

Healthy Wirral 


Wirral Clinical Commissioning Group



FORWARD THINKING

Children and Young People's Mental Health and Wellbeing

TRANSFORMATION PLAN

FOREWORD

The Future in Mind plan for Wirral was originally submitted to NHS England in October 2015, and published in January 2016.

Since its publication, significant investment and progress has been made on the journey to transform services for children and young people's mental health, to achieve the national Future in Mind ambitions.

Following the first year of progress, and the publication of the Five Year Forward View for mental health, Wirral partners have updated this local Future in Mind plan, to ensure it provides the most up-to-date information, and provides details of progress made to date.

The local vision remains unchanged, as does detail of the commissioning landscape prior to the Future in Mind plan. However, we have refreshed the information on local need, and provided detail on the progress made to date.

We are pleased with the progress made in such a short span of time, however, are aware that there is still much to do. We will continue to actively engage with our partners, and our children and young people, to turn our vision into a reality.

We would like to thank all partners that have supported us on our journey so far, and who continue to support us moving forwards.



INTRODUCTION

Wirral believes that the emotional well-being and mental health of children and young people is everyone's business and that we all have a part to play. This plan sets out how Wirral CCG and its 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.

It is a high level plan that sets out how we will work with our stakeholders to bring about change until 2020/21.

Feeling unhappy, or having mental illness at a young age, can really have life-long effects if the right support is not offered or available.

In response to these challenges, the Government has produced 'Future in Mind',¹ setting out five key themes to create a system that will support the emotional wellbeing and mental health 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**
- **Developing the workforce**
- **Accountability and Transparency**

Our plan will set out how Wirral as a health and social care economy will collectively respond to the proposals set out within Future in Mind, whilst also responding to local need and challenge over the next five years.

It is a joint plan between Wirral 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*

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

CONTEXT AND KEY LOCAL ISSUES

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

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

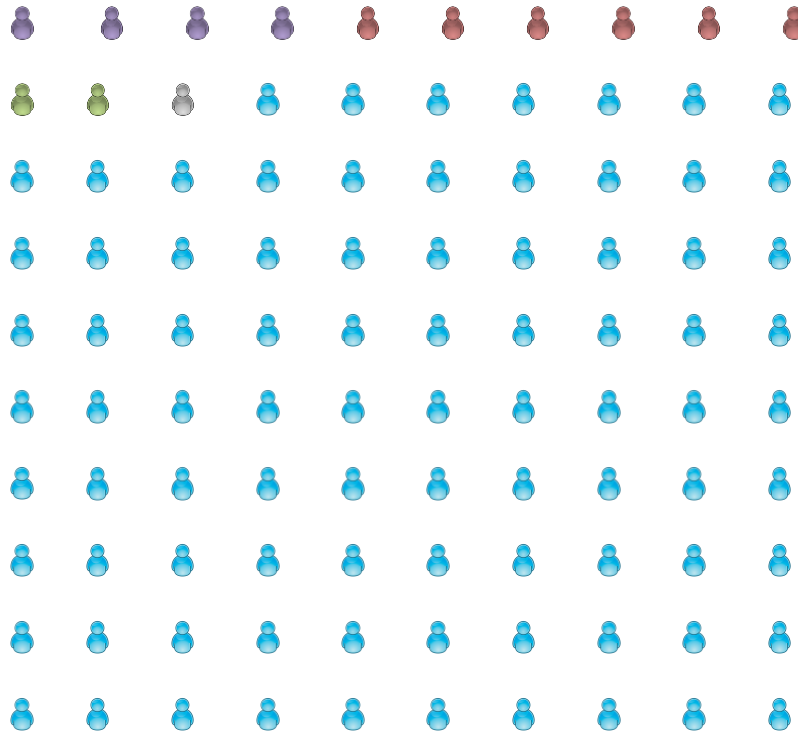
Young people not in education, employment or training report particularly low levels of happiness and self-esteem

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

Whilst we have been fortunate to be able to invest additional resource in mental health services for children, it is clear that it is no longer possible to deliver services that will meet the growing demand, within shrinking resources, without working in a significantly different way.

That is, rather than making short-term savings, commissioners and providers will need to work together to deliver transformational changes.





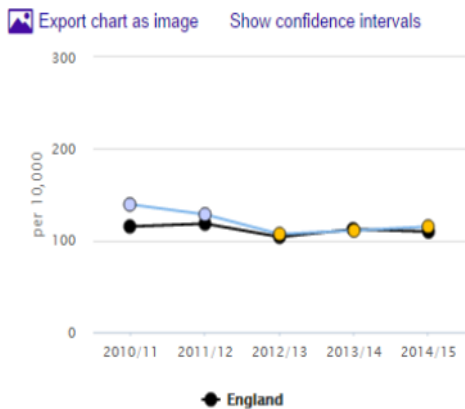
According to national prevalence estimates, if Wirral had 100 children aged 5 – 16:

- 4 would have **anxiety and depression**
- 6 would have a **conduct disorder**
- 2 would have a **hyperkinetic disorder** (e.g. ADHD)
- 1 would have a **less common disorder** such as ASD or an eating disorder

(Some children may have more than one disorder / concern.)

