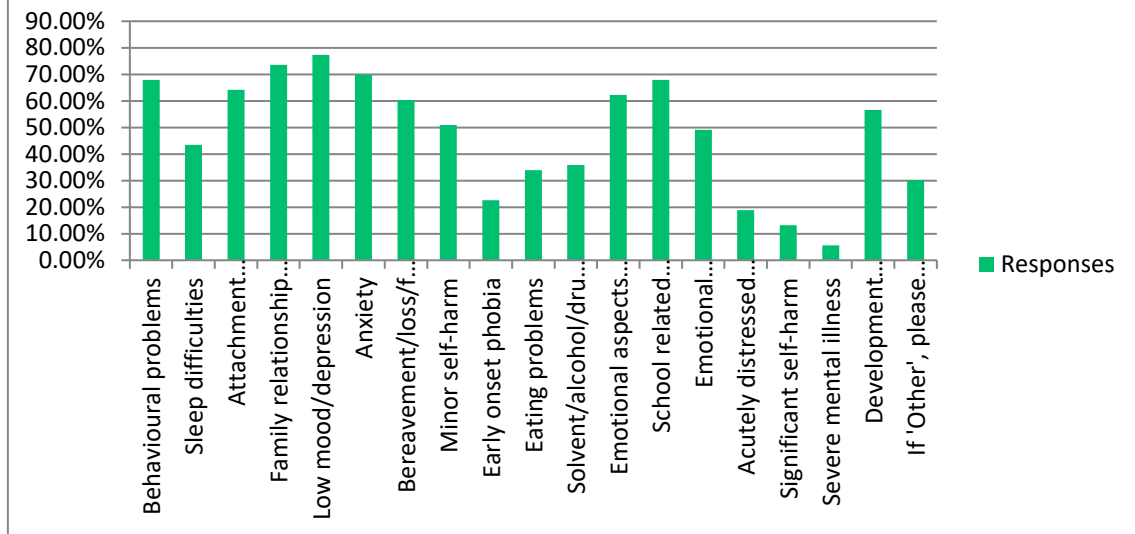
Training for the Wider Workforce

During summer 2017, organisation’s providing emotional health and wellbeing services were asked to partake in a survey in relation to workforce. 76% of respondents said that their staff had received some training in the last 12 months on emotional health and wellbeing. 5% said they provide training to other organisations.

The survey looked at the confidence levels of staff at supporting children and young people in their emotional health and wellbeing. 5% said this was a function they did not normally perform. 15% said their staff had limited confidence and 80% said their staff had “good” or “total” confidence at supporting the emotional health and wellbeing of children and young people.

The skills of the workforce were also analysed:

Could you confirm which skills your workforce has in the following conditions?



This shows that at least half of respondents felt their service had the skills to support children and young people in:-

- ★ Behavioural problems.
- ★ Attachment difficulties.
- ★ Family relationship difficulties.
- ★ Low mood / depression.
- ★ Anxiety.
- ★ Bereavement / family breakdown.
- ★ Minor self-harm.
- ★ Emotional aspects of child protection.
- ★ School related difficulties (not primarily learning problems).
- ★ Development disorders including autistic spectrum disorders.

Future training needs identified by respondents included:-

- ★ Introduction to emotional health and wellbeing.
- ★ Attachment.
- ★ Where they could signpost people to.
- ★ Early identification.
- ★ Brain development.
- ★ Resilience.
- ★ Behavioural problems.
- ★ Next Step Cards.
- ★ Gender identity issues.
- ★ Self-harm and suicide prevention.
- ★ Mental health first aid.
- ★ Domestic abuse.

- ★ Anxiety.
- ★ Depression and low mood.
- ★ Post-natal depression.
- ★ Medical prescribing.
- ★ Communicating with people with mental health problems.
- ★ How to manage emotional wellbeing in the home.
- ★ Eating disorders.
- ★ Trauma.
- ★ Therapeutic support to parents.
- ★ Post-Traumatic Stress Disorder.

