

# NHS Cheshire & Merseyside Children & Young People's Mental Health Plan

## 1 Year Refresh 26/27

*DRAFT VERSION*



# Foreword

## Integrated Care Board (ICB) Voice

I am proud to introduce this refreshed one-year Children and Young People's Mental Health Plan for Cheshire and Merseyside. It builds on the strong foundations created through our 2024-26 transformation plan and reflects the commitment of our entire system; NHS, Local Authorities, schools, colleges, VCFSE partners, families and carers working together on behalf of our children and young people.

## Young Person's Voice

When people across services actually work together, it feels different. You don't have to keep repeating your story, and you start to believe change is possible. What matters to us is feeling listened to, supported early, and not having to wait until things get worse.

We know children's and young people's mental health is shaped not only by clinical support but also by family life, education, community connection and the pressures of modern life. That is why this plan strengthens shared action across all sectors of health, social care, education, early help, public health and community organisations to build a system that protects wellbeing and gives every child the best possible start. For us, "mental health services" are not just CAMHS or crisis teams. It's the teacher who notices something's wrong, the youth worker who checks in, the GP who listens, the online support that feels safe and the friend who knows where to signpost you. The more joined-up these things are, the easier it is for us to get the right help at the right time.



# Foreword (Cont.)

This plan arrives at a time of national change. The NHS and Department of Health and Social Care are asking systems to deliver earlier support, tackle unwarranted variation and improve alternative mental health support to our accident and emergency services. Alongside this, we must navigate significant financial pressures. Despite these challenges, our ambition remains strong and focused. *We know the system is under pressure, we see it when we wait, when staff are stretched and when services can't always do what they want to. What we ask is simple: keep us involved. Keep telling us honestly what can and can't be done. And keep making changes that make life easier, not harder, for young people struggling with their mental health.*

Over the last two years we have made substantial progress together: expanding Mental Health Support Teams to 54% of schools; supporting more than 34,500 young people each year through community mental health support; delivering 24/7 crisis provision in every Place; achieving all NHS 111 Option 2 national standards; launching Mental Health Response Vehicles, embedding Mental Health Champions in our paediatric acute hospitals; and redesigning service models for neurodevelopmental support, eating disorders, young adults and inpatient care. These achievements reflect the dedication of our workforce and our partners across the system.

This one-year strategic update focuses on what will make the biggest difference now: stabilising the system, protecting the most vulnerable, reducing long waits, improving equity and ensuring that every child, young person and family can see and feel improvements where they live. It is grounded in partnership, evidence and shared ambition. *What we hope for is simple: a system that understands us, supports us earlier, and stays with us through the tough moments. A system that doesn't judge us or make us fit into the wrong boxes. And a system that keeps learning with us, not just about us.*

Thank you to everyone who has contributed to this plan and to those who work every day to improve young people's mental health across Cheshire and Merseyside. Your leadership, compassion and collaboration continue to drive meaningful change.

**Rachel Smethurst**

Mental Health Programme Manager

Cheshire and Merseyside Mental Health Programme



**Cheshire and Merseyside**

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# Our Plan



## The Purpose of Our 1 Year Plan

This one-year Children and Young People's Mental Health Plan builds on the strong foundations created through our 2024-26 transformation plan. That earlier plan helped unite our ICB around a shared strategic vision, bringing all nine Places together as one system while still allowing each area to respond to its own population needs. It also strengthened our partnerships with Local Authorities, schools and colleges, our vibrant Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and the professionals, parents, carers and families who shape and challenge our work. Most importantly, it has been guided throughout by the voices and lived experiences of children and young people, who continue to tell us clearly where change matters most.

We now move into a year where the NHS and Department of Health and Social Care (DHSC) landscape is shifting, with national priorities focused on earlier support, tackling unwarranted variation, improving urgent and emergency care and aligning with the NHS Medium-Term Plan. Even with these changes and the financial pressures created by reduced Service Development Fund (SDF) allocations, which limit opportunities for new national investment, our ambition across Cheshire and Merseyside remains strong.

This one-year strategic update takes us forward with focus and honesty. It sets out the priorities that will make the greatest difference now, stabilising the system, protecting the most vulnerable, reducing long waits and variation and ensuring every child, young person and family can see and feel improvements where they live. Grounded in partnership, shaped by CYP voice and lived experience, this plan is about staying ambitious, staying connected and continuing to move forward together.