Wirral has seen a steady reduction in the number of children and young people aged 0 - 14 admitted to hospital following deliberate self-harm:

Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14 ■ Wirral Crude rate - per 10,000



Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	772	139.1	129.5	149.3	115.2	115.2
2011/12	708	128.3	119.0	138.1	118.2	118.2
2012/13	593	106.9	98.5	115.9	103.8	103.8
2013/14	615	110.8	102.2	120.0	112.2	112.2
2014/15	643	115.1	106.4	124.4	109.6	109.6

Source: Hospital Episode Statistics (HES)

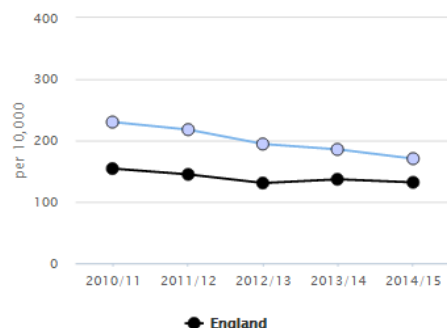
Hospital admissions for unintentional and deliberate injuries also decline for those aged 15 – 24:

Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24 ■

Wirral

Crude rate - per 10,000

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	878	230.0	215.0	245.7	154.2	154.2
2011/12	827	217.7	203.1	233.1	144.7	144.7
2012/13	726	194.2	180.4	208.9	130.7	130.7
2013/14	682	185.4	171.8	199.9	136.7	136.7
2014/15	614	170.4	157.2	184.4	131.7	131.7

Source: Hospital Episode Statistics (HES)

Wirral has a low proportion of children known to mental health and substance misuse services for drug misuse and alcohol misuse, however, a high rate of A&E attendances linked to substance misuse (not indicated by the graph below, but locally understood):

Concurrent contact with mental health services and substance misuse services for drug misuse ■ 2014/15 Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	15,907	21.0	20.7	21.3
North West region	2,652	20.1	19.4	20.8
Warrington	156	52.5	46.9	58.1
Rochdale	155	37.7	33.2	42.5
Manchester	372	33.0	30.3	35.8
St. Helens	68	24.8	20.1	30.3
Blackpool	124	24.7	21.1	28.6
Cheshire East	61	24.1	19.3	29.7
Oldham	79	21.3	17.4	25.7
Liverpool	407	20.6	18.9	22.4
Salford	85	18.7	15.4	22.5
Halton	53	18.1	14.1	22.9
Stockport	59	17.9	14.2	22.4
Blackburn with Darwen	61	17.7	14.1	22.1
Sefton	137	17.5	15.0	20.3
Bury	49	17.1	13.2	21.9
Bolton	84	17.0	14.0	20.6
Wigan	114	16.8	14.2	19.8
Lancashire	257	16.8	15.0	18.7
Cheshire West and Chester	48	16.5	12.7	21.2
Knowsley	33	15.8	11.5	21.3
Wirral	107	13.7	11.4	16.2
Tameside	41	12.0	9.0	15.9
Cumbria	74	9.4	7.5	11.6
Trafford	25	7.0	4.8	10.1

Source: National Drug Treatment Monitoring System

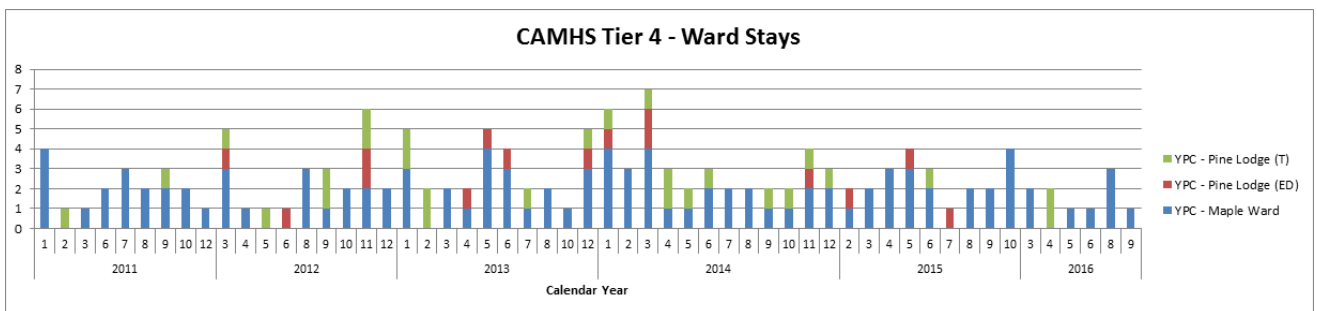
Concurrent contact with mental health services and substance misuse services for alcohol misuse ■ 2014/15

Area	Count	Value	Proportion - %	
			95% Lower CI	95% Upper CI
England	11,386	20.0	19.7	20.3
North West region	2,031	18.0	17.3	18.8
Warrington	215	61.4	56.2	66.4
Manchester	331	32.5	29.7	35.4
St. Helens	77	27.6	22.7	33.1
Knowsley	54	26.1	20.6	32.5
Rochdale	84	24.7	20.4	29.6
Sefton	118	20.7	17.6	24.2
Cheshire West and Chester	57	19.9	15.7	24.9
Tameside	89	18.9	15.7	22.7
Halton	43	17.7	13.4	23.0
Bolton	66	17.2	13.7	21.3
Salford	78	16.0	13.0	19.5
Oldham	70	15.6	12.5	19.2
Stockport	39	15.5	11.6	20.5
Wigan	79	15.5	12.6	18.9
Blackburn with Darwen	27	15.5	10.9	21.6
Lancashire	192	15.4	13.5	17.5
Cheshire East	48	15.1	11.6	19.5
Bury	36	14.8	10.9	19.7
Wirral	101	12.6	10.4	15.0
Blackpool	42	11.0	8.2	14.5
Liverpool	108	10.2	8.5	12.2
Cumbria	54	7.0	5.4	9.0
Trafford	23	5.7	3.8	8.4

Source: National Drug Treatment Monitoring System

This may be due to low identification and referral rates rather than low prevalence.

Tier 4 admissions (inpatient wards for children and young people) have been lower in 2016 to date than in previous years, which is reflected by the high volume of community activity, working to keep people out of an inpatient setting. There have been no admissions to date in 2016 for inpatient eating disorder services, which is something that we will continue to monitor with the new eating disorder service launching in 2016.



Data from 2015/16 demonstrates that Wirral has higher rates of admission to inpatient units than its neighbouring CCGs. We will be working with CAMHS and our CCG colleagues to understand the reason for this high admission rate, and length of stay, and to implement a standardised crisis care model across our provider footprint.