This shows the wide range of mental health affecting young people and the training needs in our workforce to meet these needs.

The skills of the wider workforce in supporting children and young people regarding their emotional health and wellbeing are being developed through training on Next Step Cards and training and support being delivered by the CAMHS Primary Mental Health Team:-

- ★ Next Step Cards are a way of facilitating conversations (including goal setting) with children and young people regarding emotional health and wellbeing. 300 staff across many different organisations have been trained to use Next Step Cards. For further information see “Training in Next Step Cards” (above).
- ★ The CAMHS Primary Mental Health Team delivers courses to train the wider workforce in relation to emotional health and wellbeing each fortnight. Commencing in September 2017, topics have included an introduction to emotional wellbeing, self-harm, attachment and anxiety, with the topics identified from consultation with the wider workforce. For further information see Theme 1: Promoting Resilience, Prevention and Early Intervention (above).



Training for Schools and Colleges

Wirral has strong relations with schools and colleges, such as through the Primary Mental Health Team working closely with Accelerator Schools. This continual engagement, together with an annual [School Survey](#), provides a clear picture of the needs schools and colleges have. Schools and colleges have been able to access the training being delivered by the CAMHS Primary Mental Health Team since January 2017. All schools, including special provision, were offered at least one training place to implement and use Next Step Cards and many took up this offer. For further information see Theme 1: Promoting Resilience, Prevention and Early Intervention (above).



Training for Community Paediatrics

The Wirral University Teaching Hospital has mandatory training for all staff which includes Vulnerable People Training levels 1, 2 and 3. There is additional training for Ward/ Paediatric Assessment Unit staff in terms of:-

- ★ Paediatric Life Support.
- ★ Advanced Paediatric Life Support.

Other training is linked to service need - e.g. Mental Health or High Dependency Care.

Specialist nurses have additional training in nurse prescribing and local/national training to maintain skills in their specialist field.

Hospital@Home are supported to complete training towards a community practitioner degree. In addition, staff participate in multi-agency training delivered by Social Care.



Training for the 0-19 Service within the Wirral Community Trust

As part of the 0-19 mandatory training requirements, all staff are trained in the Solihull Approach (emotional health and wellbeing training) and perinatal and infant mental health (adapted depending on the role). Health visitors are trained in Motivational and Promotional Interviewing and School Nurses have been trained in Motivational Training. Health Visitors are trained in Newborn Behavioural Observation (NBO) and (NBAS) Newborn Behavioural Assessment Scale. School nurses have been trained in next steps cards. The 0-19 services also accesses the training from the CAMHS Primary Mental Health team as appropriate.

School nurses and health visitors are able to attend the training provided by the PMH team.

In 2018, 2 Health Visitors undertook training in CYPIAPT.



Training for Local Authority Social Care and Targeted Support Teams

Local authority staff attend individual courses according to their role and training needs and many staff are trained in the use of Next Step Cards.

Future training needs for this group of staff are:-

- ★ Training by primary mental health team to include tools/resources to use when working with children and young people.
- ★ Next Step Cards.

- ★ There is a need for a single basic course so that all professionals working with children and young people have the same message and approach aligned to the local Future in Mind transformation plan.



Competency Framework

In 2018 Wirral produced a Competency Framework for emotional health and wellbeing through consultation with representatives from a number of different organisations including NHS providers, education and the voluntary sector. The Competency Framework is aligned with the Wirral Multi-agency Safeguarding Competency Framework and is supported by the Local Safeguarding Children Board.

All organisations can use the Competency Framework. It enables organisations to benchmark themselves against a set of competencies so that they can assess whether their workforce has the recommended skills to support the emotional health and wellbeing of children and young people. It describes four levels:-

- ★ Staff Group A (1) - Those staff in infrequent contact with children and young people who may become aware of mental health needs.
- ★ Staff Group B (2) - Members of the workforce who work predominantly with children, young people and/or their parents and who could potentially contribute to assessing, planning, intervening and reviewing the mental health needs of a child or young person, but who are not counsellors or therapists.
- ★ Staff Group C (3) - Members of the workforce whose primary role is to offer focused and targeted mental health interventions (i.e. counsellors and therapists).
- ★ Staff Group D (4) - Those with responsibility and accountability for Strategic Management and Leadership of mental health provision.