## Our Ambition Remains

Together, we're working towards an ambition we all share: *to enable every child and young person in Cheshire and Merseyside to achieve their goals, thrive and reach their full potential, whatever their mental health needs or circumstances.*



## Our C&M Principles Underpinning This Plan

- ***Reducing Inequalities*** - Our Core20PLUS5 Approach. We remain committed to reducing inequalities by targeting action where need is greatest. Guided by the Core20PLUS5 framework, we will continue to focus on the most deprived 20% of our population while also addressing the needs of groups who experience poorer access, outcomes or experiences, including inclusion-health groups, ethnic minority communities, care-experienced young people and those with SEND. This approach helps us deliver personalised, age-appropriate support and prevents disparities later in life.
- **Organising Our System Through the THRIVE Framework** - Our work across the ICB continues to embed the THRIVE framework - Getting Advice, Getting Help, Getting More Help and Getting Risk Support to create clear, needs-led pathways from mental health promotion and early help through to specialist and inpatient care. THRIVE promotes a shared language across health, education and social care and aligns with the SEND improvement agenda.

## Our Shared Principles

- Children, young people and families at the centre, with meaningful engagement informing every stage of transformation.
- Inclusive opportunities and support, recognising diverse needs across communities.
- Person-centred and trauma-informed care, tailored to the needs of each child and family.
- Equity at the heart, reducing inequalities in access, experience and outcomes.
- A 'think family' approach, valuing the role of parents, carers and wider networks.
- Integrated, cross-agency working, particularly across early intervention and prevention.
- A commitment to learning, improvement and innovation as needs evolve.
- Sustainable and effective use of resources, supporting long-term system stability



## Achievements from Our 2024-26 CYP Mental Health Transformation Plan

Over the last two years, our 2024-26 Children and Young People's Mental Health Transformation Plan has brought partners across Cheshire and Merseyside together around a shared vision for improving the lives of infants, children, young people and young adults. Working across all nine Places and in close partnership with Local Authorities, education, the VCFSE sector, families, carers and young people themselves, we have made real, measurable progress towards building a more joined-up, responsive and inclusive system of support.

The achievements outlined on the next page celebrates some of the key achievements we've delivered together. From expanding early help in schools, to improving crisis provision, redesigning specialist pathways and strengthening our workforce for the future, these milestones reflect the dedication and hard work of everyone involved across our system. They also show what is possible when we collaborate, listen to the voices of children, young people and families and stay focused on what matters most: improving experiences and outcomes.

None of this progress would have been possible without the commitment and insight of our NHS providers, VCSE partners, commissioners, clinicians, lived experience representatives, educators and community leaders. Your partnership continues to drive meaningful change for children, young people and families across Cheshire and Merseyside.





## Achievements from Our 2024-26 CYP Mental Health Transformation Plan

Delivered through strong, joined-up strategic working across NHS partners, Local Authorities, education and our Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

- 54% of schools and colleges now have a Mental Health Support Team (MHST) in place across Cheshire and Merseyside (coverage up to Wave 10).
- MHSTs contribute approximately 12% of all CYP mental health access activity, making them one of the strongest levers for early help and prevention locally.
- Around 35,000 children and young people now access NHS-funded mental health support each year, bringing us closer to the NHS Long Term Plan target of 37,590.
- Three additional all-age Mental Health Response Vehicles mobilised in 2024/25, bringing the total to four vehicles operating across C&M.
- 24/7 crisis mental health provision is now live in every Place across Cheshire and Merseyside.
- Full compliance with NHS 111 Option 2 (Mental Health) national standards, ensuring timely, accessible crisis support for CYP and families.
- A new Neurodevelopmental Pathway launched, co-produced with families and professionals, providing a consistent, needs-led offer across all Places. 'This Is Me' early-identification profiling tool piloted with roll-out planned across all Places by early 2026.
- A new Cheshire & Merseyside Mental Health Workforce Strategy (2025-2030) has been developed to grow, support and retain a skilled, inclusive mental health workforce for the future.
- A co-produced Best Practice Model for Community Eating Disorder Services developed with NHS providers, VCSE, education and lived experience partners.
- Transitions Community of Practice established, strengthening continuity of care for 17-25-year-olds across health, education and social care.



## System-Wide Priorities for 2026/27

2026/27 is a year of consolidation and focused delivery. Building on the foundations laid in our last plan, our aim is to make targeted, achievable improvements that respond directly to what children, young people, families and partners have told us matters most. We recognise the significant system change, workforce pressures and financial challenge facing all partners across Cheshire and Merseyside. Because of this, our priorities for the coming year focus on doing the fundamentals well, reducing unwarranted clinical variation and strengthening the conditions for sustainable improvement. Progress this year will rely on collaboration across NHS, local authority, education and VCFSE partners.

Our system-wide priorities for 2026-27 reflect what children, young people, families and partners have told us matters most and what our system needs now to stabilise, improve and build strong foundations for the future.

- **Timely Access** - Improving access, reducing waits, expanding early help and strengthening prevention.
- **Young Adults & Transitions** - Supporting 16-25-year-olds with a smoother, safer experience between services.
- **Mental Health Crisis & Urgent Support** - Proactive, compassionate support that reduces harm and ensures children and young people can access urgent mental health help in the most appropriate setting.
- **Appropriate Places of Care & Inpatient** - Ensuring CYP with the most complex needs receive high-quality, therapeutic care in the right setting.