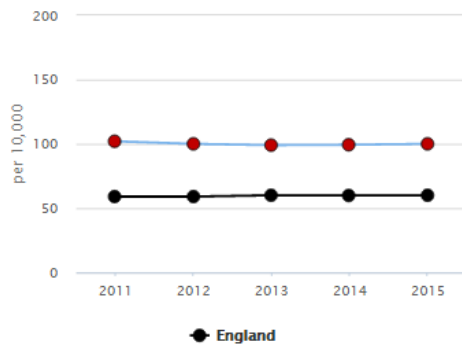
2015/16	CAMHS Admissions – all North West Units		
CCG	General		
	No.	Bed days	Cost (£)
Eastern Cheshire CCG	8	339	185,433
South Cheshire CCG	6	194	106,118
Vale Royal CCG	5	114	62,358
Warrington CCG	23	1867	1,021,249
Wirral CCG	29	1979	1,082,513
West Cheshire CCG	7	144	78,768
Halton CCG	5	382	208,954
Knowsley CCG	8	512	280,064
South Sefton CCG	11	311	170,117
Southport and Formby CCG	9	525	287,175
St Helens CCG	13	1009	551,923
Liverpool CCG	25	969	530,043

Vulnerable Children

The level of child poverty in Wirral is worse than the England average, with 23.4% of children aged 16 and under living in poverty. Given the links between deprivation and poor mental health it is essential that interventions are targeted to those areas with the greatest levels of deprivation.

Wirral continues to have higher numbers of children and young people in care of the local authority than North West and England.

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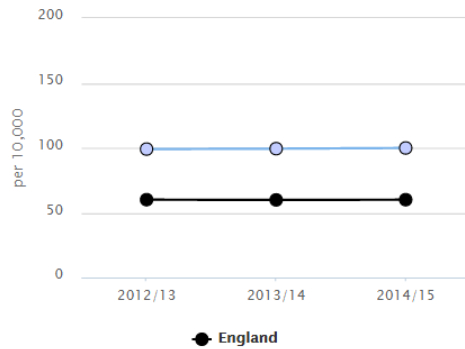
Period	Count	Value	Lower CI	Upper CI	North West	England
2011	680	102	94	110	77	59
2012	675	100	93	108	76	59
2013	670	99	92	107	79	60
2014	670	99	92	107	81	60
2015	675	100*	92	108	82	60

Source: Children looked after in England, Department for Education.

Wirral's Looked after Children rate continues to be significantly above North West and England averages.

Looked after children: Rate per 10,000 <18 population Wirral

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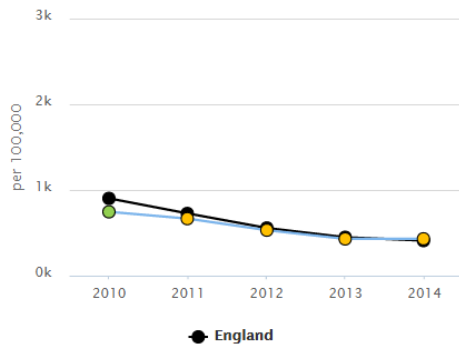
Period	Count	Value	Lower CI	Upper CI	North West	England
2012/13	670	99.0	91.7	106.8	79.0	60.0
2013/14	670	99.3	91.9	107.1	81.3	59.8
2014/15	675	99.9	92.5	107.7	82.4	60.0

Source: Department for Education

Although figures suggest a continuing reduction in the numbers of first time entrants to the youth justice system, Wirral continues to have higher numbers than both North West and England.

1.04 - First time entrants to the youth justice system Wirral

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Period	Count	Value	Lower CI	Upper CI	North West	England
2010	241	745	653	844	944	902
2011	212	665	578	760	744	726
2012	166	531	452	616	560	556
2013	131	429	357	507	433	448
2014	129	430	357	509	392	409

Source:

Numerator - Police National Computer

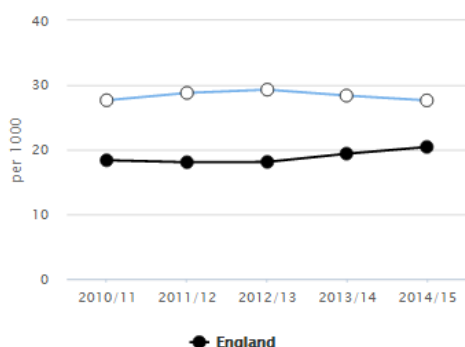
Denominator - ONS population estimates

Wirral and Knowsley have the highest recorded crude rates per 1,000 population in North West for Domestic Abuse incidents recorded by the police (2014/15 data) and remains broadly static over the last five years.

1.11 - Domestic abuse Wirral

Crude rate - per 1000

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	0	27.6	27.3	28.0	18.4	18.4
2011/12	0	28.8	28.5	29.1	18.0	18.0
2012/13	0	29.3	29.0	29.6	18.1	18.1
2013/14	0	28.4	28.1	28.7	19.4	19.4
2014/15	0	27.6	27.3	27.9	20.4	20.4

Source: Office for National Statistics (ONS)

Wirral has a higher percentage of pupils with special educational needs compared to overall pupil population compared to North West and England figures.