Whatever their role, all employees and volunteers should know what to do if they have any concern over the emotional health and wellbeing of a child or young person. As a minimum, everyone should therefore be competent in the first level described in the Competency Framework as we all have a responsibility to promote positive mental health. Beyond this, the level of competency required will depend on the role of the individual.

We are currently looking at the training that can be used to enable staff to attain each level of the Competency Framework.

A pilot will be run of the Competency Framework in 2019 with rollout supported through service specifications and commissioning plans.



Provider Forum

A Provider Forum has been established. This is chaired by the manager of one of the local voluntary organisations (The Open Door Centre) and shares good practice, identifies common concerns and looks to develop shared solutions. The first meeting was on 13th September 2018 and the second on 10th January 2019. The next is on 9th May 2019. This allows multi-agency workforce collaboration and supports awareness of mental health.







Performance against the 2017 LTP



The table below summarises how we delivered against our 2017 Local Transformation Plan for workforce:

| We said | We did | Achieved? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| We said that CAMHS would monitor the number of vacant posts and that the turnover of staff and data would be reported in the activity dashboard | Data on staff turnover for the 2017/18 financial year has been collated from CAMHS, the 0-19 physical health service, community paediatrics and schools (see above). | ✓ |
| We said we would promote therapies and resources that link to specific pathways (NICE guidelines) i.e. what works for depression, low mood, self-harm etc. | CAMHS use NICE-approved therapies and guidelines and are developing clinical pathways which use NICE-approved treatments. CAMHS, Open Door and social care use evidence-based interventions that are known to work for conditions such as depression, low-mood and self-harm. A <u>joint directory of services</u> has been delivered by CAMHS and the local authority's Early Help Team, enabling professionals and families to know what | ✓ |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | <p>help is available, and thereby enable them to support pathways.</p> <p>The Wirral Advice Line and out-of-hours service (0151 488 8453) signposts both professionals and families to appropriate organisations for support.</p> | |
| <p>We said that all services would continue to monitor the demand and capacity to deliver emotional health and wellbeing for children and young people and meet national targets of 1,700 additional therapists and supervisors by 2020/21</p> | <p>Measures of capacity and demand for services supporting the emotional health and wellbeing of children and young people in Wirral are included in this section of the Local Transformation Plan (above).</p> <p>Wirral's share of the national number of additional therapists and supervisors needed by 2020/21 has been estimated to be 8-9 posts and this will be implemented over the next three years.</p> |  |
| <p>We said we would use the intelligence from the mapping survey and workshops to identify the workforce development requirements for staffing levels, skill mix and training needs and create a multi-agency workforce plan</p> | <p>A survey from summer 2017 identified draft training needs (see above).</p> <p>Mapping events were held in December, February and June and the findings of these will be used to help develop future services.</p> <p>A Competency Framework will be developed next year enabling organisations to self-assess.</p> |  |
| <p>We said we would engage in the national opportunities for workforce development linked to the CYPIAPT programme</p> | <p>In the last year a Wirral CAMHS clinician took part on the IPT-A (Interpersonal Therapy for Adolescents) course and another on the CBT Supervisor course and 2 Wirral Health Visitors took part in the 0-5s training. Wirral will continue to engage in the CYPIAPT programme next year.</p> |  |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>We said we would further develop professional forums for workforce collaboration to share learning and best practice</p> | <p>The first Provider Forum took place on 13th September 2018 and the second will be on 10th January 2018.</p> |  |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|