Priority Area	Key Actions (2026-27)	Suggested Metrics / Measures of Success
<b>1. Timely Access</b>	<ul style="list-style-type: none"> <li>• Reduce CAMHS waiting times, particularly ND/LD pathways.</li> <li>• Embed the C&amp;M Neurodevelopmental Pathway across all nine Places.</li> <li>• Roll out This Is Me profiling for earlier identification.</li> <li>• Expand early help offers - digital, group and brief interventions.</li> <li>• Mobilise Wave 15&amp;16 MHSTs and develop recovery plan for 100% coverage.</li> <li>• Improve outcome measures and MHSDS data flows across NHS &amp; VCFSE.</li> <li>• Implement CEDS Best Practice Model, including ARFID pathway.</li> <li>• Pilot neighbourhood-based MDTs in selected Places to improve early identification and coordinated support for CYP with emerging needs, with plans for spread and adoption based on evaluation and population need.</li> <li>• Production of guidance and support to CYP, families and professionals regarding safe screen time.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in median and long waits (52/104+ weeks).</li> <li>• Increase % of CYP receiving first contact within 6/12/18 weeks.</li> <li>• % of Places implementing ND Pathway with fidelity checklist.</li> <li>• Number of CYP supported via early help/brief interventions.</li> <li>• MHST coverage % and access contribution (aim for ≥12%).</li> <li>• % of services submitting complete outcome measures (PROMs/CROMs)</li> <li>• Improved MHSDS completeness (including VCFSE flows).</li> <li>• % of Places implementing CEDS Best Practice Model.</li> <li>• Pilot evaluation completed with clear spread/adoption recommendations and outcomes.</li> <li>• Guidance developed, distributed and evaluated.</li> </ul>
<b>2. Young Adults &amp; Transitions (16-25)</b>	<ul style="list-style-type: none"> <li>• Adopt and embed the C&amp;M 18-25 Best Practice Model, including the development of collaborative local youth hubs.</li> <li>• Improve joint working between CYP and AMH teams.</li> <li>• Strengthen continuity of worker across transitions.</li> <li>• Target support for high-risk young adults (care-experienced, NEET, LGBTQ+, students).</li> <li>• Strengthen transitions in and out of Eating Disorder, ND, and inpatient pathways.</li> <li>• Expand the Transitions Community of Practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of Youth Hubs across C&amp;M or community-based environments where CYP can access help and support.</li> <li>• Increase in % of young adults with transition plan started before age 17.</li> <li>• Improved experience-of-care scores (CYP &amp; parent/carer)</li> <li>• Reduction in failed/unsafe transitions (e.g. drop-out after discharge).</li> <li>• Reduced delays in transition from inpatient/specialist pathways.</li> <li>• Participation levels in the Transitions Community of Practice.</li> </ul>

Priority Area	Key Actions (2026-27)	Suggested Metrics / Measures of Success
<b>3. Mental Health Crisis &amp; Urgent Support</b>	<ul style="list-style-type: none"> <li>• Mobilise CYP Crisis Alternatives to reduce inappropriate A&amp;E attendances.</li> <li>• Launch all-age Crisis Text Service with CYP access and support.</li> <li>• Expand MH Champions in paediatrics; improve crisis-acute interface.</li> <li>• Align CYP pathways with RCRP, NHS 111, MH Response Vehicles.</li> <li>• Strengthen suicide prevention and safety planning.</li> <li>• Improve multi-agency responses for CYP at complex risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in inappropriate CYP A&amp;E attendances for MH reasons.</li> <li>• Number of CYP using Crisis Text Service; response times.</li> <li>• Number of MH Champions trained and active in paediatrics.</li> <li>• Reduction in police/ambulance MH conveyances through RCRP.</li> <li>• Number of CYP with completed safety plans (schools + services).</li> <li>• Reduction in repeat crisis presentations.</li> </ul>
<b>4. Appropriate Places of Care &amp; Inpatient</b>	<ul style="list-style-type: none"> <li>• Secure ICB approval and begin mobilisation of APoC prototypes.</li> <li>• Deliver CAMHS Inpatient Quality Transformation (incl. Ancora Care review).</li> <li>• Evaluate Eating Disorder Day Service and plan scale-up to increase access to Day Services across the C&amp;M footprint.</li> <li>• Improve coordination for complex needs (Gateway, CNEST, ISFs).</li> <li>• Reduce delayed discharges and OOA placements.</li> </ul>	<ul style="list-style-type: none"> <li>• APoC business case approved + prototype go-live milestone achieved.</li> <li>• Reduction in CYP out-of-area placements.</li> <li>• Reduction in inpatient LoS (where appropriate).</li> <li>• Evaluation outcomes from ED Day Service (reduction in admissions/LoS).</li> <li>• Reduction in delayed discharges.</li> <li>• Number of CYP supported by ISFs without needing admission.</li> </ul>

## System Enablers

*Cross-cutting foundations that make delivery possible.*

**Deliver the Cheshire & Merseyside Mental Health Workforce Strategy**, focusing on ND-informed, trauma-informed and culturally competent practice.