Pupils with special educational needs (SEN): % of all school age pupils with special educational needs

Crude rate - %

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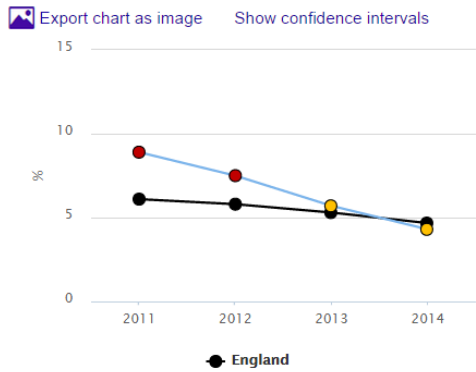
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Area	Value	Lower CI	Upper CI
England	15.4*	15.4	15.4
North West region	15.6*	15.5	15.6
Knowsley	24.3	23.7	24.9
Blackburn with Darwen	20.2	19.7	20.7
St. Helens	19.3	18.9	19.8
Liverpool	19.0	18.7	19.3
Wirral	17.7	17.4	18.0
Salford	17.7	17.3	18.1
Blackpool	17.1	16.5	17.6
Halton	16.7	16.1	17.2
Manchester	16.4	16.1	16.6
Wigan	15.7	15.4	16.0
Cumbria	15.6	15.4	15.9
Bury	15.6	15.2	16.0
Oldham	15.5	15.2	15.9
Stockport	15.5	15.1	15.8
Warrington	15.4	15.0	15.8
Cheshire West and Chest...	15.1	14.7	15.4
Rochdale	14.6	14.3	15.0
Bolton	14.2	13.9	14.5
Tameside	14.2	13.9	14.6
Trafford	14.1	13.7	14.4
Lancashire	13.5	13.4	13.7
Sefton	13.3	13.0	13.6
Cheshire East	10.7	10.5	11.0

Source: Department for Education special educational needs statistics <https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013>

Wirral's rate of 16-18 year olds not in education, employment of training is lower than both North West and England in 2015 following a significant decline since 2011.



Period	Count	Value	Lower CI	Upper CI	North West	England
2011	1,090	8.9	8.4	9.5	7.1	6.1
2012	900	7.5	7.0	8.0	6.4	5.8
2013	660	5.7	5.3	6.1	5.6	5.3
2014	490	4.3	4.0	4.7	5.2	4.7

Source: Department for Education

Later data (2015) suggests that 3% of Wirral 16-18 year olds are not in education, employment or training: this varies between wards from 6.8% in Bidston & St James to 0.5% in Greasby, Frankby & Irby.

This illustrates that Wirral has a high number of vulnerable children who may be more likely to require additional support and intervention around their mental health and well-being. There is significant variation in life chances across Wirral boroughs, and there is likely to be a requirement for specific targeted interventions in the more deprived areas of Wirral. The significant improvement in the number of young people not in education, employment or training shows that interventions within the community can be effective, and we need to understand what does work so that this can be maintained.

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

Before the publication of Future in Mind, and the clear direction of travel for transformation, the CCG commissioned a Tiered CAMHS service from Cheshire and Wirral Partnership Trust (CWP), along with an LD (Learning Disability) CAMHS service. Within tier 3, there were multiple teams and pathways, and rising referrals to specialist services, with children not necessarily needing to see a specialist.

Both during 2015, and now in 2016, the Local Authority also commissions a CAMHS service from CWP, primarily for Looked After Children. The service provided is early intervention for families in need (level 4 on the continuum of need, including those on the edge of care) as well as providing early assessment in line with the court timescales. Paramount to this service is to ensure stabilising placements for children and young people who are looked after and timely permanence planning and adoption support. Under this contract it also provides appropriate and timely CAMHS provision for children with disabilities.

The CCG commissions 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, including:

- Autism and ADHD assessments and diagnosis
- Designated Medical Officer role, supporting adoption and fostering panels, and providing input into Education, Health and Care plans

Public Health, within the Local Authority, commissions 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. There are a range of organisations that contribute to this agenda, including the 3rd sector.

More specialist services are commissioned by NHS England, namely:

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

Total expenditure by each of these commissioners, for services specifically delivering mental health and behavioural interventions, in 2014/15, was as follows:

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
	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		£7,088,476
NHS England	(All services for 14/15)	£1,300,471
Total Spend in 2014/15		£8,388,947

CHILDREN'S MENTAL HEALTH IN 2016 – ONE YEAR ON

It is almost one year since the first Wirral Future in Mind plan was developed.

Following investment of an additional £804,000 dedicated to mental health in 2016/17, the CCG was able to significantly invest in its CAMHS service in order to achieve the following key priorities:

- ✓ Introduction of parenting support, specifically for parents of children who may have ADHD, or with a new diagnosis of ASD;
- ✓ Introduction of Primary Mental Health worker model so that each school has a named link worker to support staff in managing mild to moderate mental health needs;
- ✓ Roll-out of goal-based outcomes within CAMHS, so that clinical staff are able to set and monitor personalised outcomes with young people;
- ✓ Development of self-help resources and resources for professionals working with children and young people;
- ✓ Training and education package for schools and other health and social care professionals;
- ✓ Waiting list initiative for CAMHS and Community Paediatrics. The CAMHS waiting List Team enabled 93 additional children and young people to be seen between 1 June and 18 October, whereas Community Paediatrics have been able to see an additional 311 children;
- ✓ Investment in capital for additional clinical space, to make better use of NHS facilities;
- ✓ CAMHS transformation from a tiered service to one based on a Choice and Partnership approach, so that children and young people receive an initial assessment and can be directed to the most appropriate intervention, ensuring specialist services are there for children and young people that have the greatest level of need.

For 2016/17, the total investment in Children and Young People's mental health / neurodevelopment by Wirral commissioning partners has been as follows:

Comissioner	Service	Total Spend
Wirral CCG	Parenting and Prevention	£150,000
	MST	£175,000
	CAMHS (including LD CAMHS)	£4,593,134
Wirral CCG	Community Paediatrics	£1,701,948
Local Authority children's department	CAMHS	£333,737
	Response	197,800
	MST	£175,000
Local Authority Public Health	Health services in schools	£118,813
	GIRLS project	£97,500
	Young People's support service - sexual health and mental wellbeing	£136,500
	Kooth – online counselling	£101,320
Total Spend by Local Commissioners		£7,780,752
Total Planned spend by NHS England (based on 15/16 activity)		£1,213,163
Total Spend		£8,993,915

CAMHS Workforce

Investment by the 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

CAMHS Workforce	January 2016	October 2016
Whole Time Equivalent	51.99	69.82

Waiting Times

Community Paediatrics

Long waiting times led to the CCG undertaking a review of Community Paediatrics in Autumn 2015. When the review was published in January 2016, performance against the 18 week Referral to Treatment standard stood at only 52.41%.