Key Deliverables by March 2020

| We Will |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Determine whether there is a benefit of raising the awareness of businesses to the mental health support available to children and young people.</p> |
| <p>Pilot the Competency Framework to enable organisations to assess the training they need for their staff so that they can support the mental health needs of children and young people.</p> |
| <p>Assess capacity and demand for services supporting the mental health of children and young people.</p> |
| <p>Identify and analyse potential areas of focus for early intervention and prevention work to help reduce demand in the future.</p> |
| <p>Increase the CAMHS workforce trained in CYPIAPT in line with the national target (8-9 staff in Wirral over 3 years).</p> |
| <p>Further develop the wider workforce by accessing courses on CYPIAPT and encourage the wider system to engage.</p> |





APPENDIX 1 – UNDERSTANDING LOCAL NEED

Source: Public Health England - Wirral Profile for Children's and Young People's Mental Health and Wellbeing or as PHE Fingertips profile for Wirral



Context and Local Need

Area type Areas grouped by Benchmark

Area Region CIPFA nearest neighbours to Wirral

[Search for an area](#) [Filter indicators](#)

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not compared

Recent trends: - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

Export table as image



| Indicator | Period | Wirral | | Region England | | England | | | | Best/Highest |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|-------|----------------|--------|---------|--------------|-------|--------------|--------------|
| | | Recent Trend | Count | Value | Value | Value | Worst/Lowest | Range | Best/Highest | |
| Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 ■ | 2015 | - | 4,271 | 9.6%* | 9.6%* | 9.2%* | 7.0% | | 11.0% | |
| Estimated prevalence of emotional disorders: % population aged 5-16 ■ | 2015 | - | 1,669 | 3.7%* | 3.7%* | 3.6%* | 2.8% | | 4.2% | |
| Estimated prevalence of conduct disorders: % population aged 5-16 ■ | 2015 | - | 2,591 | 5.8%* | 5.8%* | 5.6%* | 4.0% | | 6.9% | |
| Estimated prevalence of hyperkinetic disorders: % population aged 5-16 ■ | 2015 | - | 690 | 1.5%* | 1.6%* | 1.5%* | 1.1% | | 1.9% | |
| Prevalence of potential eating disorders among young people: estimated number aged 16 - 24 ■ | 2013 | - | 4,302 | 4,302* | - | * | - | - | - | |
| Prevalence of ADHD among young people: estimated number aged 16 - 24 ■ | 2013 | - | 4,541 | 4,541* | - | * | - | - | - | |
| Cause for concern - Looked after children where there is cause for concern: % of looked after children ■ | 2016/17 | - | 55 | 22.1% | 33.6% | 38.1% | 62.4% | | 7.8% | |
| Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 ■ | 2016/17 | - | 282 | 545.2 | 474.0 | 407.1 | 98.2 | | 1,156.8 | |
| Hospital admissions as a result of self-harm: Crude rates per 100,000 (10-14 yrs) ■ | 2016/17 | ↑ | 48 | 264.7 | 294.5* | 207.2 | 40.9 | | 590.4 | |
| Hospital admissions as a result of self-harm: Crude rates per 100,000 (15-19 yrs) ■ | 2016/17 | → | 133 | 739.8 | 688.6* | 617.1 | 133.2 | | 1,624.0 | |
| Hospital admissions as a result of self-harm: Crude rates per 100,000 (20-24 yrs) ■ | 2016/17 | → | 101 | 624.1 | 441.9* | 397.9 | 57.2 | | 1,247.8 | |
| School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age) ■ | 2018 | - | 798 | 2.90% | 2.12% | 2.19% | 1.17% | | 3.95% | |
| School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age) ■ | 2018 | - | 753 | 3.57% | 2.19% | 2.31% | 1.17% | | 4.66% | |
| School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age) ■ | 2018 | - | 1,764 | 3.55% | 2.35% | 2.39% | 1.24% | | 4.26% | |



Understanding Primary Prevention: Vulnerability

Area type: County & UA Areas grouped by: Region Benchmark: England

Area: Wirral Region: North West

[Search for an area](#) [CIPFA nearest neighbours to Wirral](#) [Filter indicators](#)