**Strengthen multi-agency data and intelligence**, including the C&M CYP Dashboard (access, waits, inequalities, crisis, outcomes).

**Improve digital maturity of VCFSE providers**, enabling consistent, safe and complete data flow.

**Embed co-production** through CYP voice, parents/carers, and lived experience leadership.

**Maintain an integrated approach across NHS, Local Authorities, education and VCFSE partners**, with shared accountability for outcomes.

**Target inequalities throughout all THRIVE domains**, focusing on deprivation, SEND, ethnicity, care experience and inclusion health groups.



## How We Will Deliver and Measure Progress

As the strategic commissioner for Cheshire and Merseyside, the ICB sets the shared direction for this plan, but delivery can only succeed through strong collaboration with our NHS providers, Local Authorities, education partners, and our Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. Most importantly, we will continue to work alongside children, young people and families, whose insight and lived experience guide where improvement is most needed.

To show real progress, we must be clear about what we aim to achieve and how we will measure change. Each priority in this plan is supported by specific indicators that act as stepping stones, helping us understand what is working, where variation remains, and how outcomes are improving for children and families across our ICB.

Implementation of the plan will be driven collectively. Programmes and Places will lead delivery within their areas of responsibility, supported by the Cheshire and Merseyside CYP Emotional Wellbeing and Mental Health Programme Partnership, bringing together the ICB, NHS providers, Local Authorities, Directors of Children's Services and VCFSE partners. This partnership reports directly to the ICB Children and Young People's Committee, ensuring strong oversight, shared accountability and a system-wide approach to improvement.

Throughout the plan, the 'key indicators' highlight how we will track access, experience, outcomes, equity, waiting times and system impact. These measures will help us demonstrate progress over time and ensure transparency for CYP, families, our workforce and our wider partners.

This plan will be published on the ICB website so that children, young people, families and colleagues across the system can see our commitments and follow our progress.

Our CYP are at the heart of our plan. We are committed to delivering this plan and our ambition to *enable every child and young person with mental health needs to achieve their goals and life potential.*



## Glossary of terms

You may find some of the language in this document unfamiliar, so we have created a glossary to help you understand it better.

Acronym	Meaning
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professionals
AMHP	Approved Mental Health Professional
AMHS	Adult Mental Health Services
ARFID	Avoidant Restrictive Food Intake Disorder
ARRS	Additional Role Reimbursement Scheme
ASD/ASC	Autistic Spectrum Disorder or Condition
C&M	Cheshire and Merseyside
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CNEST	Complex Needs Escalation Support Tool
CPD	Continual Professional Development
CTO	Community Treatment Order
CYP	Children and Young People
CYPMHS	Children and Young Peoples Mental Health Services
DBT	Dialectical Behavioural Therapy
ED	Eating disorder
EHIA	Equality and Health Inequalities Impact Assessment
EMDR	Eye Movement Desensitisation and Reprocessing
GP	General Practice
ICB	Integrated Care Boards
ICP	Integrated Care Partnership
ICS	Integrated Care Systems

Acronym	Meaning
JSNA	Joint Strategic Needs Assessment
LAs	Local Authorities
LEAs	Lived Experience Advisors
LD	Learning Difficulty
LGBT	Lesbian, Gay, Bisexual and Transgender
MBRRCE	Mother and Babies Reducing Risk through audits and Confidential Enquires
MDTs	Multi-Disciplinary Teams
MEED	Medical Emergencies in Eating Disorders
MH	Mental Health
MHAA	Mental Health Act Assessment
MHST	Mental Health School Teams
NEETs	Young People not in Education, Employment or Training
NHSE	NHS England
NICE	National Institute of Health and Care Excellence
NWAS	North West Ambulance Service
OT	Occupational Therapist
PCN	Primary Care Network
RCRP	Right Care Right Person
SaLT	Speech and Language Therapy
SEND	Special Educational Needs and Disabilities
SNOWMED CT	Systematized Nomenclature of Medicine Clinical Terms
SNOWMED DQ	- Systematized Nomenclature of Medicine Data Quality
VCSE	Voluntary, Community and Social Enterprises
YP	Young Person



These easy-read materials were prepared by Merseyside Youth Association's (MYA) [RAISE Mental Health Promotion Team](#), drawing on their expertise in supporting accessible communication with children and young people, parents and carers.

We extend our sincere thanks to MYA for their time, expertise and contribution to developing these materials.