Since the review, the service has started to implement an internal action plan, and has used additional resources for a waiting list initiative. As at September 2016,

waiting time performance has improved to 75.65% as at September 2016, and is on track to meet the 92% target by February 2018.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
52.41%	56.74%	55.15%	55.18%	59.61%	68.45%	76.65%	80.83%	75.65%

Waiting times

CAMHS

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. We hope that by putting additional resources into CAMHS, and by introducing the Primary Mental Health worker model, we can improve our assessment pathway and support young people in receiving fast access to assessment and support.

We are pleased that an increasing number of children have been able to access their first therapeutic intervention (Partnership) within 6 weeks of assessment, and we will continue to monitor this.

2015/6 2015/6 2015/6 2015/6 2016/17 2016/17
 Quarter 1 Quarter 2 Quarter 3 Quarter 4 Quarter 1 Quarter 2

% Patients receiving a choice appointment within 6 weeks	68.1%	45.7%	57.3%	38.4%	70.2%	49.9%
Average choice appointment wait in days	28.1	49.9	48.7	73.3	38.6	59.3
% Patients receiving partnership appointment within 6 weeks of choice appointment	65.5%	67.5%	65.7%	55.7%	80.7%	81.4%
Average partnership appointment wait in days	34.0	34.7	37.3	47.7	25.2	31.9

HOW DOES THIS PLAN FIT WITH NATIONAL PRIORITIES FOR CHILDREN AND YOUNG PEOPLE?

The national Future in Mind strategy gave a very clear picture of the key priority areas for local areas to focus on, and this was reflected in the first iteration of the Wirral Future in Mind plan.

Since the publication of Future in Mind in 2015, 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 CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service
- ✓ By 2020/21, nationally 70,000 additional CYP 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'
- ✓ All CCGs will have collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016

The CCG will work with its partners to ensure local delivery of these national targets.

HOW DOES THIS PLAN FIT WITH 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 Sustainability and Transformation Plan (STP). The key areas where we expect to work with our commissioners in Cheshire and Merseyside are:

- ✓ Children and young people's eating disorder service
- ✓ Commissioning pathways for acute care and forensic services

Where it makes sense to do so, we will always seek to work closely with our neighbouring CCGs and Local Authority, and have established mechanisms to meet regularly to share best practice.

FUTURE IN MIND – DEVELOPING ‘THE VISION’

ENGAGEMENT

In developing this plan in 2015, we started to build on a process of engaging local professionals, who included: GPs, Community Paediatrics, CAMHS practitioners, health visitors, school nurses and Healthwatch, along with those professionals involved with the more ‘hard to reach’ groups such as Learning Disabilities and Youth Offending teams, to canvass their views on the strengths and weaknesses of current services, and their own vision for children and young people’s mental health and wellbeing. The following is a summary of what they told us were priorities at that time:

- Establishing a single point of access for professionals, parents, carers & clients for advice, information and referrals for intervention;
- Inviting self-referral;
- Removing our tier-based system;
- Developing a single, understood pathway from referral to the most appropriate intervention, with clear criteria for accessing different parts of the pathway;
- Increasing our focus on early intervention, offering advice, liaison and support around the management of the child / young person, moving away from a medicalised model;
- Fast access to the right support for those in crisis, and those affected by issues requiring a more urgent response, such as trauma and loss;
- Sustainable workforce planning for staff working in schools, health and social care settings, on identification and management of mental wellbeing issues;
- Investment in training around positive behaviour, conduct and parenting, and dealing with the most vulnerable children and young people;
- Focussing on early intervention & parenting support using evidenced based tools, intervening at the earliest opportunity, and equipping professionals to deal with this wherever possible;
- Working with children and young people to develop outcomes that we can regularly measure our services against, and so that we know if we are truly working towards and achieving goals that matter to our service users;
- Jointly commissioning services between the CCG and Local Authority, to reduce duplication and maximise our resources.

ENGAGEMENT WITH CHILDREN AND YOUNG PEOPLE

In 2015 we also held focus groups with children and young people involved with CAMHS and the Youth Parliament. The main things they told us were important in mental health services are:

Individualised care

- Flexibility in service offered to fit the individual
- Venue feels comfortable, choice of venue to suit individual
- Outcomes are individual
- No labels, treated as an individual
- Asking the young person what difference the therapy has made to them

Positive experience

- Breaking down stigma, normalising what happens
- Feeling comfortable with yourself
- Trusting your therapist
- Having a positive experience
- Not being stressed and left feeling worse
- Feeling understood and listened to
- Openness and no judgements

Consultation with children and young people was further progressed in 2016. In October we held our annual Youth Voice Conference. Here, young people took part in a number of workshops on mental health including “What is mental wellbeing”, “dealing with loss and change”, “myths and stigmas” and “changing attitudes”.

We are fully committed to engaging with children and young people on issues affecting them. We will demonstrate our commitment by discussing delivery plans with the Youth Voice Group.

OUTCOMES and KEY PERFORMANCE INDICATORS

This initial engagement, and our on-going engagement with children, young people and their families, will form the basis of a new set of outcome measures that we will introduce with our commissioned stakeholders. We will use engagement with our stakeholders to develop a set of outcomes which can tell us how well services are working. For instance, these could include:

- waiting times to be seen
- did the young person feel listened to?
- did the young person feel better after they had been seen by the service, and how long did they feel better for?