Data quality: Significant concerns Some concerns Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Recent trends: Could not be calculated Increasing / Getting worse Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better No significant change Increasing Decreasing

[Export table as image](#)



| Indicator | Period | Wirral | | Region England | | | England | | | Best/Highest |
|-----------------------------------------------------------------------------------------------------------------------|---------|--------------|---------|----------------|-------|-------|--------------|-------|--------------|--------------|
| | | Recent Trend | Count | Value | Value | Value | Worst/Lowest | Range | Best/Highest | |
| Looked after children: rate per 10,000 population aged under 18 | 2015/16 | - | 670 | 99.2 | 82.5 | 60.3 | 21.5 | | 163.8 | |
| Children leaving care: rate per 10,000 children aged under 18 | 2015/16 | - | 200 | 29.6* | 30.2* | 27.2* | 9.4 | | 75.0 | |
| Children leaving care: rate per 10,000 children aged under 18 | 2015/16 | - | 200 | 29.6* | 30.2* | 27.2* | 9.4 | | 75.0 | |
| 15 year olds with 3 or more risky behaviours: % of 15 year olds | 2014/15 | - | - | 18.5% | 16.9% | 15.9% | 3.2% | | 23.8% | |
| Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18 | 2017 | - | 27 | 4.0 | 6.3 | 6.7 | 0.5 | | 53.3 | |
| Fixed period exclusion due to persistent disruptive behaviour: rate per 100 school aged pupils | 2016/17 | → | 555 | 1.1% | 1.1% | 1.4% | 0.3% | | 11.1% | |
| Primary school fixed period exclusions: rate per 100 pupils | 2016/17 | → | 309 | 1.12% | 1.18% | 1.37% | 0.22% | | 3.11% | |
| Secondary school fixed period exclusions: rate per 100 pupils | 2016/17 | ↑ | 1,913 | 9.1% | 9.4% | 9.4% | 3.0% | | 55.2% | |
| School absence: % of half days missed | 2016/17 | ↓ | 754,867 | 5.09% | 4.69% | 4.65% | 3.15% | | 5.74% | |
| 15 year olds with a long-term illness, disability or medical condition diagnosed by a doctor: % of 15 year olds | 2014/15 | - | - | 15.5% | 14.2% | 14.1% | 9.2% | | 18.6% | |
| Children in need due to child disability or illness: rate per 10,000 children aged under 18 years | 2017 | - | 232 | 34.3 | 27.3 | 31.2 | 4.4 | | 113.5 | |
| Pupils with Learning Disability: % of school aged pupils | 2017 | ↑ | 3,620 | 7.3% | 5.8% | 5.6% | 3.1% | | 10.3% | |
| Pupils with special educational needs (SEN): % of school pupils with special educational needs (School age) | 2018 | ↓ | 8,226 | 16.6% | 14.6% | 14.4% | 9.3% | | 19.8% | |
| Pupils with special educational needs (SEN): % of school pupils with special educational needs (Primary school age) | 2018 | - | 4,031 | 14.7% | 14.0% | 13.8% | 9.3% | | 19.5% | |
| Pupils with special educational needs (SEN): % of school pupils with special educational needs (Secondary school age) | 2018 | - | 3,069 | 14.6% | 12.0% | 12.3% | 7.1% | | 19.8% | |
| 15 year olds who were bullied in the past couple of months: % of 15 year olds | 2014/15 | - | - | 53.8% | 54.2% | 55.0% | 42.6% | | 63.1% | |
| 15 year olds who are regular drinkers: % of 15 year olds | 2014/15 | - | - | 7.6% | 6.5% | 6.2% | 1.0% | | 12.3% | |
| 15 year olds who are current smokers: % of 15 year olds | 2014/15 | - | - | 7.4% | 8.0% | 8.2% | 3.4% | | 14.9% | |
| 15 year olds who have taken drugs (excluding cannabis) in the last month: % of 15 year olds | 2014/15 | - | - | 0.8% | 0.9% | 0.9% | 0.1% | | 4.2% | |
| First time entrants to the youth justice system: rate per 100,000 population aged 10-17 | 2017 | ↓ | 44 | 150.0 | 257.2 | 292.5 | 104.4 | | 687.0 | |
| Not in education employment or training: % of 16 - 18 year olds | 2015 | ↓ | 510 | 4.5% | 4.8% | 4.2% | 1.5% | | 7.9% | |





APPENDIX 2: MAKING CHANGE HAPPEN: PROJECT MANAGEMENT

Wirral has developed a “Future in Mind Road Map”. This can be seen in Appendix 3.

Wirral is moving to commissioning by outcomes. In 2018 the CCG, local authority and Public Health began formal collaborative commissioning and there is commitment across Wirral Health and Care Commissioning to commission by outcomes. This development is running in parallel (and supported by) the creation of a Future in Mind Dashboard. For more detail see the section Accountability, Transparency and Governance (above).

Wirral has innovative approaches to improving services supporting the emotional health and wellbeing of children and young people. These include providing an Advice & Duty phone line, with half of all callers being families. We support and enable the dissemination of this good practice by presenting our work at conferences. Within Wirral, one of the roles of the Accelerator Schools is to share best practice across all schools and colleges. Wirral has also developed a national toolkit for providing Peer Education. For more detail see the section Prevention, Resilience and Early Intervention (above).

The Delivery Plan is presented in the thematic sections of this LTP and all the sections are collated and shown at the beginning of this LTP in the Delivery Plan to March 2020. Each deliverable has an identified owner (the relevant Theme Lead) who is responsible for delivery. Progress against these deliverables is reported to the monthly FiM Steering Group chaired by the senior commissioner. Between each FiM Steering Group meeting the Project Manager meets each Theme Lead to check on progress, highlight areas where further work is needed and to lend support. This arrangement was used throughout 2018 and worked well: delivery was achieved, the FiM Steering Group was assured of progress and each Theme Lead felt supported.

At a high level, progress is also reported to the Youth Voice Group – for example at meetings in January and June 2018.

Most funding for FiM was committed from the outset with the creation of the Primary Mental Health Team. This team is doing crucial work and continues to receive funding. The funding plan for next year remains the same as last year: see section “Finance: Investment in Children and Young People’s Mental Health” (above) for more detail.



Risk Log

This Risk Log summarises the risks that might prevent the Delivery Plan from being delivered.

Probability is scored 1-5 (1 being low probability, 5 being high).

Impact is scored 1-5 (1 being low impact, 5 being high) and is the potential impact on the delivery of this Local transformation Plan.

| No | Theme | Risk | Probability | Impact | Actions to reduce the risk |
|----|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | All | As a result of competing demands there is a risk that stakeholders do not deliver against the timescales in the Delivery Plan, which would cause a delay | 3 | 3 | <p>A Future in Mind Steering Group meets monthly and tracks progress against the Delivery Plan; all stakeholders responsible for actions in the Delivery Plan are invited and any slippage to the timescales will be discussed and the impact mitigated against.</p> <p>The Future in Mind Project Manager meets monthly with each Theme Lead to check on progress and provide support.</p> <p>Residual score = 4</p> |
| 2 | All | There is a risk that key people might leave, which could result in delay or to changes in what people think should be delivered | 3 | 3 | <p>The person leaving, and the organisation they work for, will be responsible for a robust handover; in doing so they will be supported by the Steering Group.</p> <p>Residual score = 4</p> |
| 3 | All | As a result of events or changes in policy or best practice there is a risk that the priorities of commissioners or providers might change, which could lead to a change in what is | 2 | 4 | <p>The Delivery Plan will be updated in response to changing needs.</p> <p>Members of the Steering Group update each meeting on latest developments such as the Sustainability and Transformation Plan.</p> <p>Residual score = 4</p> |

| | | | | | |
|---|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | wanted compared to what is set out in the Delivery Plan. | | | |
| 4 | Accountability, Transparency and Governance | As a result of some services not being commissioned by the NHS and some services only seeing clients once, there is a risk that Wirral will not be able to attain 35% of children and young people with a diagnosable mental health condition receiving treatment, which could result in Wirral not meeting the national Access Target. | 3 | 2 | <p>Monitor and challenge how each organisation is contributing to the Access Target.</p> <p>Encourage non-commissioned providers to submit their data.</p> <p>Liaise with NHS England and NHS Digital regarding criteria for inclusion in the figures. For example, if a service sees clients once then passes them to a different provider as part of an agreed pathway, does this contribute towards the target?</p> <p>Residual score = 4</p> |
| 5 | Accountability, Transparency and Governance | As a result of the local authority redesigning their offer there is a risk that the local authority may alter its commissioning intentions which may impact on CAMHS delivery | 4 | 4 | <p>Commissioning intentions are discussed between the local authority, public health and the CCG.</p> <p>Residual score = 9</p> |
| 6 | Workforce | As a result of national difficulties with recruitment and retention there is a risk that Wirral will not be | 3 | 2 | Each provider will work collaboratively to consider the requirements to meet the national workforce targets. Early identification of challenges will be reported |

| | | | | | |
|--|--|---------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | able to increase the workforce in line with national targets. | | | to the Future in Mind Steering Group and resolutions to mitigate will be agreed. In 2019 CAMHS will look to strengthen its retention policy to reduce the number of staff leaving after having been trained by CAMHS. Residual score = 4 |
|--|--|---------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

There are no new services being procured and therefore no risks associated with procurement.

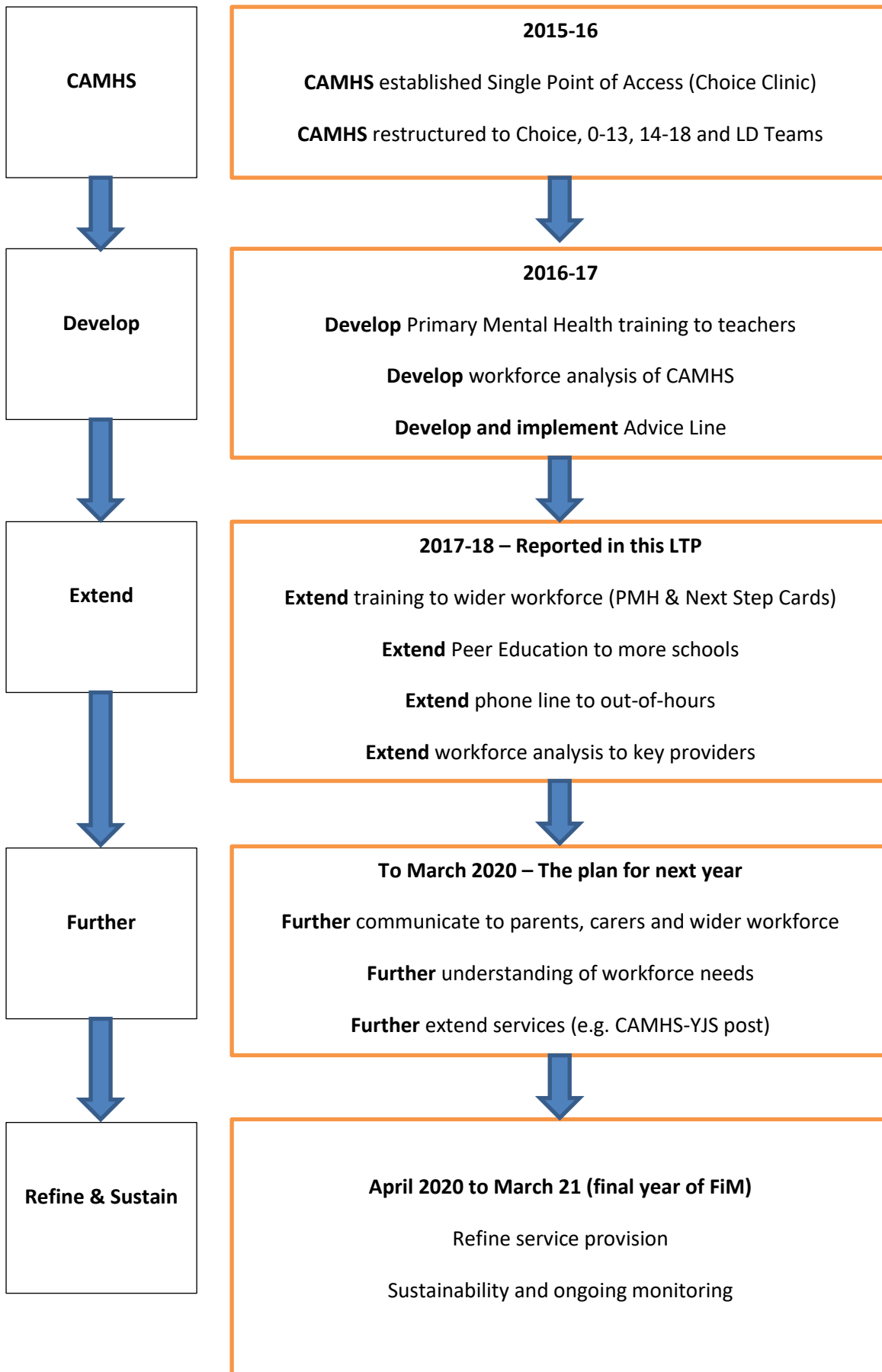
Much of Wirral’s investment was made in the first year with the creation (and ongoing funding) of the Primary Health Team. There are therefore few risks associated with finance.





APPENDIX 3: ROAD MAP

Wirral Future in Mind Road Map





GLOSSARY AND ABBREVIATIONS

ASD – Autistic Spectrum Disorder.

ADHD – Attention Deficit Hyperactivity Disorder.

CAMHS – Child and Adolescent Mental Health Service – the main clinical service for people under 18 with moderate to severe mental health problems.

CBT trauma – focused Cognitive Behavioural Therapy.

CCG – Clinical Commissioning Group, responsible for mental health services and for the production of this document.

Choice – The initial assessment of a child or young person by CAMHS. It focusses on enabling the child or young person a choice of how to proceed.

CQUIN – Commissioning for Quality and Innovation, additional funding available for defined service improvements.

CWP – Cheshire and Wirral NHS Foundation Trust – the provider of the CAMHS service.

CYPIAPT – Child and Young People Improved Access to Psychological Therapies, an evidence-based treatment for mental health.

EMDR – Eye Movement Desensitization and Reprocessing – a type of treatment.

FiM – Future in Mind, a government policy for the mental health of children and young people.

JSNA – Joint Strategic Needs Assessment, a document summarising the needs of local people.

LD – Learning Disabilities.

LTP – Local Transformation Plan, this document.

LSCB – Local Safeguarding Children Board.

NHS – National Health Service.

TCP – Transforming Care Programme, guidance on improving services for people with learning disabilities and / or autism.



WEB LINKS

Future in Mind policy =

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

My Mind website for mental health = <http://www.mymind.org.uk/>

Qb Test for Attention Deficit Hyperactivity Disorder = <http://www.qbtech.com/>

Joint Strategic Needs Assessment = <https://www.wirralintelligenceservice.org/jsna/children-and-young-people-mental-health/>

Mental Health Foundation resource = <https://www.mentalhealth.org.uk/campaigns/mental-health-schools-make-it-count>

Open Door = <http://theopendoorcentre.org/>

Peer Education online toolkit = <http://cwpcamhscentre.mymind.org.uk/peer-education/>

Shared service director for CAMHS and Early Help =

<https://www.wirral safeguarding.co.uk/professionals/what-is-early-help/>

Wirral Plan 2020 = <https://www.wirral.gov.uk/about-council/wirral-plan-2020-vision>