CWP already has a strong focus on setting goal-based outcomes for children that are used by clinicians as part of the consultation to develop individualised goals

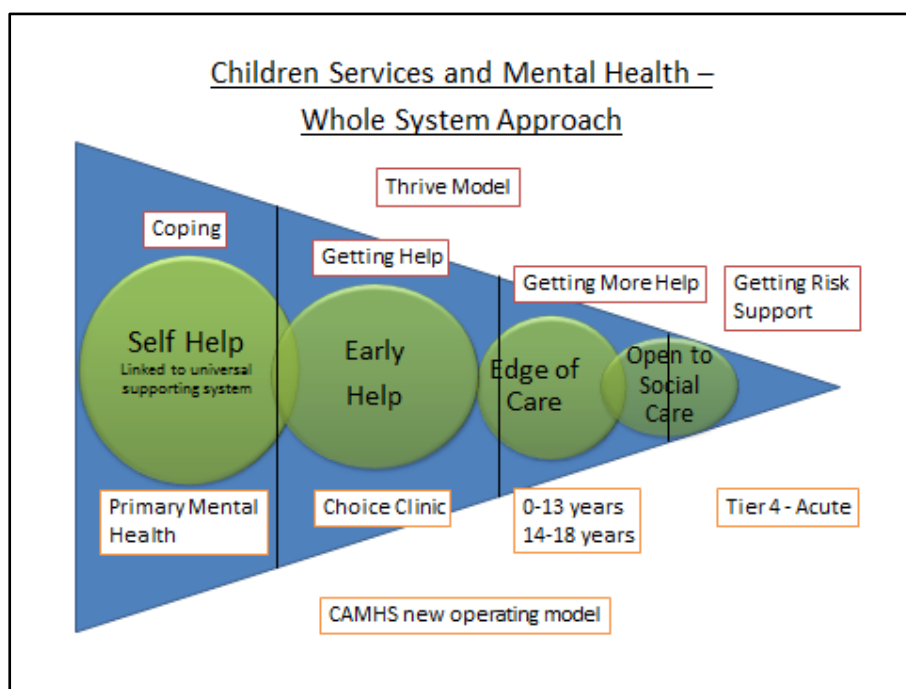
based on what matters to the child. This very much chimes with what children and young people told us is important to them.

Because of this, we would like to expand the goal-based outcomes approach to other professionals who work with children, for instance school counsellors and nurses, so that we can achieve a truly person-centred approach.

As we currently do not collect outcomes at a commissioner level, it has not been possible to set baselines for many of the areas we would like to implement initially as part of this plan. However, this is something that we would seek to address during 2016/17 so that we are in a better position to have a baseline and set target KPIs for the following financial year. We would like to develop a standard set of outcomes and KPIs across commissioners.

OUR VISION 2016 – 2021

Wirral has developed a holistic vision for the provision of support and care for children and young people. Using the THRIVE model as a starting point, Wirral sees very close links between the provision of mental health services and local authority services, such as the “coping” element of THRIVE being supported by both the CAMHS Primary Mental Health Workers and the “Self Help” and universal support provided by the local authority. This joined-up vision is summarised in the diagram below:



Based on what our engagement with children, young people and partners has told us, and taking into account the local and national context, we seek to:

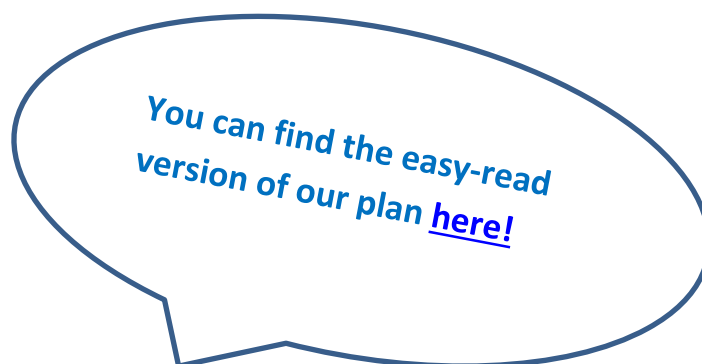
- Have a singular vision for, and integrated provision of, children and young people's health and wellbeing services;
- Review, design and commission services in partnership with professionals and children, young people and their families;
- Have a much greater understanding of local need, and use this to continue to shape services;
- Get the best possible use out of all resources invested in children and young people's mental health, and make the use of resources by all commissioners fully transparent;
- Create an offer where children and young people feel comfortable with professionals, understood and listened to, with no stigma or labels;
- Deliver services up to the age of 19, with a smooth transition into adulthood;
- Work in partnership with schools and colleges to promote resilience and support children and young people to be ready for work;
- Develop and implement a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020. We will shift our focus to outcomes, not outputs, measuring what matters most to those who use our services;
- Move to an approach that is focussed on prevention and early intervention, rather than responding with clinical and specialist care as a first line, or reacting to crisis – we will ensure that resources are realigned to the right part of the pathway;
- Ensure services are truly accessible, delivered in the right time, in the right place, by the right people – including understanding and making use of our local voluntary, community and faith sector;
- Target specialist and intensive interventions to those who need them most;
- Reduce the number of vulnerable children that are looked after out of borough;
- Design and deliver interventions that are high quality and evidence-based, concordant with NICE;
- Work collaboratively with commissioners to ensure seamless pathways;
- Respond swiftly in a crisis, and provide intensive, wraparound support to reduce the risk of further crisis;
- Continuously monitor and evaluate the changes that we implement;
- Address health inequalities and promote equality.

TRANSFORMATION PLAN

The following sections map the key transformation we would like to bring about based on the national context, continuing work that is already underway, and aiming to meet aspirations agreed by our children, young people and partners. In each section we have chosen our priority areas for delivery over the next five years.

This will be split 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**
- **Developing the workforce**
- **Accountability and Transparency**



Promoting resilience, prevention and early intervention

Wirral Partners have signed up to an Early Help and Late Prevention Strategy², which sets out how we will make available help and support at the early stages of a child's development, and then additional support to intervene as soon as a problem emerges, at any stage in a child's life.

We know that it makes good sense for a child's outcomes, and good economic sense, to intervene as early as possible. However, time and again, we miss opportunities to support children and young people, and have to intervene at a crisis point. At that point, it is likely that the child or young person will take far longer to recover and to live their lives independently, and that we will need to make use of very costly placements and interventions.

If we could intervene earlier and promote resilience, we could significantly improve the outcomes for our children and young people, for example, it would support in:

2

<https://www.wirral.gov.uk/sites/default/files/all/Health%20and%20social%20care/children/safeguarding%20children%20board/Wirral%20Early%20Help%20and%20Prevention%20Strategy.pdf>

- Reducing the number of children requiring referral to specialist services;
- Reducing the number of mental health inpatient admissions;
- Reducing prescribing of ADHD and sleep medication;
- Improving school attendance and attainment;
- Reducing the number of children and young people misusing drugs and alcohol;
- Reducing the number of children and young people being placed out of borough, and becoming Children Looked After

Mental health and wellbeing services for children and young people will be commissioned in accordance with the THRIVE model:



The emphasis should be on providing the right tools and interventions to enable children and young people to be resilient. Specific actions that we will take are:

Sign-posting and self-management

We want children and young people to be able to find information to help themselves wherever possible, and for professionals to have fast access to information to help those that they are supporting.

We will be making use of technology so that there is a central place online for children, families and professionals to obtain information and find out where to get further help.

We will do a piece of work to understand the current picture of the voluntary, community and faith sector. We will ensure a greater role for this sector moving forwards, integrating the vital role that these organisations play into the pathways as they develop.

Primary Mental Health Model

In October 2016, we have launched a new way of delivering services for children and young people with mild to moderate mental health issues. Every school will have a named mental health worker, who will be the first point of contact for any concerns regarding issues such as anxiety, stress and mild depression.

Each school will have an agreed training plan, so that teachers, special needs co-ordinators, and all those within school coming into contact with children and young people will have an understanding of and ability to deal with mild to moderate concerns.

A schools network has been established, so that schools can come together to share good practice and learn from each other.

Public Health has commissioned an innovative project called G.I.R.L.S, a targeted programme to support the most vulnerable and at risk young women aged 13-19 years across Wirral. The project offers an informal and educational 12 week personal development programme. The aims of the programme are to:

- Increase resilience around peer pressure and harmful relationships
- Improve aspirations and opportunities, particularly regarding healthy lifestyles and making informed choices
- Reduce risk taking behaviour, including drug and alcohol misuse
- Reduce offending/re-offending and anti-social behaviour

The outcomes of this project will be captured and used to inform our future approach with this vulnerable group, intervening early to prevent future risk-taking behaviour.

The Local Authority is reviewing the offer for children and young people that require support with substance misuse, and will be implementing an action plan to improve this service in 2017.

By making mental health everyone's business, we hope to provide a supportive environment for our young people, and reduce the numbers needing access to specialist support.

Training

As well as training within the school setting, we have invested in our CAMHS department to ensure that they are able to up-skill other professionals such as school nurses, health visitors and social workers. This will include areas such as Mental Health First Aid, and how to set goal-based outcomes with children. This training will be on-going throughout the five year transformation period.

Parenting Support

Many of the children and young people that are referred for support have parents who may struggle to understand and manage their child's behaviour or condition. We have invested in a dedicated parenting co-ordinator, and in 2017 we will develop and publish a parenting strategy that will set out the offer that we will make to supporting parents, particularly for issues such as ADHD, ASD and conduct disorder, which are particularly prevalent on Wirral. We will target this support at the geographic areas where we know there is the greatest prevalence.

Early Years and Early Intervention

Good mental health is important right from birth, both from the perspective of the parents, and of the child. We are working with our colleagues in Cheshire and Merseyside on a shared approach to perinatal mental health. Any woman with pre-existing mental health concerns in the post-natal period will have support from a specialist midwife, and we will implement a pathway that will identify and provide support for any concerns in women who develop a mental health condition either before or after birth.

Work will include elements such as:

- Attachment and bonding,
- Transition to parenthood,
- Maternal mental health,
- Positive parenting,
- Involvement of fathers in early childhood/pregnancy

Wirral has a partnership board to deliver its 20/20 pledges. These pledges include a Children and Young People Strategy which includes a priority area, 'children are ready for school'. The aim of this is that every child will have the emotional, social and developmental skills to be ready to start school and to learn. This focusses on three areas – maternity and health visiting, support for parenting and early education.

Key activities within the early years include:

- During the antenatal period information is given on depression and anxiety,
- 'Parents to be' sessions include developing parent confidence and promoting positive relationships during the transition to becoming a family,
- A specialist health visitor provides support directly to mothers, or to support staff to supporting mothers with more complex issues,
- Health visitors receive training in supporting and promoting maternal mental health,
- Solihull parenting programmes are provided across the Wirral, and support parents 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 or symptoms of maternal anxiety or depression, or distress.

The Healthy Child Programme runs from birth to 19 years of age. It provides an integrated approach to service delivery, including Health Visiting, School Nurse Service and health improvement services, which include sexual health, substance misuse and healthy weight. There are also a range of services to support mental wellbeing for children and young people, which includes an online counselling service and outreach service around healthy relationships and increasing self-esteem. A Health Services in Schools initiative delivers a support package to young

people in our secondary schools including early intervention around emerging issues.

A mental health and wellbeing needs assessment is currently underway to identify areas for future development and school personnel have recently been surveyed to identify the issues that they perceive to be affecting young people's mental health.

Sleep

Poor sleep leads to poor outcomes, whatever the age. However, in a child's development, it can significantly impact upon behaviour, attainment, and the relationship within the home. We want to intervene as early as possible with non-medical interventions, to support the parents in understanding the benefits of sleep, and how to create an environment that supports this.

Our parenting co-ordinator will gather the best practice from other areas and put in place a plan as to how we can reduce our reliance on sleep medication, and intervene earlier, for improved outcomes.

Access to effective support: a system without tiers

Once children do require additional help, we want clear pathways that are easy for children 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 still leave children 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 clinical services to see those that need their support the most, and in a timely way.

There are some specific areas that we wish to focus on.

Eating Disorder Services

In 2015, NHS England published new guidance around the detection and treatment of eating disorders in children aged 8 upwards³, 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

³ <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

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 has received additional national funding to implement this new guidance, and we worked with our commissioning colleagues in West Cheshire, East Cheshire, South Cheshire and Vale Royal CCGs to deliver a new 'hub and spoke' model, in order that additional children may be seen, and may be seen quickly. This will become fully operational by January 2017, in time to meet the new standard by April 2017.

Support in a crisis

CAMHS have been working with social care, the hospitals, schools and voluntary agencies across Wirral to improve the initial crisis management, such as by skilling-up 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 risk management pathway that has been jointly developed with Wirral University Hospitals Trust (WUTH). This runs smoothly and has enabled better bed management within WUTH.

CAMHS runs a Keep Safe Stay Safe group for young people and their parents to attend following an appearance at A&E. This is a crisis management group 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.

Learning Disabilities

Children and young people with Learning Disabilities have particular needs and are serviced by a dedicated multi-disciplinary team. This team is co-located with the physical health Child Development Centre to promote joined-up multi-agency work such as multi-agency assessment and planning. Work is based on the needs of the child and family and delivered in close partnership with specialist health, education and social care teams. The team provides holistic child and family centred assessment and intervention. Future goals include:

- Working in partnership with commissioners and multi-agencies to embed the Transforming Care Agenda for children and young people.
- Further promote the role of LD Champions within generic CAMHS Teams and increase skill mix

Care for the most vulnerable

Vulnerable Children are those children most at risk of experiencing inequalities and poor life chances. Our focus is on those whose experience of multiple, adverse, overlapping factors in their lives makes them vulnerable to significant risk of poor outcomes. This includes children open to Social Care and care leavers.

In understanding the need of these children and young people we need to ensure they are supported in accordance with their mental health needs rather than the vulnerable group they belong to. Offering a personalised approach will also help meet the needs of complex children and young people who may not fit into one of the vulnerable group but may be presenting with a similar level of need and urgency around the response that is offered.

There will be a number of pathways that inform the approach that will be taken with vulnerable children and young people. A project has been initiated to review the current services offered to this client group and further enhance the fast-tracking of their referrals.

Developing the workforce

Children and young people told us that they want to feel listened to, by people who understand about mental health. We want to make sure that staff are able to receive evidence-based training that is appropriate to their role, but that they are also given the opportunity to work alongside other staff to make the best of their respective skills and competencies.

To ensure a competent and effective workforce, we will:

- ✓ Design and implement a training plan for universal services, so that professionals such as practice nurses, school nurses and health visitors are able to identify and provide support with common mental health and wellbeing issues
- ✓ Ensure staff working in more targeted and specialist services have access to training that will enable them both to maintain core competencies, whilst also delivering the latest, evidence-based interventions
- ✓ Agree a training plan with each school
- ✓ Expand the roll-out of the CYP IAPT programme
- ✓ Make use of the NHS England training programme for commissioners
- ✓ Implement a 'train the trainer' approach wherever possible, for sustainable workforce development

DELIVERY PLAN FOR 2016 - 2018

Each year we will refresh this plan to set out the key priorities for the forthcoming year.

In 2016/17 and 2017/18, the main things that we will focus on and aim to deliver are:

- ✓ Implementation of primary mental health worker model in school, and delivery of workforce development plan within schools;
- ✓ Link the work of primary mental health workers to the delivery of the Early Help to ensure professionals understand alternative approaches that can prevent children and young people needing to access specialist mental health services;
- ✓ Working with the voluntary, community sector to expand the offer beyond traditional health providers;
- ✓ Refreshed ADHD and ASD assessment pathways that are in line with NICE guidance;
- ✓ Introduction of self-referral to help and support;
- ✓ Improved self-help materials through the expansion of on-line resources and by promoting peer mentoring/ peer learning programmes which build resilience in children, young people and families;
- ✓ Joint commissioning of children and young people's mental health services creating a lead commissioner by April 2017;
- ✓ Deep-dive into pathways for vulnerable children, to determine how we can intervene earlier to keep children safe and respond quickly and flexibly to young people who may not want to engage with traditional services;
- ✓ Full implementation of NICE guidance and access standard for eating disorders in children and young people;
- ✓ Expansion of goal-based outcomes and personalised care planning;

- ✓ Development of clear pathways for children and young people’s mental health and ensure the needs of care leavers are met within a non-specialist service;
- ✓ Collaborative working with acute trusts, neighbouring CCGs, and NHS England, to ensure clear pathways for children in crisis;
- ✓ Development of a shared outcomes framework and reporting system across commissioners and providers.

Eleven workstreams have been initiated to deliver this plan. Each project has a lead and will work across agencies, demonstrating our commitment for partnership solutions and transformational change. Each project has a set of milestones against which delivery will be monitored. The projects are:

Workstream	Lead Organisation
Engagement	Youth Voice Group
Collaborative Commissioning	CCG
Data & Outcomes	Public Health
Workforce	CAMHS
Referral Processes and Pathways	CAMHS
Primary Mental Health in Schools	CAMHS
Parenting and Early Intervention	CAMHS & Local Authority
Complex Needs	Local Authority
Neurodevelopment Pathways	CCG
Crisis Care & Self Harm	CAMHS
Eating Disorders	CAMHS

ACCOUNTABILITY AND TRANSPARENCY

Wirral's aim is to be accountable and transparent by aiming to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

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 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
- ✓ Embed routine outcome collection in service delivery
- ✓ Moving towards a model that links payment to outcomes, so that providers are paid based on outcomes delivered, not just on numbers seen
- ✓ Requiring transparency from our providers, so that we can understand how investment is used to directly impact change and improvement in service delivery

GOVERNANCE

It is important that we monitor the progress of the priorities identified as part of this strategy, and that there is a governance structure to ensure we can identify and manage any risks.

An action plan is being developed that will make this plan a reality, and will be monitored through the Future in Mind Steering Group. This will then report into the existing governance structure for children's commissioning as follows:

