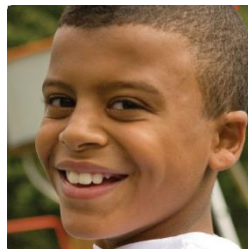


# CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING TRANSFORMATION PLAN: 3 YEARS ON

Making the Mental Health and Emotional Wellbeing  
of Children and Young People **'Everyone's Business'**



Date	Action	Lead
April 2018 – August 2018	Stakeholder Engagement Data/information collection and analysis	Liverpool MHEWB PB
August 2018 – October 2018	Development of LTP Document	Liverpool CCG
24 <sup>th</sup> October 2018 – 2 <sup>nd</sup> November 2018	Document Circulated to MHEWB PB and Liverpool CCG management for comments	Liverpool MHEWB PB
5 <sup>th</sup> November 2018 – 7 <sup>th</sup> November 2018	Amendments to document from feedback from MHEWB PB and Liverpool CCG	Liverpool CCG
7 <sup>th</sup> November 2018 – 14 <sup>th</sup> November 2018	Document Circulated to Liverpool Health and Wellbeing Board for review.	Liverpool CCG
15 <sup>th</sup> November 2018	Document Signed off by Liverpool Health and Wellbeing Board	Liverpool Health and Wellbeing Board
30 <sup>th</sup> January 2019	Document Published online	Liverpool CCG

Version	Date	Author	Rationale
1.0	24 <sup>th</sup> October 2018	L.Nolan and A.Cassar-Simmonds	Draft
2.0	7 <sup>th</sup> November 2018	L.Nolan and A.Cassar-Simmonds	Draft
2.0	14 <sup>th</sup> November 2018	L.Nolan and A.Cassar-Simmonds	Draft
2.0	15 <sup>th</sup> November 2018	L.Nolan and A.Cassar-Simmonds	Final

## Contents

<b>Context</b> .....	3
<b>Vision</b> .....	3
<b>Review of Transformation Plan</b> .....	4
<b>The Model:</b> .....	4
<b>Progress during 2017-2018:</b> .....	6
<b>Mental Health Promotion and Resilience Building:</b> .....	7
<b>Early Help:</b> .....	10
<b>Access to Targeted and Specialist Support:</b> .....	13
<b>Workforce:</b> .....	16
<b>Governance</b> .....	17
<b>Performance Monitoring:</b> .....	17
<b>Stakeholder Engagement</b> .....	19
<b>Challenges and Next Steps</b> .....	20
<b>Appendices</b> .....	23

## Context

Liverpool's Mental Health and Emotional Wellbeing (MHEWB) Local Transformation Plan (LTP) for Children and Young People was published in November 2015 following assurance and sign off by NHS England and the local Health and Wellbeing Board. The Transformation plan was written following a national inquiry into Child and Adolescent Mental Health Services and published report 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing.' (DH, 2015). The LTP outlines key priorities for development and delivery of mental health support for children and young people in Liverpool as agreed by a partnership of stakeholders including children, young people and families. Since November 2015 there has been much development in Liverpool to support children and young people's mental health and emotional wellbeing and this document aims to outline these in addition to highlighting the priorities moving forward. This document follows the publicly available 5 year (2015-2020) transformation plan and refresh which was completed in October 2017 again outlining progress to date. Both can be found through accessing the following [link](#). This refresh will focus on 2017-2018 developments however you are encouraged to read existing plans.

Since November 2015 there has been much development in Liverpool to support children and young people's mental health and emotional wellbeing and this document aims to outline these in addition to highlighting the priorities moving forward as agreed by a partnership of stakeholders including children, young people and families.

## Vision

Our vision in Liverpool continues to promote mental health and emotional wellbeing as 'everyone's business.' The partnership approach to commissioning and integrated delivery allows us to support the broader meaning of mental health and emotional wellbeing and continue to understand the wider social determinants and systems that affect mental wellbeing.

The Mental Health and Emotional Wellbeing (MHEWB) Partnership Board continues to operate within the underpinning principles of:

- Operating within a Care Aims Approach.
- Working within a whole family framework.
- Building Resilience.
- UNCRC (United Nations Convention of the Rights of the Child) being central to all practice.
- Safeguarding.
- Equalities.
- Social Value.

Working within these underpinning principles aims to ensure the following agreed outcomes are met as part of this 5 year plan:

- Improved mental health of children, young people and their families.
- Improved environments so that children, young people and families can thrive.
- Increased Identification of children and young people with early indicators of distress and risk.
- Reduction in mild to moderate distress.
- Reduction in the development of moderate to severe distress.
- Reduction in lifelong distress.

This document will explain how we are monitoring and working towards meeting these outcomes within the underpinning principles outlined above.

## Review of Transformation Plan

During any transformation or service improvement it is important to ensure continual review is built into the process in order to understand the following:

- Progress made – where are we up to?
- Impact and outcomes – is it making a difference?
- Risks and challenges – what may be problematic?
- Gaps and future priorities – where do we need to go?

To do this Liverpool MHEWB Partnership Board has undertaken the following process:

- Reviewed all data from commissioned providers from the past year – activity, outcomes and quality.
- Consulted with stakeholders including children, young people and parents/carers about what has been achieved and what remains a priority.
- Reviewed existing work plan and priorities.
- Reviewed the workforce in line with what is needed.
- Reviewed progress against National Key Lines of Enquiry (KLoE) as part of the National Assurance Process. This can be found in Appendix 10.

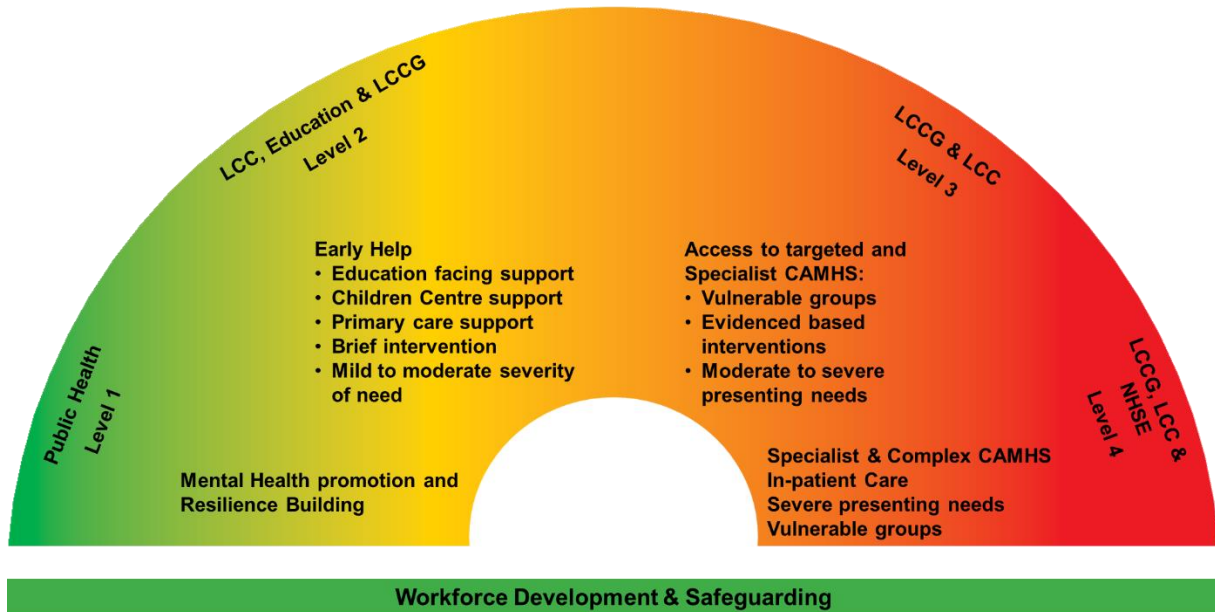
The sections below will provide a narrative and focus on what has been achieved to date based on the original 5 year transformation plan and priorities outlined in the 2017 refresh. There are a number of appendices which accompany this document.

## The Model:

Liverpool's MHEWB Partnership Board continually aims to develop an enhanced integrated model of delivery to support children and young people's mental health and emotional wellbeing 0-25 years. The model looks to support children, young people and families at every level of need. It has therefore been aligned to the citywide Levels of Need Framework (diagram below). This is to ensure we support children, young

people and families at the different levels of presenting need using a partnership and collaborative approach. This also ensures all partners understand their responsibilities at each level

### Levels of Need for C&YP Mental Health



The model and plan supports both local and national objectives and policies including the One Liverpool Plan ([link](#)) and NHS Five Year Forward View for Mental Health ([link](#))

The model in Liverpool not only supports direct work with children and young people but emphasises the importance of working to support the systems in which they live. Such systems are often impacting on a child or young person’s mental health and emotional wellbeing and it is therefore important to direct resource to support these building resilience, skills and knowledge within them.



**When a flower doesn't bloom,  
you fix the environment in  
which it grows, not the flower.**

*Alexander Den Heijer*

## Progress during 2017-2018:

2017-2018 was a very challenging year in Liverpool due to a number of reductions in funding that were applied to some of the CAMHS providers following budget constraints across local commissioning organisations. As you will note within the performance and outcomes framework in appendices 5 and 6 these budget reductions have impacted on delivery and therefore outcomes for children, young people and families. The priorities therefore outlined in the last (2017) refreshed LTP document allowed the Mental Health and Emotional Wellbeing Partnership to focus on areas that allowed for further development within the resources available. These priorities across the different levels of need were:

### ➤ **Mental Health Promotion and Resilience Building:**

- Implement the recommendations from the Whole School Approach report.
- 3<sup>rd</sup> NOW Festival.
- Development of peer mentoring.

### ➤ **Early Help:**

- Further development of YPAS Plus Mental Health Hubs.
- Strengthen IT and data quality.
- Explore opportunities to implement recommendations from CAMHS GP liaison pilot.
- Undertake research and evaluation of the YIAC (Youth Information Advice and Counselling) service within the mental health hubs (YPAS Plus) as part of the CLAHRC (Collaboration and Leadership in Applied Health Research and Care) Partner Priority Programme.

### ➤ **Access to Targeted and Specialist Support:**

- Explore Crisis Care and Out of Hours models to develop across Liverpool and Sefton.
- Implement national transition and A&E liaison CQUIN.
- Explore opportunities to integrate CAMHS and Neurodevelopmental pathway.
- To embed the Transforming Care Principles for children and young people within Mental Health services for this population at provider and commissioner level.
- Explore opportunities to develop services across the Cheshire and Merseyside STP (Sustainability and Transformation Partnership) footprint.

### ➤ **Workforce:**

- Liverpool CCG will create a workforce plan utilising data gathered from both the MHSDS (Mental Health Services Data Set) and Liverpool CAMHS Local Data Set. From this plan a Workforce strategy will be

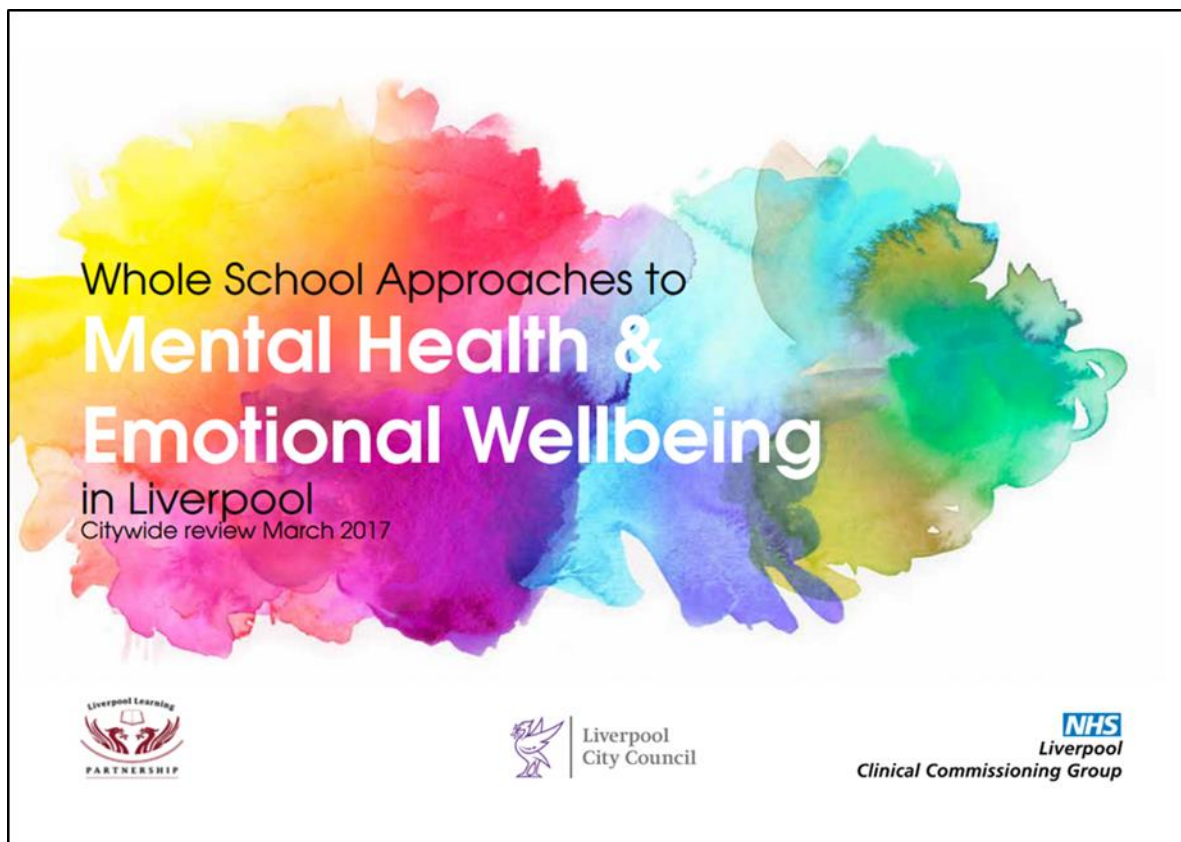
created to increase access and the number of individual Children and Young People seen in line with [FYFV \(Five Year Forward View\) for Mental Health](#), [Next Steps on the NHS FYFV](#) and [Stepping forward to 2020/21: the mental health workforce plan for England](#).

The below will outline what has been achieved during the last 12 months (2017-2018) based on the priorities above. Further outcomes and activity for some of the wider developments in Liverpool during 2017-2018 can be found in appendix 1.

## Mental Health Promotion and Resilience

Promoting resilience across children, young people, families and communities and participation are key factors in the delivery of mental health and emotional wellbeing support in Liverpool. The aim of which is to ensure services are developed and delivered based on need and the right support is provided to build capacity and skills across children, young people, families and communities to manage risk factors which could impact on their mental health and emotional wellbeing. During the last year the following has been developed:

- ***Implement the recommendations of the Whole School Approach to Mental Health and Emotional Wellbeing Report –***





The following has been developed and delivered during the last 12 months as part of the recommendations:

- Development of a number of resources for schools to use within workshops aimed at resilience building – [Link](#).
- 68 schools accessed to deliver mental health promotion and resilience building workshops.
- Development and dissemination of a Mental Health Policy for schools – [Link](#)
- Development of a mental health toolkit for education – [Link](#).
- Mental health champions trained in every school in Mental Health First Aid (Secondary) and ROAR (Primary) – a course which aims to help staff recognise and address the signs of mental health problems in primary age children.
- Incorporating Mental Health First Aid into teacher training within Edge Hill and Hope university with 41 students accessing it to date.
- Training of Young Carers Champions and development of a Young Carers policy in every school.
- Expression of Interest application submitted to NHS England for Green Paper Trailblazer Pilot.

#### Outcomes:

- Increase in confidence to support children and young people’s mental health from 36.4% of delegates before the ROAR course to 100% after the course.
- **Talk to staff:** Pre-course, 63.7% rated their confidence 7-10 out of 10 (10 being most confident) when talking to staff about mental health, post-course, this rose to 100% stating 10.
- **Talk to parents/carers:** Pre-course, 36.4% of delegates scored 7-10 when talking to parents/carers about mental health, post-course this increased to 72.8%.

#### ➤ **City Wide Mental Health Promotion events: 3<sup>rd</sup> NOW Festival-**



Commissioned as a partnership between Liverpool CCG, Liverpool Learning Partnership and the Arts Council the NOW Festival continued for its 3<sup>rd</sup> year working with over 350 children and young people on the theme, 'My Education, My Mental Health.' The tour following this event reached over 5000 children and young people further promoting the importance of mental health.

#### Outcomes:

- 93% felt that it helped them gain more confidence to talk about mental health.
- 79% Learned more about mental health.
- 76% Felt that the festival sent a positive message about mental health.
- 77% felt that it was a great positive to perform on a theatre stage.
- 60% felt that had gained new art and performance skills.
- 60 % felt that they had made new friends.
- 98% of young people that took part said they felt events like NOW Festival were important to spread messages about mental health.

#### ➤ **Further development of Peer mentoring -**

*We will empower people to take more control of their health: supporting people to stay well; enabling people to do more for themselves and ensuring that no decisions 'about me are made without me'*

**One Liverpool Plan & Five Year Forward**

In order to ensure children, young people and families are at the centre of everything we do the following has been developed as part of the peer mentoring and participation programme:

- 206 children and young people trained as peer mentors across 6 secondary schools. 150 new children and young people trained to bronze level during 2017/2018
- Development of a reporting framework for peer mentoring called TOTEM (Talking Openly to Embrace Mental Health) - The website, [www.totemhub.co.uk](http://www.totemhub.co.uk) allows headlines of conversations to be recorded (overseen by MYA and teachers) to spot trends such as exam stress, friendship difficulties, weight and body image etc.
- Mental Health and Rights of the Child Campaign ([Link](#)) - Young people across Liverpool took part in creative arts projects and competitions to develop educational and informative resources. These included 10 mannequins, badges, posters, drama pieces, and films. These were then exhibited within the TATE Gallery reaching over 3622 members of the public and generating

conversations about mental health. A tour across schools followed reaching 1350 children and young people through assemblies or classroom workshops.

- Children, young people and parent/carer involvement in CQC thematic review

#### Outcomes:

- **Peer Mentoring** – Before the course, only 62% of pupils felt confident that they could talk to a friend about their mental health, whereas after the course, this figure increased to 86% of pupils.
- **Peer Mentoring/TOTEM** – The project secured award winning status at PeerFest in October 2017. Organised by the national charity Mind, it beat HSBC and 70 other projects across the country for the best Peer Support Project in an organisation.
- **Mental Health and Rights of the Child** – resulted in social media discussions and wide sharing of programme.
- **CQC Thematic Review** – Positive feedback from inspectors about involvement and participation in Liverpool with the report adopting 7 out of the 10 recommendations made by those involved. The national report was named after a quote from a young person involved who was invited to parliament for the launch.

### Early Help

In Liverpool early help and intervention is a key priority to preventing problems before they escalate and therefore enhancing an individual's ability to navigate life's challenges. We believe it is possible to make a difference for children, young people and their families by intervening early in either the life of a child or the problem. The following has therefore been developed and achieved during the last year as per priorities identified and as part of the city wide early help and community model developments:

#### ➤ Further development of YPAS Plus Mental Health Hubs:

##### **Children and Young People say they want:**

- Children and Young People's focussed services "under one roof" where they can receive a holistic service without having multiple appointments across the city.
- Services to work closer together and closer to their communities.
- None clinical – hospitalised
- Young person friendly building with easy to read information.

*(Stakeholder consultation. 2016)*

The 3 Mental Health Hubs have continued to operate for Children and Young People up to the age of 25 years. 1520 children and young people accessed the hubs during 2017/2018. The services they have accessed include:

- Open access drop-in.
- Information, Advice and Guidance (IAG).
- Psycho-education.
- Support groups for children and young people with mild to moderate mental health needs.
- GP clinic (central hub) and multi-disciplinary team meetings.
- Parenting support and groups.
- Psychological interventions.
- Family Systemic Practice.
- Targeted support for children and young people identifying as LGBTQ+.

#### **Outcomes:**

- 98% identified their lives had improved after receiving the IAG service.
- 76% improved mental health and wellbeing.
- 2% stepped up to specialist CAMHS.
- 79% said things in school had improved.
- 90% have an improved wellbeing.
- 97% said they were happy or very happy with the service.
- Reduction in A&E presentations (Self-reported – CYP would have attended A and E if not for YPAS).
- Self-reported decrease in rate of self-harm and suicidal ideation with 16% of CYP reporting that they would not be alive without the service following access to LGBTQ+ provision.

#### ➤ **Strengthen IT and Data Quality:**

The following has been achieved to ensure improved quality data reporting (locally and nationally), sharing of information and integrated working across the 3<sup>rd</sup> Sector and NHS:

- Development of IT systems and infrastructure and workforce development to improve data capture and local and national reporting across NHS and 3<sup>rd</sup> Sector CAMHS Providers.
- National capital funding secured to further develop IT systems and infrastructure to ensure integrated youth and clinical mental health model within the YPAS Plus Hubs to increase early help and holistic offer aiming to reduce crisis.
- Accessed advice and support from NHS England and Strategic Clinical Network for MHSDS reporting via NHS Improvement.

#### Outcomes:

- Improved quality of data reporting to inform commissioning
- National Access target achieved 2017-2018

#### ➤ Explore opportunities to implement recommendations from CAMHS GP liaison pilot:



Recommendations within the report have been reviewed and work is due to commence during 2018-2019. These recommendations included:

- Further education awareness about the CAMHS offer in Liverpool across Primary Care.
- Increased CAMHS presence in locality surgeries. This has been found to be beneficial to families, primary care staff and to CAMHS due to increased awareness, ease of access and speed of access.
- CAMHS clinics in GP practices need to be underpinned by a robust operational infrastructure which includes access to mobile devices. Building relationships with practice managers and ensuring information is disseminated across surgeries is crucial to the effectiveness of these clinics.
- There should be triage of referrals first in the practices so that only those families who need to see CAMHS are seen in the locality clinics. The drop-in element of the clinics however could be utilised more effectively by GPs to discuss appropriateness of referrals.
- Further discussion and thinking on use of the Pre-EHAT (Early Help Assessment Tool) particularly given wider need to embed EHATs across the city and for health and the Early Help Hubs to be more closely aligned.
- Increased CAMHS presence in schools is relieving some of the pressures that were felt in Primary Care by enabling children to access support without seeing their GP.
- Rapid assessments may be a viable way forward for routine first appointments.

- **Undertake research and evaluation of the YIAC (Youth Information Advice and Counselling) service within the mental health hubs (YPAS Plus) as part of the CLAHRC (Collaboration and Leadership in Applied Health Research and Care) Partner Priority Programme:**



Collaboration for Leadership in  
Applied Health Research and Care  
North West Coast

During 2017-2018 we (members of the Mental Health and Emotional Wellbeing Partnership and Universities) have been evaluating the YIAC model in the YPAS Plus Hubs to look at their impact on mental health, access and engagement. Although this evaluation is not yet complete the following has been undertaken:

- Interviews and focus groups with young people and parents accessing the hubs
- Interviews and focus groups with professional who work with YPAS
- Cost effective and data analysis

A full report will be available at the end of January 2019.

### **Access to Targeted and Specialist Support**

Improving timely access to the right services for the right intervention for children and young people who require ongoing therapeutic support for their mental health difficulties is a key element of the CAMHS integrated offer. Ensuring children, young people and their families receive the most appropriate interventions for their need is fundamental to development and delivery. Services are commissioned and delivered based on them being needs led, family focused, evidence informed and outcomes based. The collaborative approach practiced by the CAMHS Partnership across both child and adult services supports the delivery of interventions around the needs of the child, young person and family. The following has been developed and achieved during the last year:

- **Explore Crisis Care and Out of Hours models to develop across Liverpool and Sefton:**

Additional resource was secured across both Liverpool and Sefton to develop some crisis support for children and young people. This provision focuses on 3 areas and has only operated fully since July 2018:

- Telephone Advice Line operating 8am-8pm weekdays and 8am-4pm weekends.
- Increased next day appointments for children and young people presenting in crisis (7 days per week).

- Increased assessments and discharge planning for children and young people admitted to hospital (Alder Hey Children's NHS Foundation trust and Ormskirk Hospital) up to the age of 16 years (7 days per week)

Although there is still further development needed to support children and young people presenting in crisis this small service delivered over a 2 month period; 35 next day appointments, initiated 25 discharges and answered 170 crisis telephone calls.

#### Outcomes:

- Prevented 23 attendances at A&E across Alder Hey and Southport and Ormskirk hospitals.
- Saved 41 bed days in Liverpool.

#### ➤ **Implement national transition and A&E Liaison CQUIN:**

We have continued to implement the transition and A&E CQUIN (Commissioning for Quality and Innovation) across our two main NHS Mental Health providers. This has included:

- Continuation of Transfer of Care multi-agency meetings to discuss complex cases.
- Audit of young people (aged 17 & 18 years) transitioning from CAMHS to another service for compliance against the national transition CQUIN standards.
- Transition training across CAMHS and Adult Mental Health providers.
- Closer working with the CCG regarding the Children and Young Peoples Transforming Care Programme.
- Broadened consultation and support to other relevant services including Alder Hey Psychological Services and Alder Hey Eating Disorder Service.
- Active involvement in Adult Mental Health Transformation and service developments in the arenas of Enhanced Primary Care Liaison Service, Assessment Services and Crisis Services.
- Continued work to develop a model of Mersey Care Recovery college "The Life Rooms" that will aim to address some of the student mental health issues faced in Hugh Baird Higher Education college.
- Implementation of Core 24 A&E Liaison for young people aged 16+.

#### Outcomes:

- Overall, the planning, preparing and involvement of transition patients is good – as identified through audit.
- 86 young people successfully transitioned to either adult mental health or back to their GP since January 2017.
- Improved relationships with Transition Team in Social Care and supporting them with transition policies and protocols.

➤ **Explore opportunities to integrate CAMHS and Neurodevelopmental pathway:**

During the last 12 months the SEND (Special Educational Needs and Disabilities) Strategy went out for consultation. One of the priorities for further development was around supporting children and young people with neurodevelopmental conditions and their families. This priority therefore will be led through the SEND Partnership Board in Liverpool ensuring strong links with the Mental Health and Emotional Wellbeing Partnership Board. This will aim to focus further review and development in the area of neurodevelopmental conditions in addition to ensuring strong links and pathways are developed with mental health provision. The SEND strategy can be found [here](#).

➤ **To embed the Transforming Care Principles for children and young people within Mental Health Services for this population at provider and commissioner level:**

The Transforming Care programme for children and young people has gathered pace during the last 12 months with developments at local and national level for supporting children and young people with Learning Disabilities and/or Autism. This work links into both the CAMHS and SEND agenda and therefore a more joined up approach has been required. The following has progressed:

- Developing register of children and young people who are at risk of admission across health, education and social care.
- Process developed to identify and undertake CETRs (Care and Education Treatment Reviews).
- Lead Clinicians in Specialist CAMHS to support Transforming Care Programme.
- Training regarding Transforming Care developed and being delivered across Cheshire and Merseyside.
- Secured funding for Project Support within Liverpool Clinical Commissioning group (LCCG).

➤ **Explore opportunities to develop services across the Cheshire and Merseyside STP (Sustainability and Transformation Partnership) footprint:**

The Cheshire and Merseyside Health and Care Partnership (formally known as the STP) continues to drive change across the wider footprint in key programme areas. One area is Mental Health with the aim of enabling the vision set out in the NHS Five Year Forward View. A key strategic priority within this area is mental health support for Children and Young People. The area identified for improvement across the Cheshire and Merseyside footprint is the development of New Care Models for specialised care. This includes reviewing and developing support for children and young people who would historically access in-patient beds often not close to home. The aim of New Care Models is therefore to look at different ways of working to support these children and young people closer to home and out of hospital. This piece of work is in the earliest stages of development and will continue as a priority during the next 12 months.



## Workforce

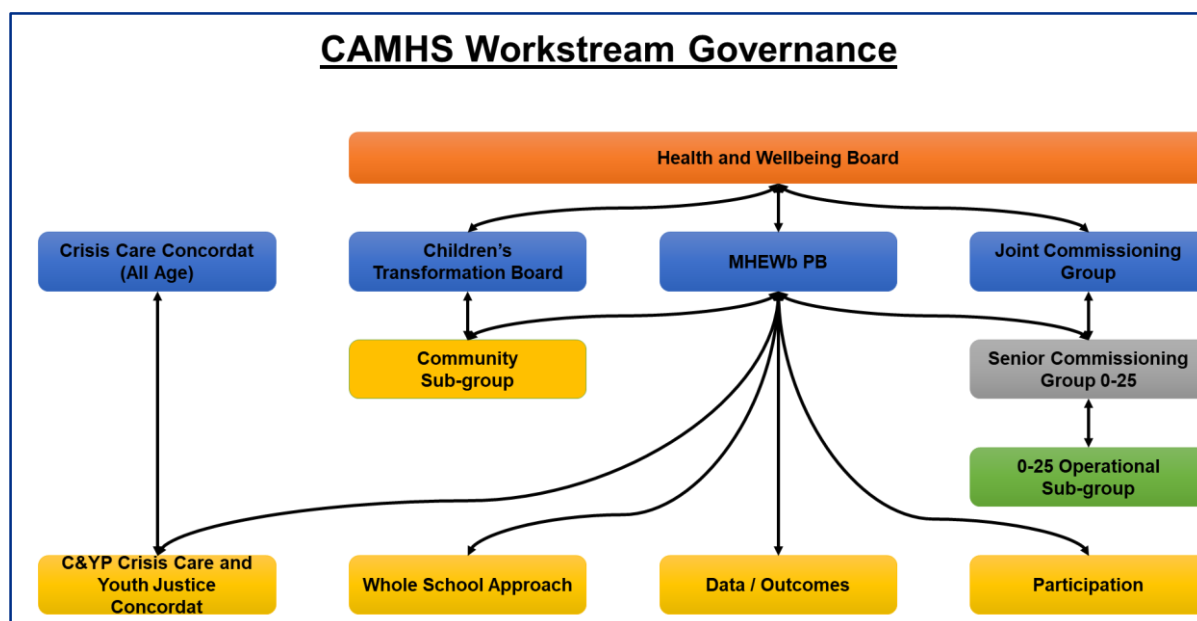
- **Liverpool CCG will create a workforce plan utilising data gathered from both the MHSDS (Mental Health Services Data Set) and Liverpool CAMHS Local Data Set.**

Ensuring we have the right workforce to support children and young people's mental health across the different levels of presenting need is a challenge locally and nationally. The Mental Health and Emotional Wellbeing Partnership in Liverpool is however committed to continue to develop the skills of the existing workforce and to recruit and train new posts using an evidence based approach. We are committed to ensure governance structures are robust and partnerships exist with Universities and training providers to support training, supervision and service transformation. The following has been achieved during the last 12 months:

- 52 CAMHS Practitioners have accessed evidence based training through the CYP IAPT (Children and Young Peoples Improved Access to Psychological Therapies) partnership.
- 3 have been trained in evidence based supervision
- Secured funding through Liverpool CCG for workforce development
- During the past 12 months a number of posts have been secured through the national recruit to train programme to develop evidence based practice. This has included new posts called Children and Young Peoples Wellbeing Practitioners now working into secondary schools to support children and young people with mild to moderate mental health difficulties.
- Delivered 35 training and awareness sessions across the wider children and adult workforce on a range of CAMHS and neurodevelopmental conditions.
- 965 individuals from the wider children and adult's workforce including parents and carers have accessed the CAMHS training offer during 2017-2018

## Governance

The developments outlined in this document are governed through the structures below:



There continues to be wide representation on the MHEWB Partnership Board. Membership was outlined in the original Children and Young Peoples MHEWB LTP. The original Transformation Plan and refreshed version have been agreed and signed off by the Health and Wellbeing Board. Further information on the Health and Wellbeing board can be found [here](#).

## Performance Monitoring:

The MHEWB Partnership Board are committed to ensuring provision and support to meet the mental health and emotional wellbeing needs of children, young people and their families is of high quality and effective. Performance monitoring therefore takes place on a number of levels;

### ➤ Performance Monitoring of the MHEWB Local Transformational Plan:

This is undertaken by the MHEWB Partnership Board and progress is BRAG rated against actions. This takes place on a quarterly basis. These are summarised on the work plan in appendix 2.

➤ **Performance Monitoring of Commissioned Providers:**

It is important to understand if commissioned services are making a difference to children and young people's mental health and quality of life. We also want to ensure these services are of good value. We therefore collect activity, outcomes, quality and financial information as per below:

Activity	Referrals (e.g. numbers, presenting need, complexity, severity) Children, Young people and families seen Interventions Clinics Waiting times Demographics Training sessions Consultations DNA's Service Cancellations Presentations to A&E Participation
Outcomes	Routine Outcome Measures - Validated measures to indicate effectiveness and impact. These can be used with the young person, family and professional. They are used by practitioners and measured and analysed through a national body, CORC (CAMHS Outcomes Research Consortium)
Quality	Experience of service questionnaire (CHI ESQ) Complaints Serious Untoward Incidents' (SUI's) Annual visits Stakeholder satisfaction questionnaires Case Studies
Finance	Detail of spend against allocation

The outcomes framework can be found in appendix 6 and the annual performance monitoring report can be found in appendix 5. Further outcomes can be found in the achievements report in appendix 1. Financial spend can be found in appendix 3.

➤ **Performance to inform need and future commissioning:**

In order to commission services based on need the following continues to be used:

1. Provider local dataset.
2. Mental Health Services Dataset (MHSDS).
3. National Benchmarking information.
4. Provider outcomes.
5. Quality of provision.

6. Feedback through regular consultations with children and young people and professionals.
7. Feedback through regular consultations with parents/carers.
8. JSNA (Joint Strategic Needs Assessment) or child health profiles [Link](#).
9. Annual workforce and skills audit across provider.
10. Research and Evaluation.

A CAMHS Partnership Workforce Skills Audit that covers financial years 2017/2018 and 2018/2019 can be found in appendix 8.

Financial challenges during 2017-2018 had a big impact on delivery and outcomes for children and young people which you will note from the performance report and outcomes framework:

- Increased waiting times.
- Increased self-harm presentations.
- Decreased delivery and CYP seen in early help compared to 2016-2017.
- Increased activity in specialist in-patient units.

Despite these challenges however the Liverpool CAMHS Partnership have worked collaboratively to keep the system safe and offer high quality services within the resources available. This has resulted in the progress outlined above and within the wider achievements section appendix 1. It also supported the MHEWB Partnership to focus on key priority areas moving forward into 2018-2019 as identified below.

## Stakeholder Engagement

Engaging with stakeholders is an underpinning principle of the MHEWB LTP and delivery in Liverpool. There are a number of forums that support this:

- MHEWB Partnership Board which also includes Parent/Carer and C&YP representatives. During 2017/2018 this has further expanded to include representatives from NSPCC and Universities.
- MHEWB LTP work streams.
- Parent/Carer forums including LivPac, FRESH Plus, CAMHS Partnership parent/carers forum, Community Champions (ND).
- Children and young people's forums including FRESH, CAMHS Partnership CYP forum (YAY), School's Parliament, Children in Care Council and Peer Mentors.
- Public Advisors as part of CLAHRC Partner Priority Programme which will be used to inform future commissioning.
- NOW Festival.

In addition to the above all CAMHS Partnership providers embed participation and engagement into everything they do which is underpinned by the UNCRC. This includes children and young people having a say about their care and the interventions

they receive, providing feedback, developing resources, delivering services or participating in forums and board meetings.

The MHEWB LTP has been developed in partnership with a wide range of stakeholders including children, young people and parents/carers and all are continually involved in its delivery, development and evaluation. Examples of what children, young people and parents/carers have been saying during the past year can be found in appendix 9.

## Challenges and Next Steps

Although there have been many developments during the last year this has not come without its challenges:

- Compared to the England average Liverpool has significantly worse:
  - Infant Mortality - an average of 31 infants dying before age 1 each year.
  - Lower rate of life expectancy at birth (2014-16) -76.4 for boys and 80.3 for girls.
  - Children under 16 years living in poverty – 28.0%.
  - Children achieving a good level of development at the end of reception.
  - Number of Children in Care.
- Although suicide rates are decreasing the number of people under the age of 20 taking their own life has risen. Issues such as bereavement, bullying, family problems and physical health conditions all playing a part.
- Children and young people are living with increased adverse childhood experiences and trauma such as parental divorce and separation, parental ill health, parental substance misuse, abuse.
- Increased financial pressures across all systems and services.

Such challenges are not in the direct control of the MHEWB Partnership Board or CAMHS Providers and have impacted on delivery and outcomes during 2017-2018 as identified within the performance report and outcomes framework. However through working in a whole family, collaborative and systemic way we aim to ensure such challenges and risks are managed through:

- Robust risk management – a risk register can be found in appendix 4.
- Exploring opportunities for re-designing and reconfiguring existing structures and services to ensure more joined up working to deliver provision which best meets need.
- Encouraging innovative practice within a safe and governed environment in addition to looking at the best and most appropriate evidenced based practice to meet need.

- Continual review and performance monitoring.
- Building resilience across children, young people, families and communities.
- Aspiring to reduce health inequalities through ensuring services meet the population need of children and young people, are accessible and provide a range of support and interventions across the different levels of presenting need.
- Reviewing the current offer, impact and financial spend.

The above will support our vision and 5 year LTP and ensure we move forward with our priorities and next steps. These priorities can be found in our work plan in appendix 2, however the section below outlines some key priorities for development over the next year:

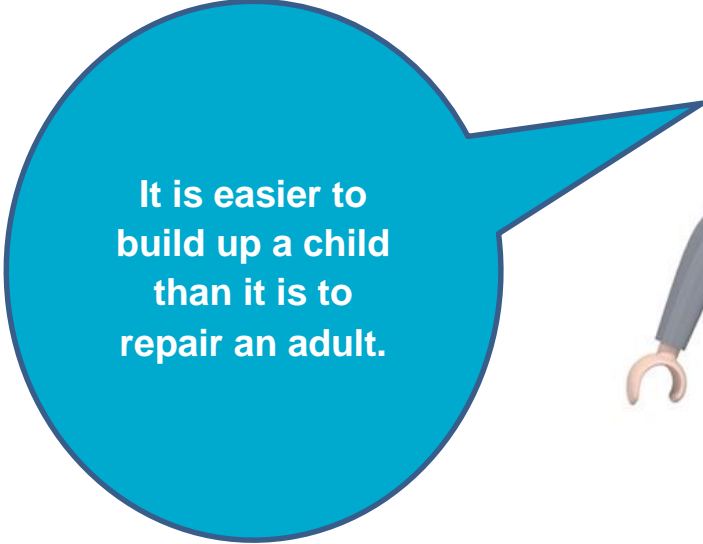
- Review of current commissioned CYP Mental Health offer in Liverpool with the aim of developing a more robust 0-25 years specification and integrated delivery and commissioning structure. This will aim to ensure resource available is aligned to the areas which have the most impact and better outcomes for children, young people and families to best meet need and demand.
- Further implementation of integrated youth and clinical offer across the 3 YPAS Plus CYP Mental Health Hubs.
- Implement recommendations in GP Liaison Pilot.
- 4<sup>th</sup> NOW Festival.
- Embedding Adverse Childhood Experiences (ACE) and trauma informed practice across the city.
- Strengthen partnerships and mental health and emotional wellbeing support as part of the 0-19 pathway.
- Review and further develop support for children and young people with neurodevelopmental conditions and their families as part of the SEND strategy.
- Further development of whole school approaches to MHEWB through Green Paper Trailblazer site pilot.
- Undertake full workforce and skills audit through national SASAT tool.
- Commitment to continue workforce development / CPD to deliver evidence based interventions.
- Further development of crisis care and youth justice pathways.
- Development of robust A&E Liaison for C&YP up to the age of 25.
- Further improve data infrastructure and reporting of activity and outcomes through local and national data sets.
- Support development of the JSNA.
- Work as part of the wider Health and Social Care Partnership across Cheshire and Merseyside to support the development of New Care Models for children and young people's mental health who require more specialised services.

The above priorities will not only support our vision to ensure Mental Health and Emotional Wellbeing is 'Everyone's Business' but also support the priorities and

objectives identified within other local and national plans including the One Liverpool Plan and NHS Five Year Forward View for Mental Health.

Children and Young People are our future generation and to enable this population to reach their fullest potential we need to invest in them today and develop services that support their needs. This not only requires increased resource but a change in culture and commitment at both practitioner and strategic level including:

- To think systemically and whole family, but to also have an understanding that children and young people are a discrete population who go through a number of transition periods. They therefore have their own needs which differ between the ages of 0 and 25 years.
- Implementing support at the earliest opportunity specifically pre-birth to embed the importance of attachment.
- Developing an integrated youth and clinical based model.
- Embedding ACE and trauma informed practice across the city.



**It is easier to  
build up a child  
than it is to  
repair an adult.**

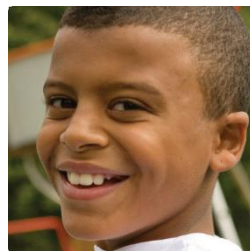


## Appendices

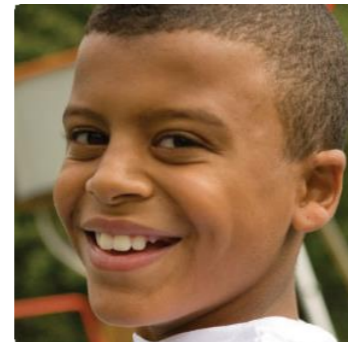
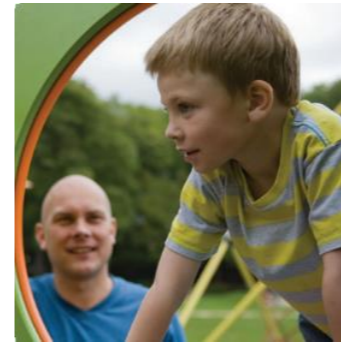
1. CAMHS Partnership LTP Achievements 2017/2018
2. Liverpool MHEWB LTP Work plan 2018/2019
3. Liverpool MHEWB Financial Spend against allocation 2018/2019
4. Liverpool MHEWB Risk Register 2018/2019
5. Liverpool MHEWB Performance Monitoring Process 2018/2019
6. Liverpool MHEWB Outcomes Framework 2017/2018
7. Liverpool CAMHS Partnership Annual Performance Report 2017/2018
8. Liverpool CAMHS Partnership Workforce Skills Audit 2018/2019
9. Liverpool's Voice of the Child, Young Person and Parent/Carer 2018/2019
10. National Key Lines of Enquiry (KLoE) and Assurance Process







NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA



# CAMHS Partnership LTP Achievements 2017/2018

## Appendix 1

This document should be used in conjunction with the Children and Young People's Mental Health and Emotional Wellbeing Transformational Plan: 3 Years On document.

This document has been produced on A3 paper and should be printed off on A3 for best results.

## Contents

Mental health promotion, resilience building and participation .....	2
Early Help Offer .....	5
Specialist CAMHS, crisis and acute care .....	7
Workforce Development .....	8

## Mental Health Promotion, Resilience Building and Participation

Priority	Achievements to date	Outcomes/Impact	Next steps
<p><b>Every school will have access to mental health promotion &amp; workshops to support whole school approaches to MHEWB</b></p>	<ul style="list-style-type: none"> <li>• <b>15391</b> children and young people accessed mental health promotion events during 2017-2018 and were engaged across <b>schools</b> to develop a number of resources including: <ul style="list-style-type: none"> <li>➢ Resilience cards</li> <li>➢ Animations covering various themes such as eating disorders and adolescence transition</li> <li>➢ Course books and images complete with text, action plan and animations on resilience</li> <li>➢ Rights of the Child Mannequins</li> </ul> </li> <li>• <b>250</b> CYP from <b>21</b> schools took part in the NOW festival with performances reaching over <b>5,444</b> other CYP to promote the message 'My mental health, my education.'</li> <li>• <b>1933</b> Parents/Carers accessed mental health promotion events.</li> <li>• <b>1047</b> professionals accessed mental health promotion events.</li> </ul>	<ul style="list-style-type: none"> <li>• Reported improved self-esteem in children &amp; young people</li> <li>• Reported improved confidence in children and young people</li> <li>• Early identification of need and access to support for children and young people</li> <li>• Resilient characters – Resilient Ralph, ResiliANT made into animation characters</li> <li>• Now festival outcomes: <ul style="list-style-type: none"> <li>➢ <b>98%</b> of young people that took part said they felt events like NOW Festival were important to spread messages about mental health.</li> <li>➢ <b>93%</b> felt that it helped them gain more confidence to talk about mental health</li> <li>➢ <b>79%</b> Learned more about mental health</li> <li>➢ <b>76%</b> Felt that the festival sent a positive message about mental health</li> <li>➢ <b>77%</b> felt that it was a great positive to perform on a theatre stage</li> <li>➢ <b>60%</b> felt that had gained new art and performance skills</li> <li>➢ <b>60 %</b> felt that they had made new friends</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Access more schools</li> <li>• Partnership work with the <b>Liverpool Learning Partnership</b> to develop a storybook featuring Ralph and the ResiliANTS, as well as games, lesson plans and training for schools involving Ralph and the ResiliANTS, so he can continue to be used to promote and develop resilience for primary school children in Liverpool.</li> </ul>
<p><b>Implement Recommendations of Whole School Approach Report</b></p>	<ul style="list-style-type: none"> <li>• Development of a number of resources for schools to use within workshops aimed at resilience building</li> <li>• <b>68</b> schools accessed to deliver mental health promotion and resilience building workshops.</li> <li>• Development and dissemination of a Mental Health Policy for schools</li> <li>• Development of a mental health toolkits for education</li> <li>• Mental health champions trained in every school in Mental Health First Aid (Secondary) and ROAR (Primary) – a course which aims to help staff recognise and address the signs of mental health problems in primary age children.</li> <li>• <b>195</b> individuals from schools accessed CAMHS training offer</li> <li>• Incorporating Mental Health First Aid into teacher training within Edge Hill and Hope university with <b>41</b> students accessing it to date</li> <li>• Inclusion in the Schools 175 Safeguarding Audit to work towards all schools identifying a senior staff member to champion the needs of young carers and to have clear policies and provision in place to support.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in confidence to support children and young people's mental health from <b>36.4%</b> of delegates before the course to <b>100%</b> after the course.</li> <li>• <b>Talk to staff:</b> Pre-course, <b>63.7%</b> rated their confidence 7-10 out of 10 (10 being most confident) when talking to staff about mental health, post-course, this rose to 100% stating 10.</li> <li>• <b>Talk to parents/carers:</b> Pre-course, <b>36.4%</b> of delegates scored 7-10 when talking to parents/carers about mental health, post-course this increased to <b>72.8%</b>.</li> <li>• To date 83% of all schools have identified a Young Carers Champion</li> <li>• 38 champions have attended to date the bespoke training which has been co-produced with young carers, LA Carers Lead Commissioner and the provider Barnardo's (in partnership with School Improvement Liverpool)</li> <li>• Resources for schools include:</li> </ul>	<p>Continue implementation of Whole School Approach to MHEWB action plan</p> <ul style="list-style-type: none"> <li>• Young Carers Champion in each school</li> <li>• Development of YC Champions Forum</li> <li>• Opportunity to collaborative with School Improvement Liverpool re: Attendance Leads networks</li> <li>• Use the 2019 Schools 175 audit returns to measure the distance travelled and what mechanisms schools have in place to monitor the numbers of students who are taking on a caring role and the outcomes for this group</li> </ul>

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> <li>○ This has enabled us to set a benchmark of where schools are in terms of their support for Young Carers.</li> </ul>	<ul style="list-style-type: none"> <li>• 'You Can Help' Film co-produced by young carers</li> <li>• 2 sets of 4 posters designed by young carers, one set aimed at children young people and the other aimed at all school staff</li> <li>• Young Carers in Schools Policy including schools strategies for awareness raising, creating an inclusive environment and identification, assessment and support for young carers.</li> </ul>	
<b>Website &amp; digital technology development to promote self-care and improve access to information and support</b>	<ul style="list-style-type: none"> <li>• Refreshed local CAMHS website</li> <li>• Development of animations around MH themes to use as resources as part of the resilience framework</li> <li>• Development of online mental health toolkit for schools and community groups aligned to the ROAR framework</li> <li>• Development of online reporting portal for Peer mentoring (award winning) - <a href="http://www.totemhub.co.uk">www.totemhub.co.uk</a></li> </ul>	For all resources see <a href="http://www.liverpoolcamhs.com">www.liverpoolcamhs.com</a>	<ul style="list-style-type: none"> <li>• Explore opportunities for digital apps and online counselling as part of 0-25 specification</li> </ul>
<b>Robust marketing and communication strategy</b>	<ul style="list-style-type: none"> <li>• Further roll out of CAMHS newsletter</li> <li>• Continued use of social media</li> </ul>	<ul style="list-style-type: none"> <li>• Successful social media campaigns through Facebook and Twitter <b>362,736</b> impressions, <b>7980</b> profile visits, and gained <b>358</b> new followers</li> <li>• Monthly CAMHS newsletter to <b>5500</b> subscribers</li> <li>• Number of PR opportunities maximised through a range of media including digital, press, radio and TV.</li> </ul>	<ul style="list-style-type: none"> <li>• Wider stakeholder questionnaire to understand knowledge of CAMHS offer as compared to pre-transformation plan</li> </ul>
<b>Involvement of children &amp; young people and parents / carers in design, development, delivery and evaluation of CAMHS / ND conditions</b>	<ul style="list-style-type: none"> <li>• <b>1041</b> young people have been involved in the planning of mental health promotion projects &amp; <b>1227</b> involved in their delivery</li> <li>• <b>339</b> parent/carers accessing mental health promotion events</li> <li>• <b>26</b> parents/carers involved in the planning of mental health promotion events</li> <li>• Range of Children &amp; young peoples' and parent/carer forums across the CAMHS and Neurodevelopmental Partnership providers</li> <li>• Co-ordination of activities from across the CAMHS partnership through participation officer including creative arts projects and competitions to develop educational and informative resources. These included 10 mannequins, badges, posters, drama pieces, and films.</li> </ul>	<ul style="list-style-type: none"> <li>• Positive feedback and evaluations from children and young people &amp; parents/carers involved in activities</li> <li>• Links with school's parliament and children in care council</li> <li>• Development of mental health promoting resources including badges, mannequins, posters which have been displayed in the TATE gallery and reached over <b>3622</b> members of the public and <b>1350</b> CYP through whole school assemblies and workshops following tour</li> <li>• Increased knowledge and awareness of mental health issues across parents/carers involved which has led to delivery of some services</li> <li>• <b>250</b> CYP involved in the NOW festival with excellent outcomes (as above)</li> <li>• Community Champions have developed skills in safeguarding, knowledge and skills in neurodevelopmental conditions which has</li> </ul>	<ul style="list-style-type: none"> <li>• Wider consultation for 0-25 specification</li> </ul>

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> <li>Representation on MHEWB Partnership Board from parents/carers and children and young people (through participation officer)</li> <li>Community Champions across ND networks</li> <li>All CAMHS providers embed participation and involvement into what they deliver</li> <li>Parents involved as Public Advisors in CLAHRC evaluation</li> <li>Continual consultation including involvement in CQC Thematic review</li> </ul>	<p>allowed them to support other families within their communities.</p> <ul style="list-style-type: none"> <li>Investing in Children Membership Award (Barnardo's Young Carers)</li> <li>Excellent feedback from CQC regarding co-production and involvement of CYP and families in Liverpool. Title of national thematic review named after a quote from a yp in Liverpool who attended parliament for the launch.</li> <li>Improved knowledge and skills in mental health and research through CLAHRC evaluation with one parent now becoming an intern for a future evaluation.</li> </ul>	
<b>Annual consultation of children &amp; young people and parents/carers</b>	<p>The following consultations have taken place with children and young people and parents/carers:</p> <ul style="list-style-type: none"> <li>CQC thematic review</li> <li>What makes a good community?</li> <li>Feedback about MHEWB Partnership Board</li> <li>Feedback about what is and what is not working in CAMHS</li> <li>Care leavers</li> <li>Evaluation of YPAS through CLAHRC programme</li> <li>Service level feedback</li> <li>GP Champs – health services consultation with 412 CYP</li> </ul>	<p>The following has been achieved following the consultations:</p> <ul style="list-style-type: none"> <li>Change in practice within service delivery e.g. improved waiting rooms, information packs, recruitment processes</li> <li>CQC thematic review report written with thoughts of Liverpool CYP and parent/carers included</li> <li>Evaluation report of YPAS informing commissioning model</li> <li>Feedback from CYP and families informing 0-25 specification</li> </ul>	<ul style="list-style-type: none"> <li>Wider consultation as part of 0-25 specification</li> </ul>
<b>Measure outcomes of children, young people and parent/carer involvement</b>	<p>All activities involving children, young people and parents/carers are evaluated</p>	<p>NOW festival outcomes:</p> <ul style="list-style-type: none"> <li>➤ <b>93%</b> felt that it helped them gain more confidence to talk about mental health</li> <li>➤ <b>79%</b> Learned more about mental health</li> <li>➤ <b>76%</b> Felt that the festival sent a positive message about mental health</li> <li>➤ <b>77%</b> felt that it was a great positive to perform on a theatre stage</li> <li>➤ <b>60%</b> felt that had gained new art and performance skills</li> <li>➤ <b>60 %</b> felt that they had made new friends</li> <li>Increased self-esteem and confidence reported in children and young people involved</li> <li>Increased knowledge reported in parents/carers who are involved</li> <li>Increased skills in research and mental health of parents involved in evaluation programme with one parent now on internship</li> </ul>	<ul style="list-style-type: none"> <li>To continually evidence participation and involvement</li> </ul>
<b>Peer Mentoring across CAMHS and ND conditions</b>	<ul style="list-style-type: none"> <li>Further development of peer mentoring offer across secondary schools</li> </ul>	<ul style="list-style-type: none"> <li><b>206</b> peer mentors trained. <b>105</b> new peer mentors trained to bronze level during 2017-2018</li> </ul>	<ul style="list-style-type: none"> <li>Further development of peer mentoring as part of 0-25 specification following feedback from CYP</li> </ul>

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> <li>Development of online peer mentoring tool - <a href="http://www.totemhub.co.uk">www.totemhub.co.uk</a></li> </ul>	<ul style="list-style-type: none"> <li><b>823</b> conversations have taken place between mentor and mentee during the past 6 months on a range of different topics</li> <li><b>22</b> young people have been referred on for additional support</li> <li>Increased confidence of mentor to talk about their own mental health</li> <li>Changes in school environment to support positive mental health</li> <li><b>89%</b> reported confidence in talking about mental health after peer mentoring training. This was 62% before attending the training.</li> <li>National award for online peer mentoring tool <a href="http://www.totemhub.co.uk">www.totemhub.co.uk</a> -</li> </ul>	
<b>Community Champions</b>	<ul style="list-style-type: none"> <li>Further development of Community Champions across neurodevelopmental partnership</li> <li>MH community champions developing through CLAHRC evaluation</li> <li>Mental Health Champions trained in every school</li> </ul>	<p>During the report period, Community Network Champions have successfully gained:</p> <ul style="list-style-type: none"> <li>Safeguarding Level 2</li> <li>Information Advice and Guidance Level 2</li> <li>Information Governance Level 1</li> <li>Attended EKLAN training</li> <li>Skills in research and evaluation and Mental Health</li> <li>Progression onto university research internship</li> </ul>	<ul style="list-style-type: none"> <li>Progression of internship</li> <li>Further development of community champion model</li> </ul>

## Early Help Offer

Priority	Achievements to date	Outcomes/Impact	Next steps
<b>Delivery of interventions from 3 Mental Health Hubs reaching into neighbourhoods</b>	<ul style="list-style-type: none"> <li>3 MH early help hubs opened across the city in 3 localities – YPAS Plus</li> <li>Supported <b>1520</b> children and young people</li> <li>Evaluation of YPAS through CLAHRC programme (final report due December 2018)</li> </ul>	<ul style="list-style-type: none"> <li>98% identified their lives had improved after receiving the IAG service</li> <li>76% improved mental health and wellbeing</li> <li>2% stepped up to specialist CAMHS</li> <li>79% said things in school had improved</li> <li>90% have an improved well-being</li> <li>97% said they were happy or very happy with the service</li> <li>Reduction in A&amp;E presentations (Self-reported - CYP would have attended A and E if not for YPAS)</li> <li>Self-reported decrease in rate of self-harm, suicidal ideation and suicide, with 16% of CYP reporting that they would not be alive without the service following access to LGBTQ provision</li> </ul>	<ul style="list-style-type: none"> <li>Further develop integrated youth and clinical model of working within hubs</li> <li>Further evaluation through CLAHRC implementation science programme.</li> </ul>



Priority	Achievements to date	Outcomes/Impact	Next steps
<p><b>Every school, FE, University, GP and Children's Centre will have a named Specialist CAMHS/PMHW practitioner</b></p>	<ul style="list-style-type: none"> <li>• Every secondary school, primary consortia and special school have a named specialist CAMHS practitioner and dedicated sessions for pre-referral consultation, support and training. 2017-2018 delivery includes: <ul style="list-style-type: none"> <li>➢ <b>42</b> consultations in primary consortia</li> <li>➢ <b>72</b> consultations in secondary schools</li> <li>➢ <b>20</b> workshops to primary consortia</li> <li>➢ <b>92</b> workshops to secondary schools</li> </ul> </li> <li>• Increased resource of a CYP Wellbeing Practitioner for every secondary school for CYP with mild to moderate presentations.</li> <li>• Seedlings programme implemented ensuring every primary school consortia had access to a therapist including secured resource from most primary school consortia</li> <li>• Every Children's Centre has a named CAMHS Practitioner with delivery during 2017-2018 being: <ul style="list-style-type: none"> <li>➢ <b>50</b> group consultation sessions</li> <li>➢ <b>12</b> Family Nurse Partnership consultations and <b>9</b> individual supervision sessions</li> <li>➢ <b>6</b> training sessions</li> <li>➢ Infant mental health awareness sessions to 30 delegates</li> </ul> </li> <li>• Primary care CAMHS liaison pilot in Norris Green complete with clear recommendations</li> <li>• Submission of Expression of Interest to become a trailblazer site for the national Green Paper schools programme</li> <li>• <b>1409</b> calls taken by BullyBusters during 2017-2018</li> <li>• BullyBusters delivered <b>460</b> anti-bullying sessions across schools</li> <li>• BullyBuster delivered specific education sessions to foster carers</li> </ul>	<ul style="list-style-type: none"> <li>• 33 referrals to specialist CAMHS following pre-referral consultations</li> <li>• Better quality of referrals for ongoing specialist CAMHS interventions by schools</li> <li>• Excellent feedback from schools accessing CAMHS practitioner support and seedlings programme.</li> <li>• Excellent feedback from those accessing Children's centres consultation</li> <li>• the Seedlings Project was awarded the National Children and Young Peoples Mental Health Award 'Contribution to Service' category</li> <li>• 73% improvement of children accessing Seedlings</li> <li>• Positive feedback reported from sessions delivered by BullyBusters in schools</li> </ul>	<ul style="list-style-type: none"> <li>• Review pathways and offer in line with 0-25 specification</li> </ul>
<p><b>To Review and Implement SEND strategy in relation to Early Help ND &amp; Mental Health Support</b></p>	<ul style="list-style-type: none"> <li>• SEND strategy consultation complete</li> <li>• Agreement to review ND offer in line with SEND strategy priority</li> <li>• ND support delivered: <ul style="list-style-type: none"> <li>➢ <b>34</b> solution focused drop-ins delivered with <b>112</b> individuals attending</li> <li>➢ <b>9</b> family learning programmes delivered with <b>105</b> parents/carers attending</li> <li>➢ <b>9</b> family awareness raising programmes delivered (<b>9</b> sensory processing and <b>6</b> eating difficulties) – <b>259</b> parents/carers attending</li> <li>➢ <b>10</b> school awareness raising sessions</li> <li>➢ <b>33</b> children sessions inc. siblings</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>79.7%</b> 'excellent' and <b>20.3%</b> 'good' response to solution drop-in sessions</li> <li>• <b>97.3%</b> of attendees to drop-ins would recommend them</li> <li>• <b>100%</b> positive response to family learning programmes</li> <li>• Excellent feedback from those accessing groups and activities</li> <li>• Excellent reported feedback (through validated outcome measures) from those accessing evidence based therapies:</li> </ul>	<p>To further develop the neurodevelopmental offer in Liverpool in line with the priorities identified in the SEND strategy</p>

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> <li>➤ 43 young people's groups</li> <li>➤ 30 young people's drop-ins</li> <li>➤ 9 professional awareness sessions to 220 professionals</li> <li>➤ 544 consultations</li> <li>➤ 329 people accessing range of family activities</li> </ul> <ul style="list-style-type: none"> <li>• A range of evidence based therapeutic support delivered to children, young people and families with neurodevelopmental conditions including systemic Family Therapy and Cognitive Behavioural therapy</li> </ul>	<p><i>"since accessing help, I have been able to get my diagnosis and understand and make sense of my ADHD. "</i></p> <p><i>"The therapist really understood our family and the challenges we experienced with our son's ADHD and Tourette's. "</i></p>	
<b>Embed Early Help Assessment Tool</b>	<ul style="list-style-type: none"> <li>• 3 multi-agency early hubs developed in the city. YPAS Plus (MH Hubs) is linked into these</li> <li>• Whole family approach to early help assessments</li> <li>• Continual workforce development regarding early help assessments and refreshed tool</li> <li>• Identifying, assessing and supporting young carers is now incorporated into Early Help framework and assessment.</li> </ul>	<p>Slight increase in number of early help assessments initiated through MH hubs</p> <p>Young Carers assessment process viewed nationally as good practice by Children's Society – "Barriers and solutions to implementing the new duties in the Care Act 2014 and the Children and Families Act 2014'.</p>	<ul style="list-style-type: none"> <li>• To embed CAMHS into the early help hubs</li> <li>• To ensure CAMHS is involved in EHAT tool refresh</li> </ul>

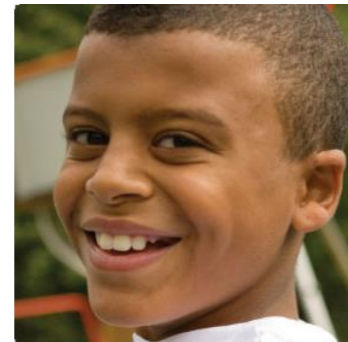
## Specialist CAMHS, crisis and acute care

Priority	Achievements to date	Outcomes/Impact	Next steps
<b>Clear pathways and dedicated support for vulnerable groups</b>	<ul style="list-style-type: none"> <li>• Dedicated services and specialisms embedded across the CAMHS Partnership for YOS, LAC, refugee and asylum seekers, travellers, Neurodevelopmental conditions, Learning disabilities, young carers, BME groups, LGBTQ, early years, adolescents</li> <li>• Completion of workforce and skills audit across the partnership</li> <li>• LAC referral pathway into CAMHS</li> <li>• Dedicated consultation time from specialist CAMHS into YOS, LD school provision, LAC and safeguarding teams – 70 consultations sessions offered per year to social workers, 12 consultations offered per year for LD schools</li> <li>• Self Soothing programme delivered to 14 foster carers</li> <li>• Workforce development to support meeting the mental health needs of a range of vulnerable groups e.g. Child Development in Adversity and Trauma', managing challenging behaviour, adolescent mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access for CYP from vulnerable groups accessing non-stigmatising targeted support. This includes refugee and asylum seekers, Young Carers, CYP with ND conditions</li> <li>• 83% improvement in MHEWB of refugee and asylum seeking CYP accessing support</li> <li>• Majority of pre-consultation work for social care has not required any further action</li> <li>• Positive feedback from those accessing pre-consultation work across social care, YOS and LD provision</li> </ul>	<ul style="list-style-type: none"> <li>• Further developments to support the Transforming Care agenda</li> <li>• Further develop CAMHS and Youth Justice pathways</li> </ul>

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> <li>National funding secured to further develop CAMHS and youth justice pathways with a focus on early help for CYP entering the out of court disposal route</li> </ul>		
<b>Develop and implement an effective A&amp;E liaison and crisis response service 0-25 in line with National Guidance (Inc. FYFV and Transforming Care)</b>	<ul style="list-style-type: none"> <li>Crisis service for CAMHS developing offering:               <ul style="list-style-type: none"> <li>➢ Telephone advice line (8-8 weekdays and 8-4 weekends)</li> <li>➢ Increased follow up clinics</li> <li>➢ Increased ward assessments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Prevented 23 attendance at A&amp;E across Alder Hey and Ormskirk hospital</li> <li>Saved 41 bed days in Liverpool</li> </ul>	<ul style="list-style-type: none"> <li>To implement crisis care concordat action plan</li> <li>To further develop crisis support as part of 0-125 specification</li> </ul>
<b>All practitioners will practice a robust transition process from CAMHS to AMHS and from community to in-patient care</b>	<ul style="list-style-type: none"> <li>Continuation of Transfer of Care multi-agency meetings to discuss complex cases</li> <li>Audit of young people (aged 17 &amp; 18 years) transitioning from CAMHS to another service for compliance against the national transition CQUIN standards.</li> <li>Transition training across CAMHS and a Adult Mental Health providers</li> <li>Closer working with the CCG with regarding the Children and Young Peoples Transforming Care Programme.</li> <li>Broadened consultation and support to other relevant services including Alder Hey Psychological Services and Alder Hey Eating Disorder Service.</li> <li>Active involvement in Adult Mental Health Transformation and service developments in the arenas of Enhanced Primary Care Liaison service, Assessment services and Crisis services.</li> <li>Continued work to develop a model of Mersey Care Recovery college "The Life Rooms" that will aim to address some of the student mental health issues faced in Hugh Baird Higher Education college.</li> <li>86 young people successfully transitioned to either adult mental health or back to their GP since January 2017.</li> </ul>	<ul style="list-style-type: none"> <li>Overall, the planning, preparing and involvement of transition patients is good – as identified through audit</li> <li>Improved relationships with Transition team in Social Care and supporting them with transition policies and protocols</li> </ul>	<ul style="list-style-type: none"> <li>Review CQUIN information and activity to inform 0-25 specification</li> </ul>
<b>Support in the development of New Models of Care across the Cheshire and Merseyside STP footprint, using the learning from the development of the community model</b>	<ul style="list-style-type: none"> <li>New Models of Care programme work stream implemented with representation from MHEWB Partnership Board</li> </ul>	None yet identified	To develop new model of care for CYP who need more specialist support with a focus on alternatives to beds

## Workforce Development

Priority	Achievements to date	Outcomes/Impact	Next steps
<b>CAMHS and ND workforce development through CYP IAPT programme</b>	<ul style="list-style-type: none"> <li>• 52 CAMHS practitioners have been trained through the national workforce development programme</li> <li>• Recruit to train programme for parenting support and Wellbeing Practitioners</li> </ul>	Growing local workforce	<ul style="list-style-type: none"> <li>• Access national training evidence based training 2018-2019</li> <li>• Access recruit to train programme for 2018-2019</li> <li>• Increase practitioners trained in evidence based supervision</li> </ul>
<b>Menu of mental health training</b>	<ul style="list-style-type: none"> <li>• Delivered 35 training and awareness sessions across the wider children and adult workforce on a range of CAMHS and neurodevelopmental conditions</li> <li>• 965 individuals accessed the CAMHS training offer during 2017-2018</li> </ul>	Excellent evaluations and feedback following training delivered	Review training offer in line with need following training needs analysis



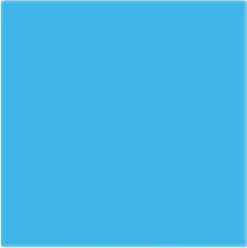
NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA



Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



# Liverpool MHEWB LTP Workplan 2018/2019

Appendix 2





## Liverpool MHEWB Partnership Board 2015 - 2020

Liverpool MHEWB Partnership Board 2015 - 2020							
Task	Milestone	Start	End	Current Date	Days Remaining	2017 / 2018 BRAG Rating	Current BRAG Rating
1	Review and refresh membership	01/04/2014	31/03/2019	07/11/2018	145		
2	Review and refresh TOR	01/04/2014	31/03/2019	07/11/2018	145		
3	MHEWB Pb involvement in STP Development (Cheshire and Merseyside Health and Care Partnership)	01/04/2014	31/03/2020	07/11/2018	511		
4	Agree workplan	30/04/2014	31/03/2019	07/11/2018	145		
5	Consultation and engagement	01/04/2017	31/03/2020	07/11/2018	511		
6	Review Datasets (Activity, Outcomes, Quality & Workforce)	01/04/2017	31/03/2019	07/11/2018	145		
7	LTP Refresh 2018/2019 Sign off	01/04/2017	31/03/2019	07/11/2018	145		
8	Communication strategy for refresh	01/04/2017	31/03/2019	07/11/2018	145		
9	CAMHS Review 0-25	01/04/2016	31/03/2019	07/11/2018	145		
10	Embed the transforming care principles for CYP within MH services	01/09/2017	31/03/2019	07/11/2018	145		
11	Mental health promotion/Building resilience workshops available to every school	30/04/2014	30/04/2020	07/11/2018	541		
12	Undertake Whole school approach to MHEWB Review	01/04/2016	31/03/2017	07/11/2018			
13	Implement Recommendations of Whole School Approach Report	01/04/2017	30/04/2018	07/11/2018			
14	Development of a marketing strategy to ensure accessible information re: MHEWB	30/04/2014	31/12/2015	07/11/2018			
15	Review, Implementation & communication of marketing	01/01/2016	31/03/2019	07/11/2018	145		
16	Tackling Stigma and mental health promotion campaigns (NOW Festival and World Mental Health Festival)	01/04/2014	31/03/2019	07/11/2018	145		
17	Development of strategic approach to accessibility including digital apps and technology including review of new self-referral arrangements	01/04/2016	30/04/2020	07/11/2018	541		
18	Annual Training Needs Analysis of the Universal Workforce	01/04/2017	31/03/2019	07/11/2018	145		
19	Menu of mental health training available	30/04/2014	31/03/2019	07/11/2018	145		
20	Annual CAMHS Workforce and Skills Audit	01/09/2018	31/03/2019	07/11/2018	145		
21	Develop skills and competencies of CAMHS and ND Partnership to meet the needs of all communities and different Levels of Presenting Need	01/04/2015	30/04/2020	07/11/2018	541		
22	Develop peer mentoring scheme across schools	01/09/2015	31/03/2019	07/11/2018	145		
23	CAMHS and ND workforce development through the CYP IAPT programme & other training providers as identified through the SASSAT (inc. Supervision)	30/04/2014	30/04/2019	07/11/2018	175		
24	All CAMHS practitioner offering dedicated consultation time to the universal workforce	01/04/2014	01/04/2014	07/11/2018			
25	All special schools have a named CAMHS practitioner	01/09/2014	01/04/2014	07/11/2018			
26	To Review and Implement SEND strategy in relation to Early Help ND & Mental Health Support	01/01/2016	01/04/2020	07/11/2018	512		
27	All secondary schools have a named CAMHS Practitioner and CAMHS CYWP (Children and Young People's Wellbeing Practitioner)	01/04/2014	01/04/2014	07/11/2018			
28	All primary school consortia have a named Mental Health Practitioner	01/04/2014	30/09/2017	07/11/2018			
29	To review the needs of AEP requirements around Mental Health	01/09/2018	31/03/2019	07/11/2018	145		
30	Submit Green Paper Expression of Interest	01/09/2018	31/03/2019	07/11/2018	145		
31	To work with education partners to identify the support required around the Emotional Health and Wellbeing in relation to the city wide attendance strategy	01/09/2018	31/03/2019	07/11/2018	145		
32	Implement recommendations from the GP Pilot Review	01/04/2014	31/03/2019	07/11/2018	145		
33	All children's centres have a named CAMHS Practitioner	01/09/2014	01/04/2014	07/11/2018			
34	To review the needs of local Universities, Further education colleges requirements around Mental Health	01/09/2015	01/09/2019	07/11/2018	299		
35	Range of parenting / family interventions delivered across the CAMHS partnership as per parenting strategy	30/04/2014	01/04/2020	07/11/2018	512		
36	Review role of EHWP school practitioners link to AEP	01/09/2015	31/12/2017	07/11/2018			
37	Align and embed Early Help Assessment Tool (EHAT) and approaches as part of the Early Help Strategy	01/09/2014	01/04/2020	07/11/2018	512		
38	MHEWB Early years offer established as a partnership between CAMHS and wider stakeholders as part of 1001 Days Programme	10/10/2014	31/03/2019	07/11/2018	145		
39	MHEWB offer established as a partnership between CAMHS and wider stakeholders as part of Pre-birth to 19 Programme	01/09/2018	31/03/2019	07/11/2018	145		
40	Explore Online therapeutic requirement and support within Liverpool as part of the review that falls out of Task 17	01/04/2016	01/04/2020	07/11/2018	512		
41	Development and implementation of integrated community model for Mental Health delivery as part of the children's Transformation Board Commitments and the CYP 0-25 years/YIACS model development	01/04/2016	01/04/2019	07/11/2018	146		





## Liverpool MHEWB Partnership Board 2015 - 2020

Task	Milestone	Start	End	Current Date	Days Remaining	2017 / 2018 BRAG Rating	Current BRAG Rating
42	Self referrals (as part of review and development from task 17)	01/04/2014	01/04/2016	07/11/2018			
43	Multidisciplinary approach and specialisms across the CAMHS partnership to meet the needs vulnerable groups and those within protected characteristics. These include accessible support for YOS, LAC, Young Carers, Refugee and asylum seekers, early years, ND, LD, LGBTQ+ across the different levels of presenting mental health needs.	01/04/2014	31/03/2019	07/11/2018	145		
44	Specialist trauma based service and support	01/04/2014	01/04/2014	07/11/2018			
45	Review specific targeted community and neighbourhood based support for CYP with ND conditions (as part of the SEND strategy and Community Model)	01/07/2014	31/03/2019	07/11/2018	145		
46	Range of evidence based programmes delivered across the partnership (0-25)	30/04/2014	31/03/2017	07/11/2018			
47	Implement transition CQUIN for CAMHS	30/04/2014	31/03/2019	07/11/2018	145		
48	Develop transition pathways for C&YP with ND as part of the SEND Strategy and Transforming Care Programme	01/09/2017	31/03/2020	07/11/2018	511		
49	Identify opportunities for transformation and co-commissioning with all relevant partners, including NHS England Specialised Commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups	30/04/2014	01/04/2020	07/11/2018	512		
50	Development of specialist Eating Disorder service and work towards quality standards in line with national guidance. Co-Commissioned with Sefton CCG's	30/08/2015	01/04/2020	07/11/2018	512		
51	Embedding an integrated eating difficulties service for CYP with ND	30/08/2015	01/04/2020	07/11/2018	512		
52	Full implementation of Protocol and policies for CAMHS support for CYP on EHC plans, assessed as CHC or out of area Inc. LAC	01/05/2015	31/08/2018	07/11/2018			
53	Implement an EIP service delivering a full age-range service, including all CYP over the age of 14 experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)	01/09/2018	31/03/2019	07/11/2018	145		
54	Develop and implement CAMHS Youth Justice Pathways	01/04/2014	31/08/2018	07/11/2018			
55	Support in the development of New Models of Care across the Cheshire and Merseyside STP footprint, using the learning from the development of the community model	31/12/2014	01/04/2020	07/11/2018	512		
56	Develop and implement an effective A&E liaison and crisis response service 0-25 in line with National Guidance (inc. FYFV and Transforming Care)	01/04/2015	01/04/2019	07/11/2018	146		
57	Develop and implement an effective out of hours provision 0-25 in line with National Guidance	30/04/2014	31/08/2018	07/11/2018			
58	Embed good practice guidance for CYP and parent/carer involvement across all CAMHS and ND providers - as evidenced through CYP-IAPT Q Report and annual audit	30/04/2014	30/04/2015	07/11/2018			
59	Review and refresh the website	30/04/2014	30/04/2017	07/11/2018			
60	Ensure mechanisms for C&YP's views to reach MHEWB Partnership board	01/09/2014	31/08/2018	07/11/2018			
61	Ensure mechanisms for parent/carers views to reach MHEWB Partnership board	01/09/2014	31/08/2018	07/11/2018			
62	Involve c&yp and parents/carers in the design, development and delivery of CAMHS	30/04/2014	30/04/2017	07/11/2018			
63	Implement peer mentoring scheme across CAMHS and ND to support CYP and parent/carer engagement and support	01/07/2015	31/12/2017	07/11/2018			
64	CYP and Parent Carer Community champions across CAMHS and ND	01/07/2014	30/04/2020	07/11/2018	541		
65	Implementation of MHSDS and wider datasets including the reporting of ROMS (Routine outcome measures)	01/09/2014	30/04/2015	07/11/2018			
66	Embedding the appropriate use of ROMS within sessions and supervision	01/11/2014	31/03/2018	07/11/2018			
67	Development of IT structure for cross partnership working and data sharing as part of the community Model and 0-25 Model	01/04/2016	01/04/2020	07/11/2018	512		
68	CAMHS to define an outcome measure for use across health, education and Social care	01/04/2016	01/04/2020	07/11/2018	512		
69	MHEWB PB to review relevant accreditation requirements at a partnership, organisational and individual basis annually (inc CORC etc.)	01/08/2016	31/03/2019	07/11/2018	145		
70	To develop a framework to measure outcomes/impact of c&yp's and parent/carer involvement	30/04/2014	01/04/2020	07/11/2018	512		



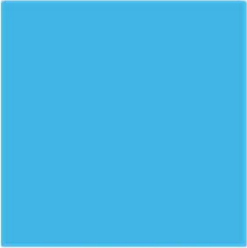
Key:	
	In place
	In development/requires additional resource
	Not in place/gap
	Task Complete



Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA





Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



# Liverpool MHEWB Financial Spend Against Allocation

## 2018/2019

Appendix 3





Year	Allocation or Spend	CCG Funding	Ea and Disorder Funding	Crisis Funding	Youth Offending Funding	Beyond Places of Safety Funding (one off DHSC funding)	MH Support Teams (Green Paper Funding)	Total	Percentage Spent
2015/2016	Allocation	£ 5,868,753.00	£ 309,000.00	£ -	£ -	£ -	£ -	£ 6,177,753.00	
	Spend	£ 5,868,753.00	£ 309,000.00	£ -	£ -	£ -	£ -	£ 6,177,753.00	100%
2016/2017	Allocation	£ 6,022,608.90	£ 309,000.00	£ -	£ -	£ -	£ -	£ 6,331,608.90	
	Spend	£ 6,022,608.90	£ 309,000.00	£ -	£ -	£ -	£ -	£ 6,331,608.90	100%
2017/2018	Allocation	£ 5,926,156.00	£ 312,090.00	£ -	£ -	£ -	£ -	£ 6,238,246.00	
	Spend	£ 5,926,156.00	£ 312,090.00	£ -	£ -	£ -	£ -	£ 6,238,246.00	100%
2018/2019	Allocation	£ 6,556,811.00	£ 315,523.00	£ 141,275.00	£ 53,000.00	£ 154,658.00	£ 356,054.60	£ 7,577,321.60	
	Spend	£ 6,556,811.00	£ 315,523.00	£ 141,275.00	£ 53,000.00	£ 154,658.00	£ 356,054.60	£ 7,577,321.60	100%
2019/2020	Projected Allocation	£ 6,556,811.00	£ 315,523.00	£ 141,275.00	£ 53,000.00	£ -	£ 1,040,888.00	£ 8,107,497.00	
	Projected Spend	£ 6,556,811.00	£ 315,523.00	£ 141,275.00	£ 53,000.00	£ -	£ 1,040,888.00	£ 8,107,497.00	100%
2020/2021	Projected Allocation	£ 6,556,811.00	£ 315,523.00	£ 141,275.00	£ 53,000.00	£ -	£ 1,353,154.40	£ 8,419,763.40	
	Projected Spend	£ 6,556,811.00	£ 315,523.00	£ 141,275.00	£ 53,000.00	£ -	£ 1,353,154.40	£ 8,419,763.40	100%

CCG Spend Table

Levels of Need	Spend across years				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Universal Offer (Schools, GP, FE)	£ 638,024.00	£ 542,669.00	£ 309,343.26	£ 169,069.00	£ 169,069.00
Early Help Offer Multi-agency (North, Central & South Hubs)	£ 3,413,991.96	£ 4,103,539.41	£ 3,275,767.25	£ 5,613,852.23	£ 5,613,852.23
Central Referral Point	£ 344,633.75	£ 351,429.15	£ 354,943.44	£ 358,492.87	£ 358,492.87
Specialist CAMHS	£ 2,407,369.96	£ 2,514,964.41	£ 2,539,329.51	£ 2,209,468.05	£ 2,209,468.05
Social Care, T4, Youth Offending Service	These areas are commissioned and information regarding them are obtained via NHSE.			£ 53,000.00	£ 53,000.00
CAMHS in-Patient Unit					

Levels of Need Spend Table

Please note:

2019/2020 and 2020/2021 Projected Allocations have not been agreed due to investment prioritisation process within Liverpool CCG.

There is however a commitment to support and develop C&YP Mental Health provision and proposal are being discussed for further investment as part of the above process.

In addition to this as part of the priority to develop the 0-25 model Liverpool CCG is currently reviewing allocations and spend across the different levels of need (Universal, Early Help, Specialist). This will ensure funding is directed to where it will have the most impact.



In 2018/2019 there has been further funding from Liverpool City Council and Liverpool Learning Partnership which has contributed to the mental health and emotional wellbeing of children and young people and parents and carers which has been included in the Levels of Need Spend Table but does not show in the CCG Spend Table. This contribution equates to 12.67% in 2018/2019 of the combined spend on the mental health and emotional wellbeing of children and young people and parents and carers across Liverpool.

Please note that the CAMHS 3<sup>rd</sup> sector providers also receive external funding to deliver mental health and emotional wellbeing services which adds value to the comprehensive offer in Liverpool.



Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA





Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



# Liverpool MHEWB Risk Register 2018/2019

Appendix 4







Ref	Organisational goal	Date Entered	Objective	Description of Risks	Current Controls	Assurance in Controls	L	C	Current Risk (score)	Current risk accepted	Management Actions re gaps in controls and assurance or unacceptable risk rating	L	C	Residual Risk (score)	Lead Officer	Completion Date	Review Date	Progress
CAMHS006	Workforce Development	08/06/2016	CAMHS and ND workforce development through the CYP IAPT programme	Lack of Supervisors to monitor and accredit newly trained staff.  Funding to support workforce development	CYP IAPT providing some supervision controls. Accessing CYP IAPT workforce programmes Access train the trainer programmes Recruit to train staff CAMHS 0-25 Specification	CYP IAPT providing training course	4	3	12		Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board. Commissioning Oversight CCG Prioritisation Process.	4	4	16	Lisa Nolan		Jul-18	Reduction in funding to support Shortage of supervisors
CAMHS007	CAMHS Transformational Plan	09/05/2018	Delivery of CAMHS Transformational Plan	Funding sustainability	Monitoring of current budget. Quarterly Performance monitoring of contracts and LTP. budget Agreed for 2018/2019 Development of 0-25 Specification.	NHSE assurance process regarding transformational plans. CCG Governance Processes in place. CAMHS Governance Processes in Place.	3	3	9	Yes	Risk Register in Place. Raised at MHEWB PB. Raise with SMT. Raise at Health and Wellbeing Board. Raise with NHS England Refresh of CAMHS Governance to include Senior Commissioning Oversight	3	3	9	Lisa Nolan		Jul-18	
CAMHS008	CAMHS Transformational Plan	09/05/2018	Delivery of CAMHS Transformational Plan	Increased Waiting Times	Monitoring of waiting times. CCG Prioritisation Process.	CCG Governance Process in Place. CAMHS Governance Process in Place.	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raise with SMT. Raise at Health and Wellbeing Board. Raise with NHS England Refresh of CAMHS Governance to include Senior Commissioning Oversight CCG Prioritisation Process	4	4	16	Lisa Nolan		Jul-18	
CAMHS009	CAMHS Transformational Plan	09/05/2018	Delivery of CAMHS Transformational Plan	Not Achieving Access Targets	Monitoring of MHSDS data. BI support to Providers. Prioritisation Process.	NHS England Assurance Process. CCG Governance Process in Place. CAMHS Governance Process in Place.	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raise with SMT. Raise at Health and Wellbeing Board. Raise with NHS England Refresh of CAMHS Governance to include Senior Commissioning Oversight CCG Prioritisation Process Increased support for reporting	3	4	12	Lisa Nolan		Jul-18	LCCG has achieved the access target for 2017/2018 which was set at 32% of prevalence

Scoring = Likelihood x Consequence		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligable	1	2	3	4	5

For grading risk, the score obtained from the risk matrix are assigned grades as follows:

- 1 to 3            Low Risk
- 1 to 6            Moderate Risk
- 8 to 12          High Risk
- 15 to 25        Extreme Risk



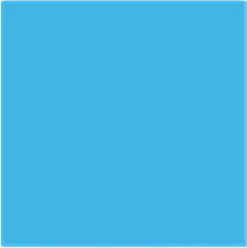




Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA





Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



# Liverpool MHEWb Performance Monitoring Process 2018/2019

Appendix 5





**Liverpool MHEWB Partnership Board Performance Monitoring Process**

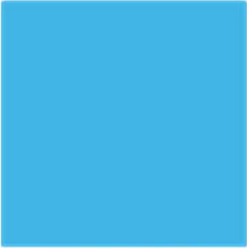
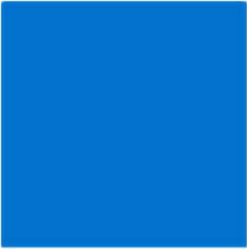
Task	Milestone	Lead	Support	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017 / 2018 RAG	2018 / 2019 RAG
1.0	Quarterly Local Dataset (activity, outcomes and quality)	LCCG	MHEW B PB/CORC			X			X			X			X	Green	Green
2.0	Work Stream Reporting	Work stream chairs	LCCG			X			X			X			X	Green	Green
3.0	National dataset - MHSDS	HSCIS	NHS England	X	X	X	X	X	X	X	X	X	X	X	X	Yellow	Yellow
4.0	Annual CORC report	MHEWb Partnership	CORC										X			Green	Green
5.0	National benchmarking	MHEW B Partnership	NHS Benchmarking								X					Green	Green
6.0	C&YP Consultation	MYA	MHEW B Partnership Board			X			X			X			X	Green	Green
7.0	Annual Parent/Carer consultation	MYA	MHEW B Partnership Board												X	Green	Green
8.0	Stakeholder consultation	LCCG	MHEW B Partnership Board			X			X			X			X	Green	Green
9.0	Annual Skills audit	LCCG	MHEW B Partnership Board						X							Green	Green
10.0	Research and Evaluation	LCCG	CLARC										X			Red	Green
11.0	Shared Outcomes framework 2017-2020	MHEWb Partnership Board	CORC												X	Yellow	Yellow







NHS Liverpool Clinical Commissioning Group Headquarters  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA



# Liverpool MHEWB Outcomes Framework 2017/2018

Appendix 6





LEVELS OF NEED	Outcome	Measured	16/17 baseline	2017-18 Total	Previous YTD	Year on Year	% Variance
	Improved mental health of children, young people and their families	80% achievement of GOALS for CYP	89%	90%	89%	1.00%	1.12%
		Improvement in symptoms following accessing services	positive	Positive			
		self harm presentations	287	398	287	111	38.68%
		reduction in suicides	80	165	80	85	106.25%
			4.13	4.34	4.13	0.21	5.08%
UNIVERSAL -	Improved environments so that children, young people and families can thrive	school practitioners take up of CAMHS workforce dvpt	121	195	121	74	61.16%
		% positive evaluations of CAMHS workforce dvpt	80%				
		% of schools take up MH promotion/resilience building workshops	17.4%	57.78%	17.40%	40.38%	
		% of positive evaluations of workshops	80%				
		No of workforce development events delivered	23				
		No of families accessing family/parenting learning programmes	759	1933	759	1174	154.68%
		no of consultations delivered (face to face and telephone)	2672	3695	1023	2672	261.19%
No of CYP accessing MHP and resilience building	2094	15391	2094	13297	635.00%		
LEVEL 2	Increased Identification of children and young people with early indicators of distress and risk	No of CYP and families accessing IAG support	803	213	803	-590	-73.47%
		No of EHATS completed pre CAMHS referral	20	57	20	37	185.00%
		No of EHATS initiated by CAMHS	70	124	70	54	77.14%
	Reduction in mild to moderate distress	No of CYP accessing evidence based early help interventions	2458	1520	2458	-938	-38.16%
		main severity of CYP accessing early help (YPAS)					
No of DNA'S accessing early help		380	852	380	472	124.21%	

LEVELS OF NEED	Outcome	Measured	16/17 baseline	2017-18 Total	Previous YTD	Year on Year	% Variance	
LEVEL 3	Reduction in the development of moderate to severe distress	No of CYP and families accessing targeted / specialist evidence	4217	7430	4217	3213	76.19%	
		No accessing Specialist CAMHS	452					
		main severity of CYP accessing targeted / specialist evidence based treatment CAMHS	of recorded severity: 12% mild 49% moderate 38% severe	17% Mild 52% Moderate 31% Severe			5% increase in Mild 3% increase in Moderate 7% decrease in Severe	
		complexity of referrals - expand complexity of what	Top five complexities: 1. neurological conditions, 2. parental health issue 3. pervasive development disorder 4. living in financial difficulty 5. learning disability					
		No of DNA's accessing targeted / specialist evidence based treatment	1120	2134	1120	1014		
LEVEL 4	Reduction in life long distress	No of CYP accessing CAMHS in-patient units (NHSE)	71	114	71	43		
		number of LAC	1099	1080	1099	-19		
	Quality of provision	positive service satisfaction	positive	95%				
		No of SU's as reported	0	0				
		average waiting times across partnership	Referral to assessment = 5 weeks Assessment to intervention = 3 weeks referral to intervention = 8 weeks	Ref to assessment 11.9				
		No of compliments	252	319	252	67	26.59%	
		No of Complaints	3	5	3	2	66.67%	
		% DNA rate across Partnership / level of needs	12.70%	16.44%	12.70%	3.74%		
		Average Service Cancellation rate across Partnership / level of						





Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group Headquarters  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA





# Liverpool CAMHS Partnership Annual Report 2017/2018

## Appendix 7

Making the Mental Health and Emotional Wellbeing  
of Children and Young People **'Everyone's Business'**





## READER INFORMATION

Title	CAMHS Partnership Annual Report
Team	LCCG Business Intelligence
Author(s)	Annmarie Daley
Contributor(s)	
Reviewer(s)	Lisa Nolan
Circulated to	LCCG and CAMHS Partnership
Version	01
Status	Internal
Date of release	
Review date	
Purpose	For information
Description	Data source: Local CAMHS Quarterly Data Submitted Locally to LCCG
Contact details	Annmarie Daley (annmarie.daley@liverpoolccg.nhs.uk)

# Contents Page

- Page 4 Introduction
- Page 5 Key Findings
- Page 6 – 11 Referrals and Demographics
- Page 12 Assessments
- Page 13 - 14 Adverse Childhood Experiences
- Page 15 - 19 Main Presenting Need
- Page 20 C&YP Access
- Page 21 - 22 Mental Health Training
- Page 23 Eating Disorder Service



## **Introduction**

The Liverpool CAMHS Partnership aims to promote the mental health, emotional and wellbeing of all children, young people and their families/carers. The partnership works with families and professionals to develop skills and strengths to help manage children and young people in distress and the impact that may have on the child, young person and the family. The partnership aims to improve access to services that provide vital support to build resilience, as well as offering help and intervention, enabling children and young people to thrive.

The CAMHS Partnership Performance Report is a high level summary analysing the quarterly data received from service providers which currently includes Alder Hey NHS Foundation Trust, Young Person Advisory Service (YPAS), ADHD Foundation, PSS Spinning World and Merseyside Youth Association (MYA)

Service Providers complete a local dataset for each client which includes; initial referral, commencement of treatment and discharge information. The dataset also includes a range of demographic data; age, ward of residence, ethnicity through to reasons for referral and also main presenting needs. From Quarter 4 2017-18 providers have also provided an extract in relation to Current View which will be discussed later in this report

CAMHS Providers are required to upload to the National Mental Health Service Data Set (MHSDS) on a monthly basis as stipulated by NHS England as well as partaking in the annual National CAMHS Benchmarking exercise.

Within any local reporting data, quality is always questionable particularly when many providers have limited resources to automatically populate templates. However, efforts have been made by both providers and the CCG in the form of workshops and data quality tasks improve both local and national reporting dataset.

## **Local Context**

Liverpool covers a registered practice population of 532,988 residents of which 33.3% (177,316) are aged between the ages of 0 to 25 years. Across Liverpool, children and young people experience higher levels of poor health and inequalities compared to the rest of the country. Early years risk factors and a lack of supportive elements are found to be significantly reduce life expectancies in Liverpool compared to the North West region and to the rest of the country.

Compared to the England average Liverpool is significantly worse in the following:

- Infant Mortality an average of 31 infants dying before age 1 each year
- Lower rate of life expectancy at birth (2014-16) 76.4 for boys and 80.3 for girls
- 28.0% of children under 16 years are living in Poverty
- Children achieving a good level of development at the end of reception
- Number of Looked After Children
- Rate of Inpatient admissions for mental health conditions 115.3 per 100,000 population

Research suggests that around 1 in 10 children and young people have a diagnosable mental

health condition. Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five percent by 18. As a consequence of not getting the help they need as quickly as they should, young people go on to develop mental health difficulties such as anxiety, low mood, depression and conduct disorders develop.

### **Key Findings for 2017/18 for referrals:**

- The number of referrals received during 2017/18 is 4,335
- 11-15 year age group represents 47.97% of the referrals.
- GPs account for 32.47% of referrals into the CAMHS service
- Speke-Garston is highest referring ward with 5.96% of referrals
- 13.08% of referrals are self-referrals. This is a fall from the previous year in which 20.15% of referrals derived from self-referrals
- Overall Anxious Generally (Generalised anxiety) accounted for 70.25% of all presenting issues recorded
- Parental Separation or Divorce is the main primary adverse childhood experience
- Average wait of 11.9 weeks from referral to assessment across the partnership
- Average wait for referral to intervention across the Partnership is 25.7 weeks.  
This is a considerable increase on the previous year in which the average wait for referral to intervention is 8 weeks

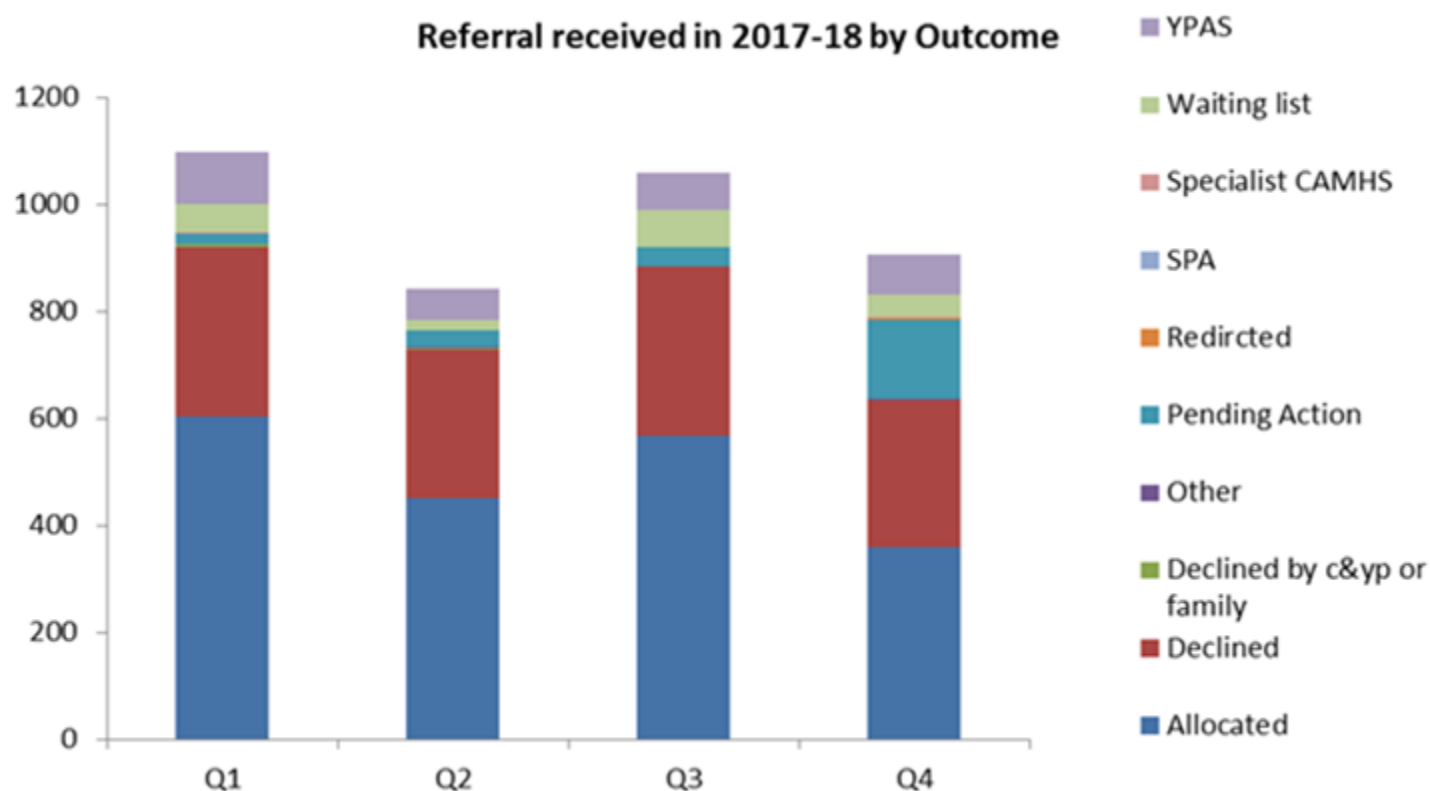


## Referrals and Demographics

The table below shows the number of referrals per quarter across the CAMHS Partnership. Some patients 7% (336) have more than one internal referral within an organisation so a count of unique patients is also illustrated. However, as they are referred to separate services the data included in this report is analysed, using the count of referrals not patients. Currently CAMHS does not have a CAMHS ID or unique identifier such as NHS number therefore each organisation has its own unique identifier so some individuals may access multiple services which cannot be analysed at this point in time. In comparison to the previous year the partnership has seen a fall of 18.5% in referrals. Inevitably this is the result of funding cuts to the CAMHS service specifically within the voluntary sector.

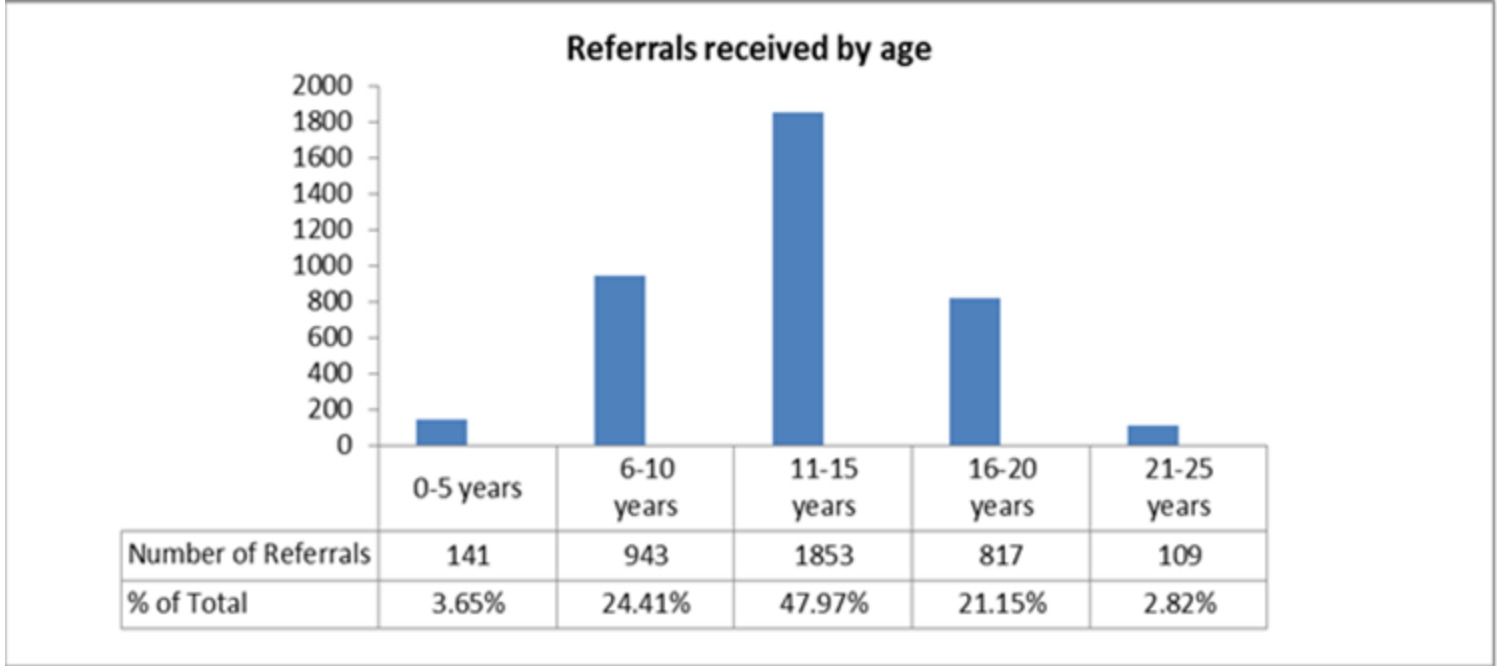
	2017/18				2017/18	2016/17	Year on Year Variance	% Variance
	Q1	Q2	Q3	Q4				
Count of Patients	1104	846	1065	1320	4335	5017	682	-15.7
Count of Unique Patients	986	794	972	1246	3998	4740	742	-18.5

The graph below shows the total number of referrals received in 2017/18 by outcome i.e. whether the referral was accepted or declined. 10.6% of referrals were omitted due to non-completion of this field. Declined referrals in the majority derive from Alder Hey, however as hosts of the Single Point of Referral (SPR) this may not be true reflection of a decline but reflection of signposting to other providers in the partnership. Alder Hey reporting systems currently only allow a record of signposting within the actual organisation rather than to external partners.

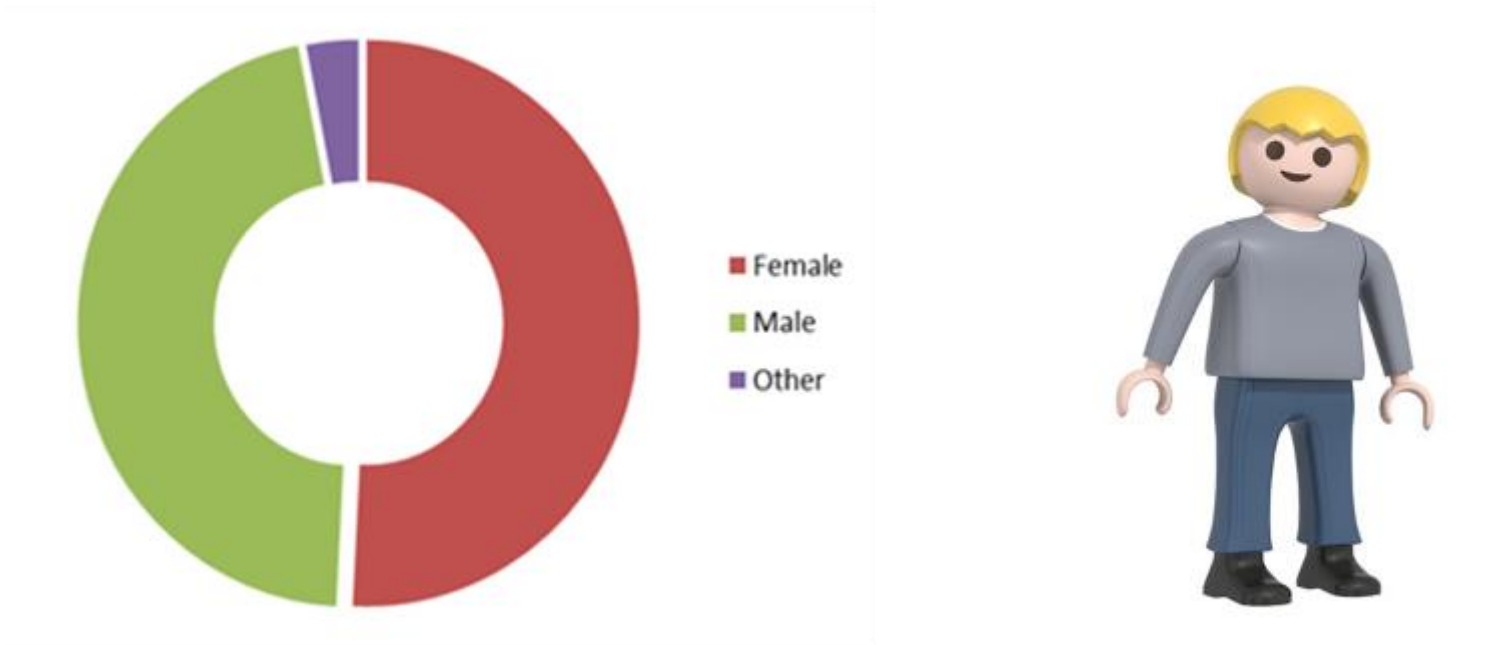


The graphs and table below show a breakdown by age of all CAMHS referrals during 2017/18. Similarly to 2016/17 the most common age to be referred into the service is 11-15 year olds which accounted for 47.97% referrals. A quarter (24.4%) of referrals were from 6-10 year olds and just a fifth (21.5%) were from 16-20 year olds. A small proportion (2.82%) are aged 21-25. Anecdotal evidence suggests low numbers within the 20-25 year olds maybe due to persons referring to adult services, for example TALK Liverpool. More than a third (35.0%) of referrals in those aged 21-25 are made through self-referral.

GP Referrals account for the largest proportion of referrals 32.47% of all referrals (1025). Self-referrals account for 13.08% of the overall referrals of which 11.37% (359) refer to YPAS and 1.96% (62) refer ADHDF.



The chart below shows the gender split for all CAMHS referrals similarly 50.83% of referrals are female, 46.09% males and 3.08% other. The other category includes the following groups: female to male, male to female, non-binary, other, chose not to say and not stated.



The table below shows the percentage of new referrals by ethnicity as defined by the service user.

This coding is consistent with the MHSDS data standard.

Using 2011 Census 11.1%\* of the Liverpool residents are categorised as BAME (BAME is an acronym of Black, Asian and Minority Ethnic and refers to members of non-white communities) however figures from referrals suggest a possible under representation of this population into the CAMHS service (8.10% of those with ethnicity recorded).

Ethnic Group	Category	% Referred
White	British	82.85%
	Irish	0.35%
	Any other White background	1.24%
Mixed	White and Black Caribbean	0.92%
	White and Black African	0.89%
	White and Asian	0.51%
	Any other mixed background	1.21%
	Indian	0.03%
	Pakistani	0.19%
	Bangladeshi	0.10%
Asian or Asian British	Any other Asian background	0.54%
Black or Black British	Caribbean	0.10%
	African	0.32%
	Any other Black background	1.02%
Other Ethnic Group	Chinese	0.29%
	Any other ethnic group	1.98%
	Not stated	7.46%

The table below shows the split of referrals per children and young people's educational/training status.

46.03% of children and young people referred are within a Secondary school setting. This is consistent with the age profile of Referrals

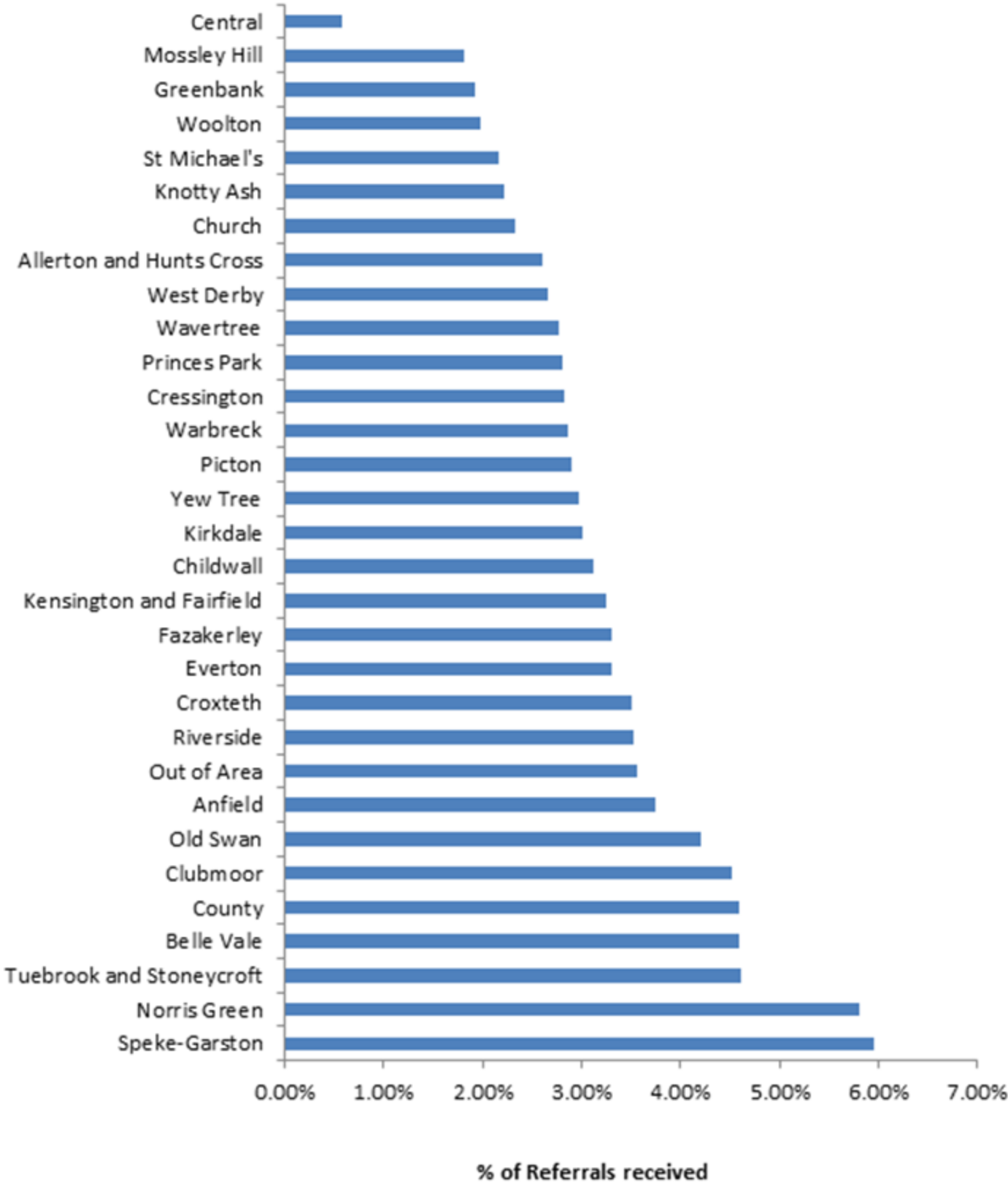
Education Establishment	% Referred
Secondary School	46.03%
Primary School	31.15%
NEET	8.72%
Further Education	3.72%
Alternative Education	3.27%
Higher Education	1.99%
Special School	1.92%
Employment	1.09%
Nursery/Children Centre	0.77%
Other	0.58%
Home School	0.38%
Apprenticeship	0.19%
Nursery/Children's Centre	0.13%
Medical Education School	0.06%





The chart and table below shows the patients referred into CAMHS by electoral Ward. GP Practice is not populated across all providers to allow analysis by neighbourhood. Similarly to the previous year 16-17 Speke-Garston have the highest percentage of new referrals. There has been no major change in the ward variances over the years.

### Referrals by Ward



Although the electoral ward with the highest recorded resident population for 0- 25 years is Central a large proportion of this population will be students and therefore may seek help through alternative provisions i.e. universities or colleges mental health services or alternatively may present to adult mental health services voluntarily.

Electoral Ward	% of referrals received	Referrals	ONS Population		
			0-18	19-25	Ages 0-25
Allerton and Hunts Cross	2.60%	89	2797	1119	3916
Anfield	3.74%	128	3178	1477	4655
Belle Vale	4.58%	157	3192	1216	4408
Central	0.58%	20	2279	17869	20148
Childwall	3.12%	107	3039	1368	4407
Church	2.34%	80	2777	1199	3976
Clubmoor	4.53%	155	3650	1286	4936
County	4.58%	157	3223	1348	4571
Cressington	2.83%	97	3080	1092	4172
Croxteth	3.50%	120	3530	1236	4766
Everton	3.30%	113	3528	1654	5182
Fazakerley	3.30%	113	3721	1551	5272
Greenbank	1.93%	66	2072	5784	7856
Kensington and Fairfield	3.24%	111	3626	2419	6045
Kirkdale	3.01%	103	3224	2544	5768
Knotty Ash	2.22%	76	2848	1126	3974
Mossley Hill	1.81%	62	2463	1568	4031
Norris Green	5.81%	199	4573	1468	6041
Old Swan	4.20%	144	3559	1423	4982
Out of Area	3.56%	122			
Picton	2.89%	99	4103	4298	8401
Princes Park	2.80%	96	4215	3851	8066
Riverside	3.53%	121	3037	4629	7666
Speke-Garston	5.96%	204	1801	1396	3197
St Michael's	2.16%	74	5442	1952	7394
Tuebrook and Stoneycroft	4.61%	158	3550	1644	5194
Warbreck	2.86%	98	3477	1428	4905
Wavertree	2.77%	95	2881	1643	4524
West Derby	2.66%	91	2703	1086	3789
Woolton	1.99%	68	2147	738	2885
Yew Tree	2.98%	102	4141	1387	5528

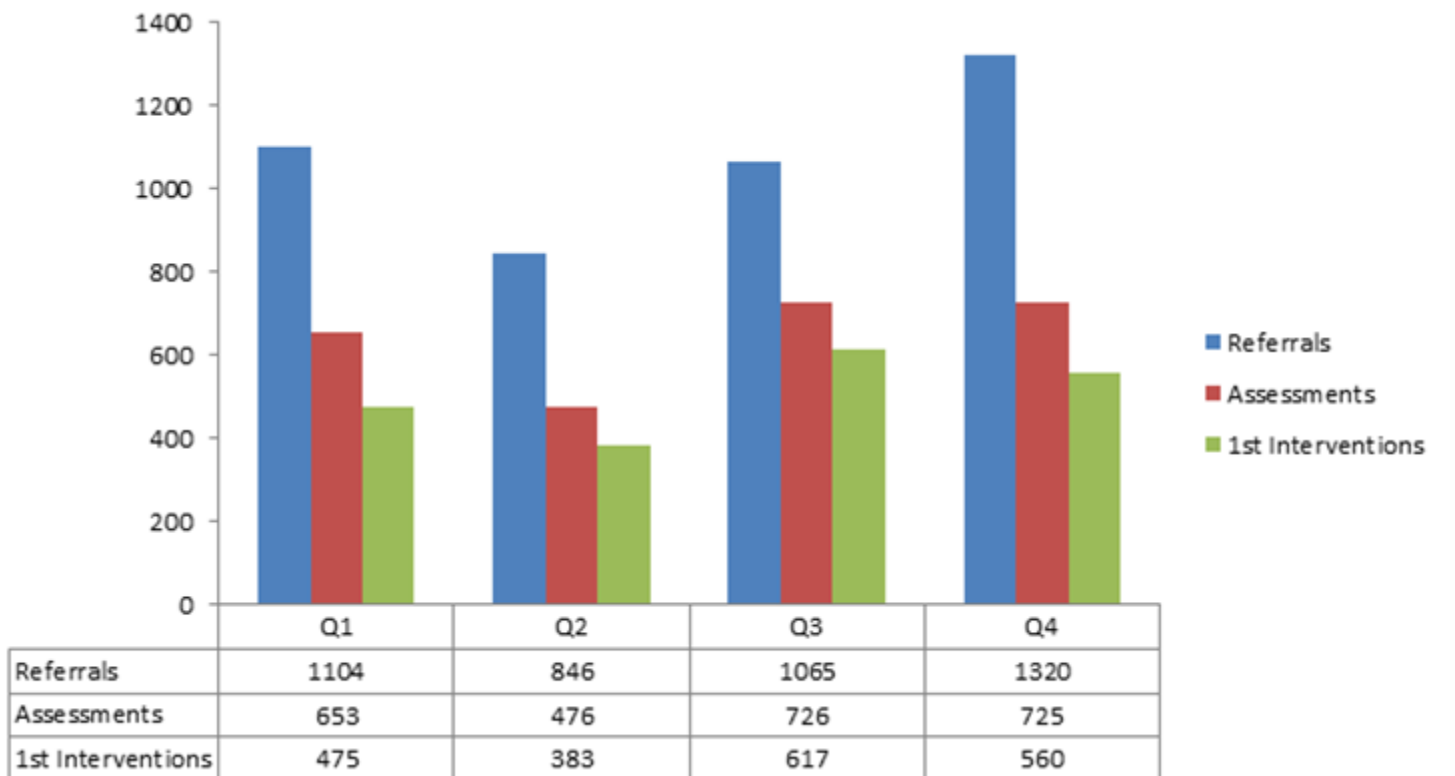
## Assessments

The average waiting times for the CAMHS partnership is illustrated in the table below.

Overall the average waiting time from referral to assessment is 11.9 weeks and the average waiting time from referral to intervention is 25.7 weeks. This has increased from 2016-2017 by 17.7 weeks (referral to intervention).

It is worthy of noting that the CAMHS partnership funding was reduced in 2017-18 within the third sector providers by 43%. This has therefore impacted upon waiting times across the partnership both in terms of assessment and intervention.

	Number of Assessments	Average of Wait Referral to assessment (days)	Average of Wait Referral to assessment (weeks)	Number of First Interventions	Average Referral to Intervention (days)	Average Referral to Intervention (weeks)
2017-18	2,272	83.1	11.9	1,801	180.0	25.7
2016-17	3,233	34.8	5.0	2,649	54.1	8.0

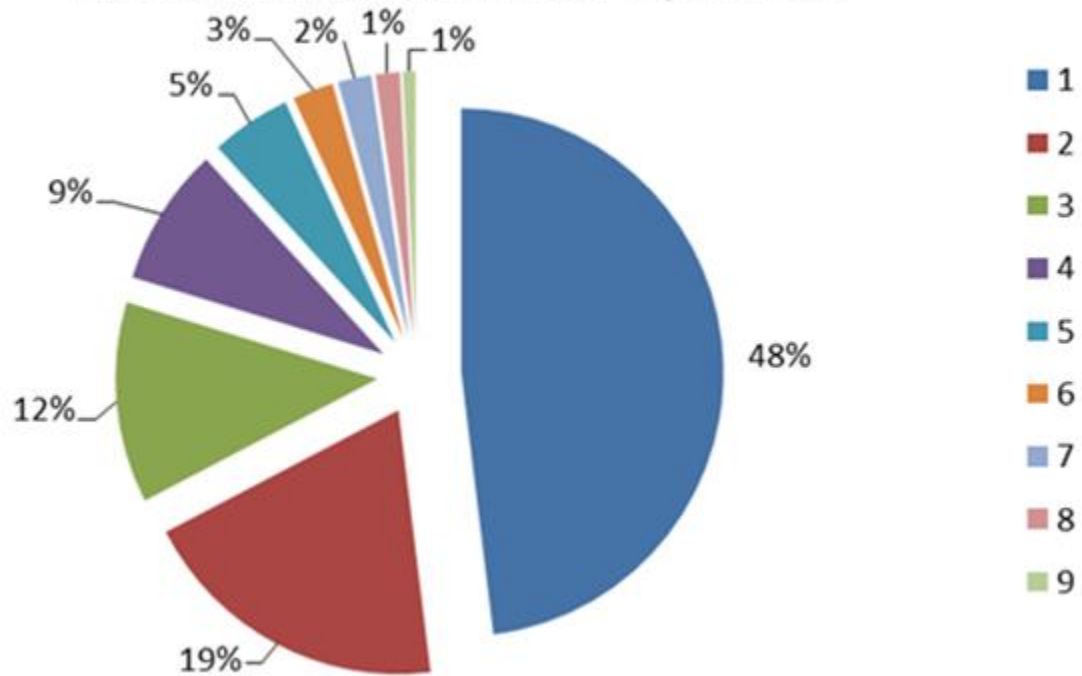


## Adverse Childhood Experience

Adverse Childhood Experience (ACE) are stressful and traumatic events such as sexual abuse or living in a household affected by domestic violence, substance misuse or mental illness. Children and young people (CYP) who are exposed and experience such events are likely to endure increased and sustained levels of stress which has implications on childhood development and can lead to a rise in poorer health outcomes. Statistically CYP with 4 or more ACE are 2 times more likely to drink and have a poor diet, 4 times more likely to suffer poor mental health, 6 times more likely to have unplanned teenage pregnancy, 7 times more likely to be involved in violence and 11 times more likely to end up in prison or use illegal drugs. In total 20.3% (435) report 4 or more ACEs in 2017-18.

Further information regarding ACEs can be found [here](#).

### Number of Adverse Childhood Experiences

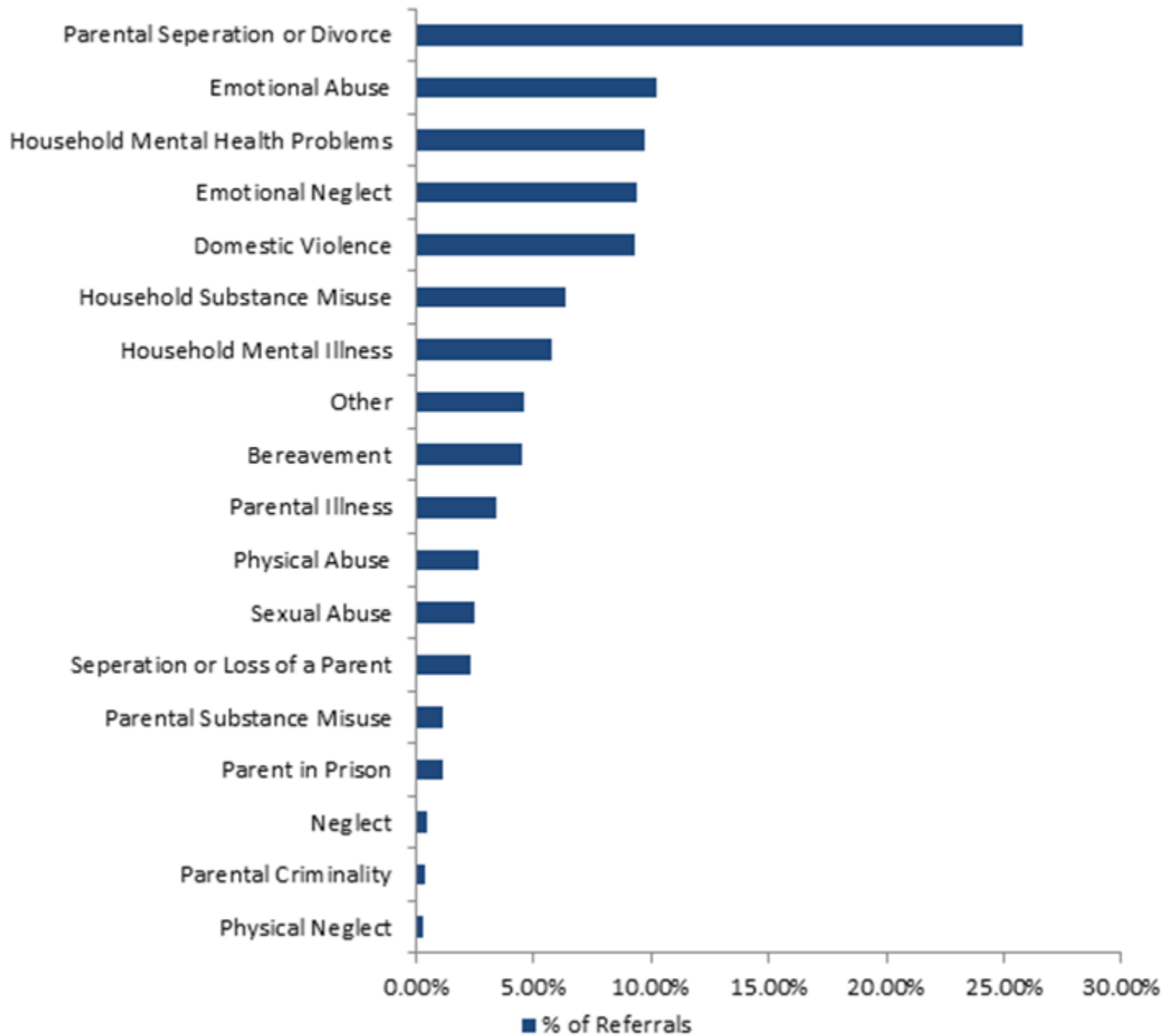


Number of ACEs	1	2	3	4	5	6	7	8	9
No Of CYP	1029	414	264	182	106	54	44	32	17



Of those ACE recorded parental separation or divorce was seen as the highest contributing factor 25.83% (1196) whilst physical neglect was only recorded in 15 CYP (0.32%)

### Adverse Childhood Experience



## Presenting Need

The following data derives from the current view reporting extract received from the CAMHS partners as at 31.03.2018. Current view is reporting tool completed at (or soon after) the first contact with a CYP on assessment.

The tool is completed by the practitioner and captures information on four components:

- Provisional Problem Descriptions
- Selected Complexity Factors
- Contextual Problems
- EET (Education, Employment or Training) Difficulties

Current view can be updated anytime during the intervention period when new information emerges, on case review but also case closure. This data reflects a CYP seen within the reporting year and therefore does not reflect patients whom may still be waiting to be assessed or those which have been declined from the service

In terms of Provisional Problem Descriptions there are 30 individual presenting needs on which the 5 scoring components are:

- None
- Mild
- Moderate
- Severe
- Not Known

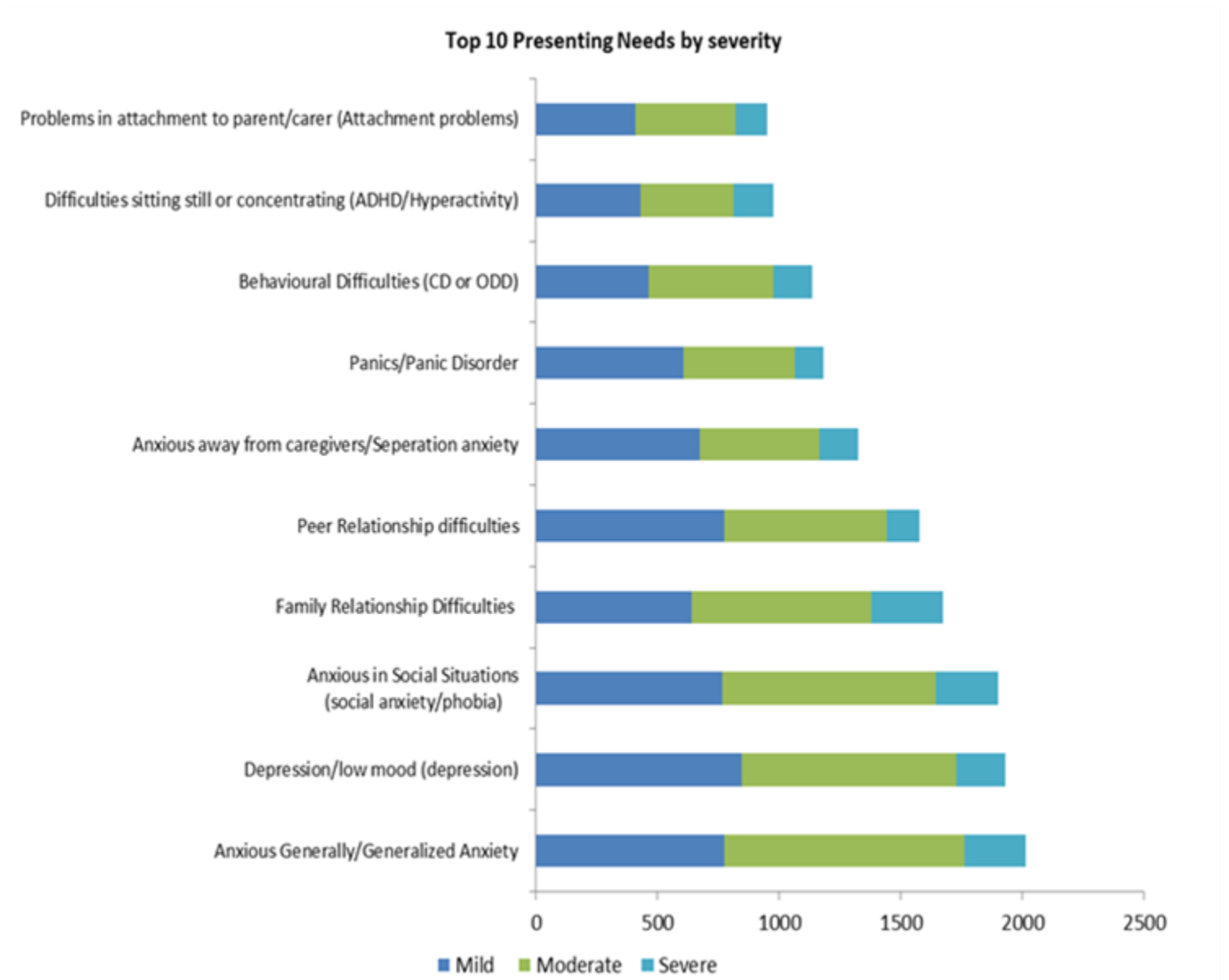
For the purpose of the analysis attention has been focussed upon Mild, Moderate and Severe. Many CYP will often present with 1 or more presenting needs although severity can vary across the need.

The main presenting need of patients is shown in the table below. The top 5 presenting problems including Anxious Generally/Generalised Anxiety, Depression/ low mood (depression), Anxious in Social Situations (Social Anxiety anxiety/phobia), Family Relationship difficulties and Peer Relationship difficulties.



Provisional Problem Description	Number of CYP	% of CYP
Anxious Generally/Generalized Anxiety	2014	70.25%
Depression/low mood (depression)	1930	67.32%
Anxious in Social Situations (social anxiety/phobia)	1899	66.24%
Family Relationship Difficulties	1673	58.35%
Peer Relationship difficulties	1579	55.07%
Anxious away from caregivers/Seperation anxiety	1327	46.29%
Panics/Panic Disorder	1182	41.23%
Behavioural Difficulties (CD or ODD)	1135	39.59%
Difficulties sitting still or concentrating (ADHD/Hyperactivity)	977	34.08%
Problems in attachment to parent/carer (Attachment problems)	953	33.24%
Self-Harm (Self injury or self-harm)	864	30.14%
Compelled to do or think things(OCD)	844	29.44%
Carer Management of CYP behaviour e.g. management of child	828	28.88%
Disturbed by traumatic event (PTSD)	822	28.67%
Avoids Going Out (Agoraphobia)	802	27.97%
Repetitive problematic behaviours (Habit Problems)	708	24.69%
Persistent difficulties managing relationships with others (includes emerging personality disorder)	704	24.56%
Extremes of mood Bipolar disorder	650	22.67%
Avoids specific things (Specific Phobia)	646	22.53%
Eating Issues (Anorexia/Bulimia)	539	18.80%
Poses risk to others	491	17.13%
Self-Care Issues (includes medical management obesity )	380	13.25%
Adjustment to health issues	309	10.78%
Unexplained developmental difficulties	229	7.99%
Unexplained physical symptoms	196	6.84%
Drug and Alcohol difficulties (substance abuse)	172	6.00%
Doesn't go to the toilet on time (elimination problems)	164	5.72%
Delusional beliefs and hallucinations (Psychosis)	153	5.34%
Does not speak Selective Mutism	132	4.60%
Gender discomfort issues (Gender Identity disorder)	110	3.84%

A breakdown of the Top 10 provisional problems descriptions is shown in the table below by severity:



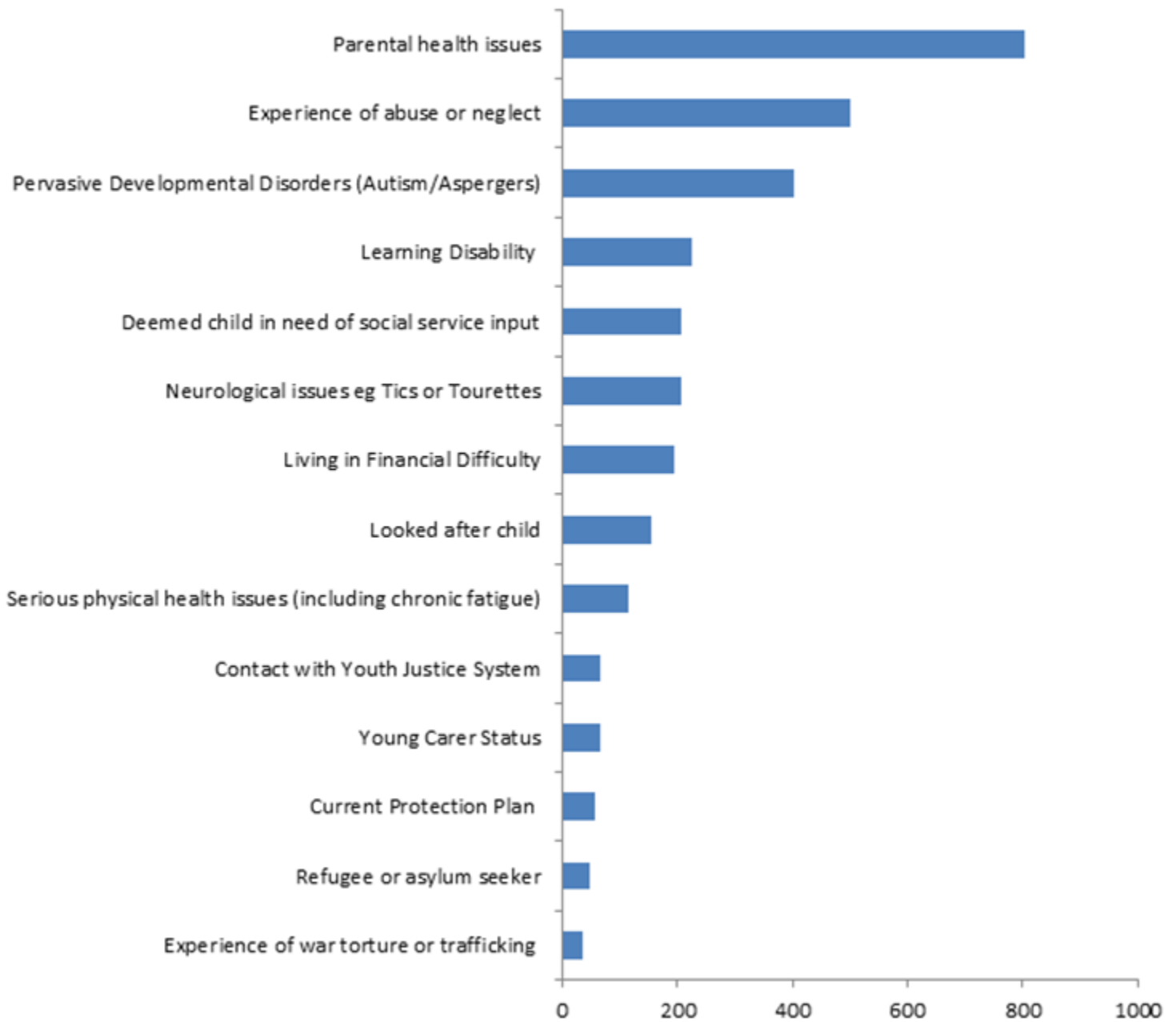
Out of the Top 10 Family and Relationship Difficulties had the highest proportion of clients (17.6%) experiencing severe need. Anxious generally/Generalized Anxiety reported the highest proportion of moderate cases (49.1%) whilst in comparison Panics/Panic Disorder accounted for the highest proportion of mild cases (51.4%)



## Childhood Complexities

In total there are 14 different complexities recorded on Current View which are recorded against a Yes, No or Not Known response. Parental health issues presents the highest proportion of CYP recorded 804 (28.04%).

### Childhood Complexities



As at 31.03.2018 in Liverpool 985 children were deemed a Looked After Child (LAC) across the city, this equates to a city average rate of 117.2 per 10,000. Compared the England average which is 62 per 10,000 this is significantly higher. Local reporting indicates only 5.44% (156) of CYP attending CAMHS are Looked After Children. Research suggests that children who are looked after are more susceptible to mental health issues (including those who are fostered), and are around four times more likely to have a diagnosable mental health condition than their peers (Ford et Al, 2007). 2 in every 5 looked after children have a diagnosed behavioural condition and almost a third have some form of emotional and mental health problem. This has implications for later adulthood whereby looked after children and care leavers are between four and five times more likely to attempt suicide in adulthood. The pre-referral support offered by the CAMHS Partnership however may provide some explanation as to the small numbers of Looked After Children accessing provision for direct interventions.

A total of 47 CYP reported an asylum seeker or refugee status. PSS Spinning World specialises in psychological therapies for this particular client group and has a close working relationship with trained interpreters. PSS accounted for 68.09% of the overall patients. Many of these CYP experience abuse and trauma either directly or indirectly i.e. by members of their family. Issues which may be experienced are trauma and post-traumatic stress disorder, sexual violence and pregnancy torture or bereavement. Additionally, clients bring issues about living in exile such as depression, anxiety, racism and sexuality. Liverpool is the point of initial accommodation for asylum seekers in the North West and currently accommodates almost 23 percent of all asylum seekers in the region.

Young Carers accounted for 65 CYP (2.27%) in the reporting year period. Research suggests that 2 in 5 young carers have a mental health problem, and almost half of young carers report additional stress relating to the care they provide or the lack of support they receive (Children's Society, 2017). Within the CAMHS partnership Barnardo's Young Carers aims to ensure that young carers and young adult carers up to the age of 25 are identified and receive a carer's assessment under the statutory duty of Liverpool City Council. This is a service co-commissioned by the CCG and Liverpool City Council. In 2017-18, 101 individuals under the age of 19 years made contact with the service many of these children may also be in receipt of treatment through additional support services.



## Children and Young People Access Rates

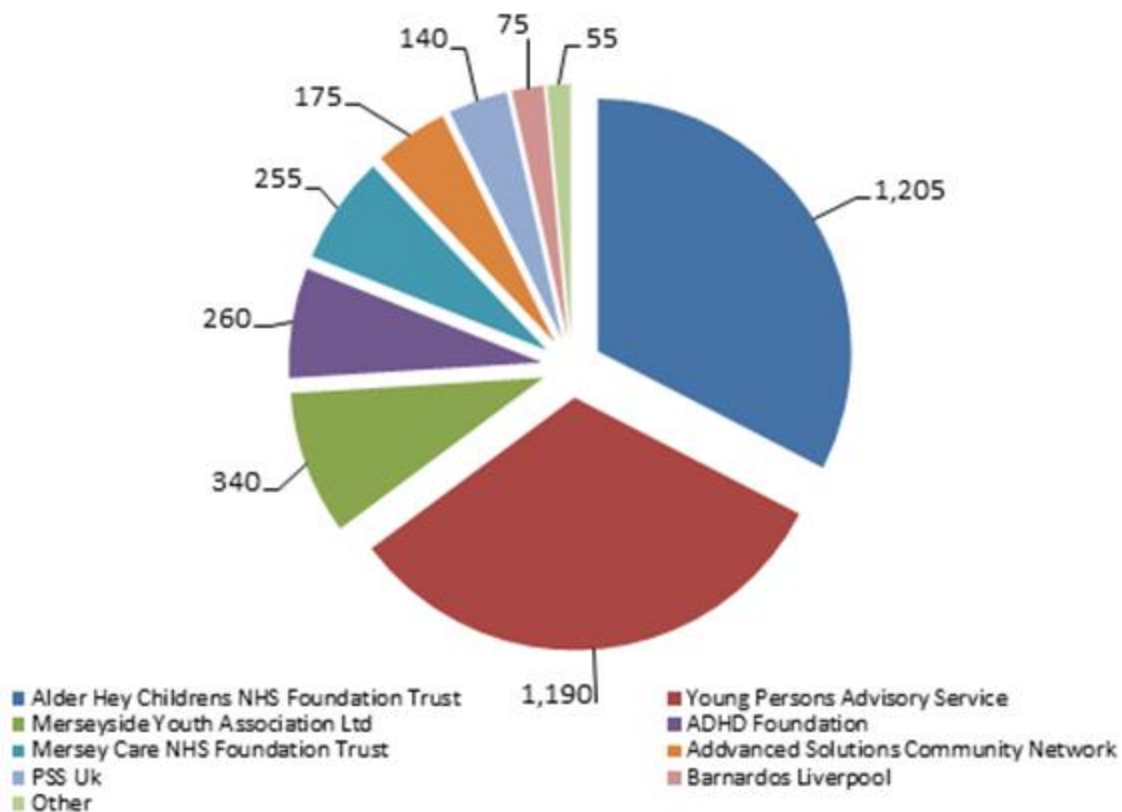
*"By 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it."*

In 2017/18 as part of the 5 year Forward view NHS England introduced a reporting metric using the Mental Health Service Data Set (MHSDS). This measure captures the number of Child and Young People under the age of 18 years who have received treatment in the reporting period. Treatment is classed as 2 or more contacts. For 2017/18 as part of the contract planning rounds all CCGs were required to achieve a figure of 30% against the 2004 prevalence survey rising to 35% by 2020/21. In Liverpool this equated to 2836 children and young people in 2017/18.

Out of the 9 providers within the CAMHS partnership 5 of the providers submit on a monthly basis to the MHSDS. In year this equates to 97% of successful uploads to the national dataset. This is a significant achievement given the time and resources required to upload particularly within the third sector partners.

During the year considerable effort was placed to improve data quality as the access figures were not reflective of that which we were observing in the local dataset, in addition to gaining an in-depth understanding of the measure both for Providers and the Commissioner. Given the data quality issues nationally NHS England afforded CAMHS providers the opportunity to review and provide revised figures for the reporting year in June 2018 using a one off SDCS (Strategic Data Collection Service) collection. On the basis of this one off collection **all** Liverpool CAMHS partners (8 providers) reported 3695 CYP having two or more contacts across the partnership which equated to 39.09%.

### Number of children and young people under 18 receiving treatment, 2017/18 Source SCDS



We are conscious however that the figure reflects individual organisations and as such there may be individuals receiving more than 1 service across the partnership and therefore there is the potential for duplication.

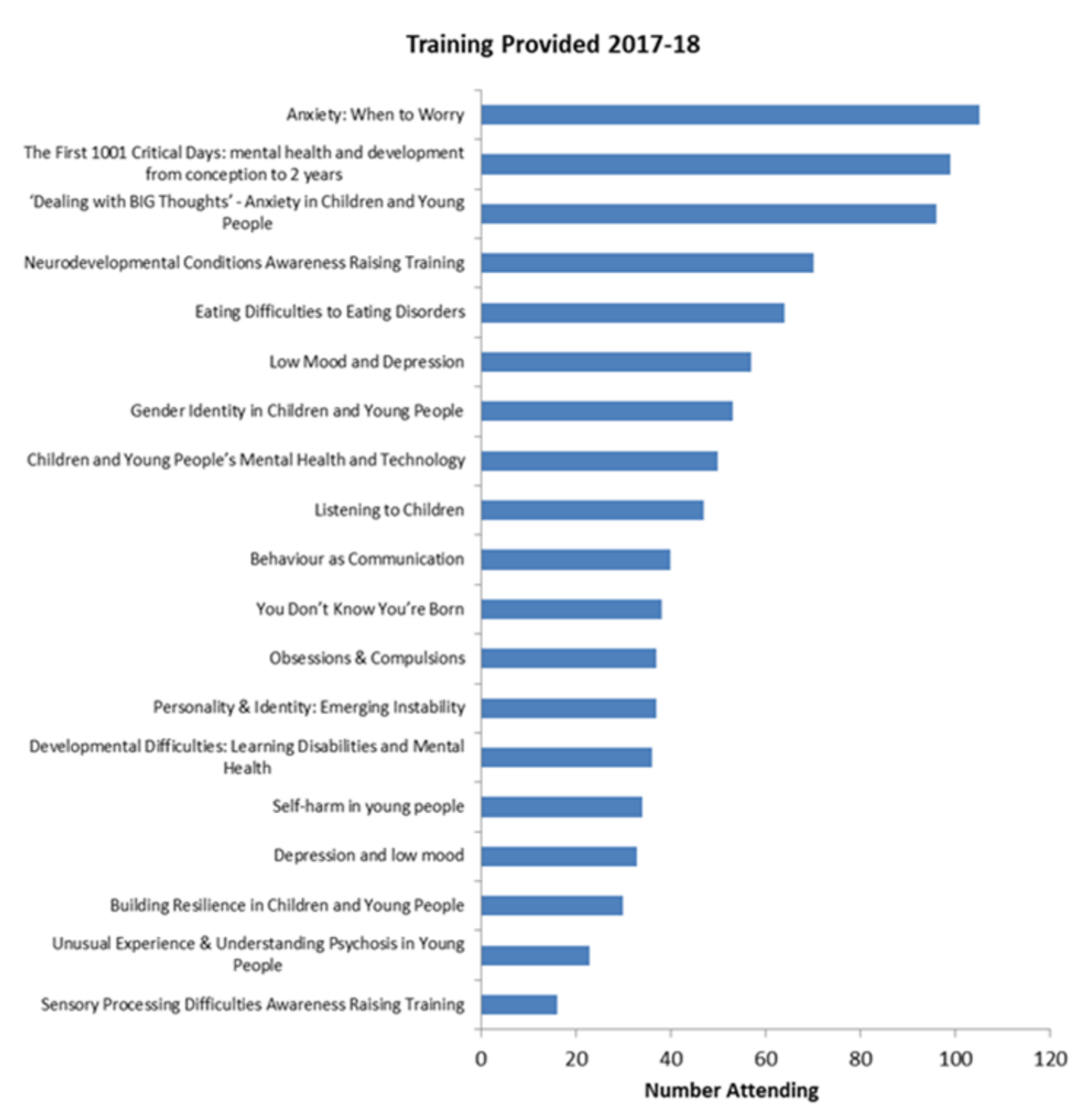
## CAMHS Partnership Mental Health Training & Promotion

During 2017/18 training was provided to 965 individuals across Merseyside from a variety of sectors including but not inclusive to education, social services and health services

Over 35 courses with provided in the year 'Anxiety when to worry ' recorded the highest attendance with 105 attendees whilst Sensory Processing Difficulties Awareness Raising Training had only 16 attendees across the year.

18.45% of attendees derived from the voluntary sector. 195 individuals which equates to 20.21% of the total attendees derived from the education.

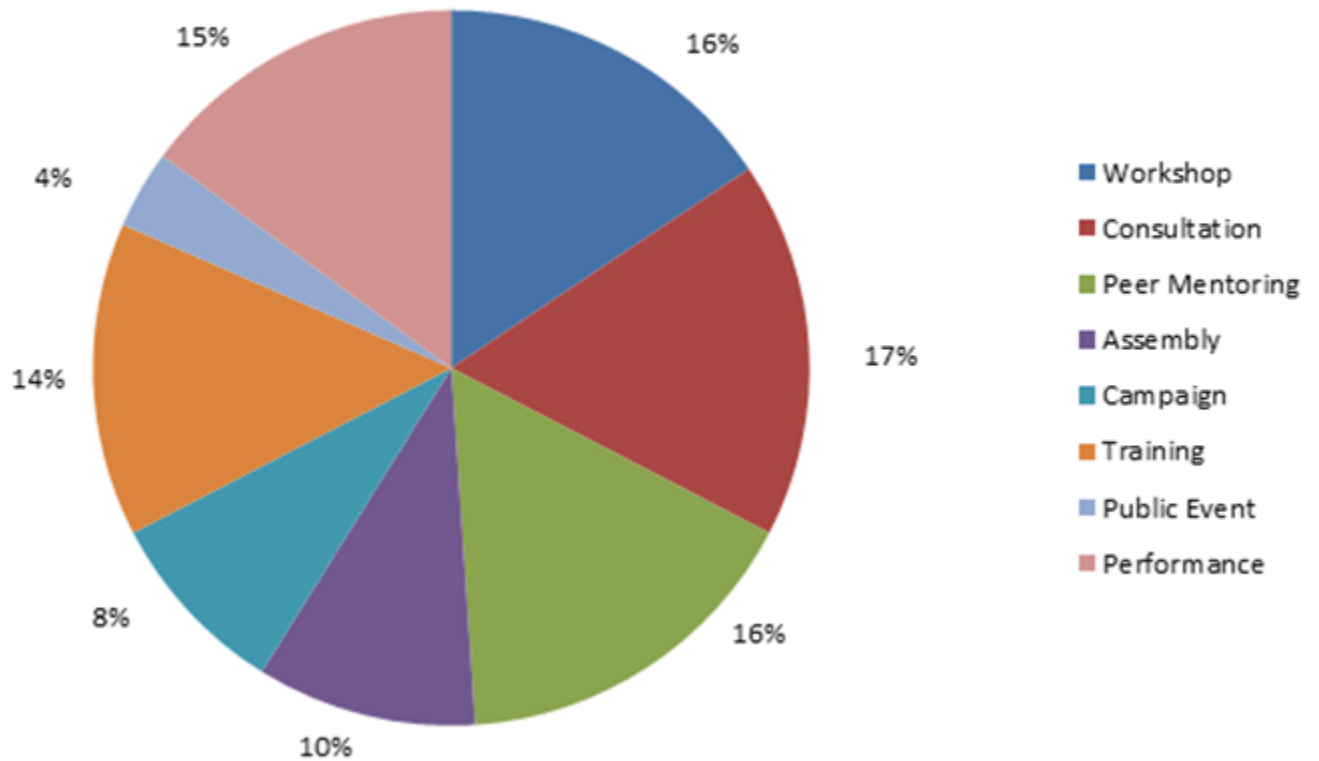
The graph below details the type of training provided from across the CAMHS Partnership.



In total 141 Mental Health promotion events were delivered in 2017-18

Mental Health promotion is not only available to Children and Young People but to parents/carers and also professionals in terms of both accessing but also planning and delivery.

**Mental Health Promotion Events 2017-18**



CYP accounted for 83.77% (15391) in receipt of mental health promotion of which 46.22% accessed promotion in Quarter 4. On an annual basis the service hosts a 3 day event known as the 'Now Festival'. The theme for this year's event was 'My Education, My Mental Health'.

17.02% of promotion was delivered through Peer Mentoring.

68 promotion events were delivered within schools in Liverpool. Activities included peer mentoring, assemblies, performance and workshop.

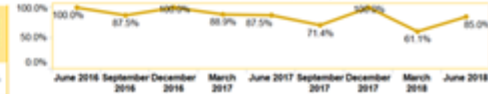
In total 1933 (10.52%) Parents/Carers accessed promotion compared to 1047 (5.7%) professionals.

		2017-18					2018-19
		Q1	Q2	Q3	Q4	FYE	Q1
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Num	7	10	19	11	47	17
	Den	8	14	19	18	59	20
		87.50%	71.43%	100.00%	61.11%	79.66%	85%
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Num	1	0	1	3	5	2
	Den	3	0	3	4	10	3
		95%	33%	0%	33%	75%	67%

Routine Within 4 Weeks for selected Commissioner

Complete Or Incomplete	0-1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	4-5 Weeks	5-6 Weeks	6-7 Weeks	7-8 Weeks	8-9 Weeks	9-10 Weeks	10-11 Weeks	11-12 Weeks	12 Plus Weeks	Total Weeks	Within 4 Weeks	Percentage Within 4 Weeks
Complete	6	14	22	5	4	4	0	1	0	0	0	0	3	50	47	79.66%

Percent treated within 4 weeks by quarter (Complete pathways)



Routine Provider within 4 Weeks

Provider Name	Complete Or Incomplete	0-1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	4-5 Weeks	5-6 Weeks	6-7 Weeks	7-8 Weeks	8-9 Weeks	9-10 Weeks	10-11 Weeks	11-12 Weeks	12 Plus Weeks	Total Weeks	Within 4 Weeks	Percentage Within 4 Weeks
Grand Total		6	14	22	5	4	4	0	1	0	0	0	0	3	50	47	79.66%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	Complete	6	14	22	5	4	4	0	1	0	0	0	0	3	50	47	79.66%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	Complete	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Select Fiscal Year: 2017-18 | Select Fiscal Quarter: All | Select Commissioner Cluster: All | Select CCG (Re-Select after changing Area): South Sefton CCG | Complete Or Incomplete: Complete

Urgent Within 1 Week for selected Commissioner

Complete Or Incomplete	0-1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	4-5 Weeks	5-6 Weeks	6-7 Weeks	7-8 Weeks	8-9 Weeks	9-10 Weeks	10-11 Weeks	11-12 Weeks	12 Plus Weeks	Total Weeks	Within 1 Week	Percentage Within 1 Week
Complete	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	100.0%

Percent treated within 1 week by quarter (None pathways)



Urgent Provider within 1 Week

Provider Name	Complete Or Incomplete	0-1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	4-5 Weeks	5-6 Weeks	6-7 Weeks	7-8 Weeks	8-9 Weeks	9-10 Weeks	10-11 Weeks	11-12 Weeks	12 Plus Weeks	Total Weeks	Within 1 Week	Percentage Within 1 Week
Grand Total		3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	100.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	Complete	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	100.0%



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA

# Liverpool CAMHS Partnership Workforce Skills Audit 2018-2019

## Appendix 8

Making the Mental Health and Emotional Wellbeing  
of Children and Young People **'Everyone's Business'**







# Contents Page

- Page 2-4 Workforce Numbers
- Page 5-7 Workforce Age Range
- Page 8-12 Workforce Main Areas of Work
- Page 13-14 CYP IAPT Training Numbers



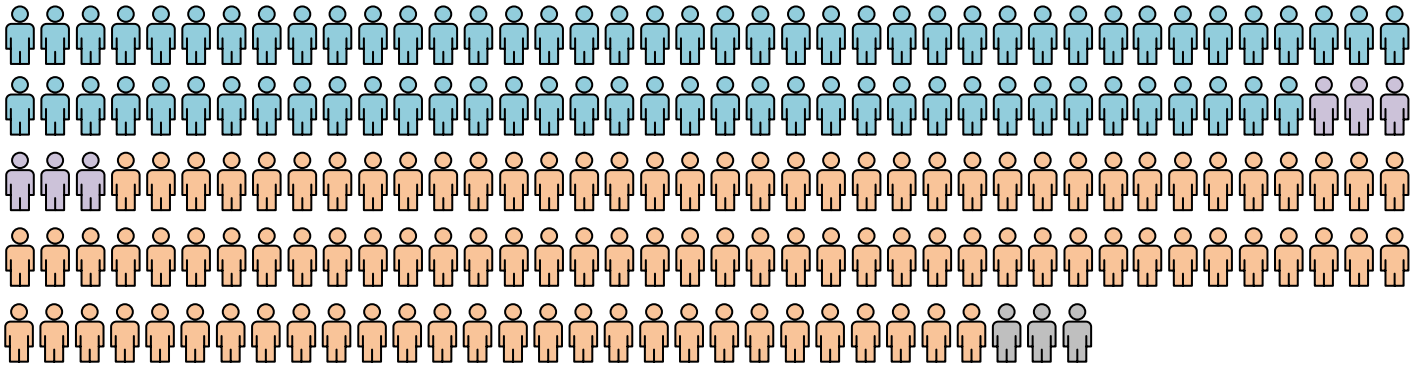




# Liverpool CAMHS Workforce Numbers



**Number of staff employed 2018 / 2019**



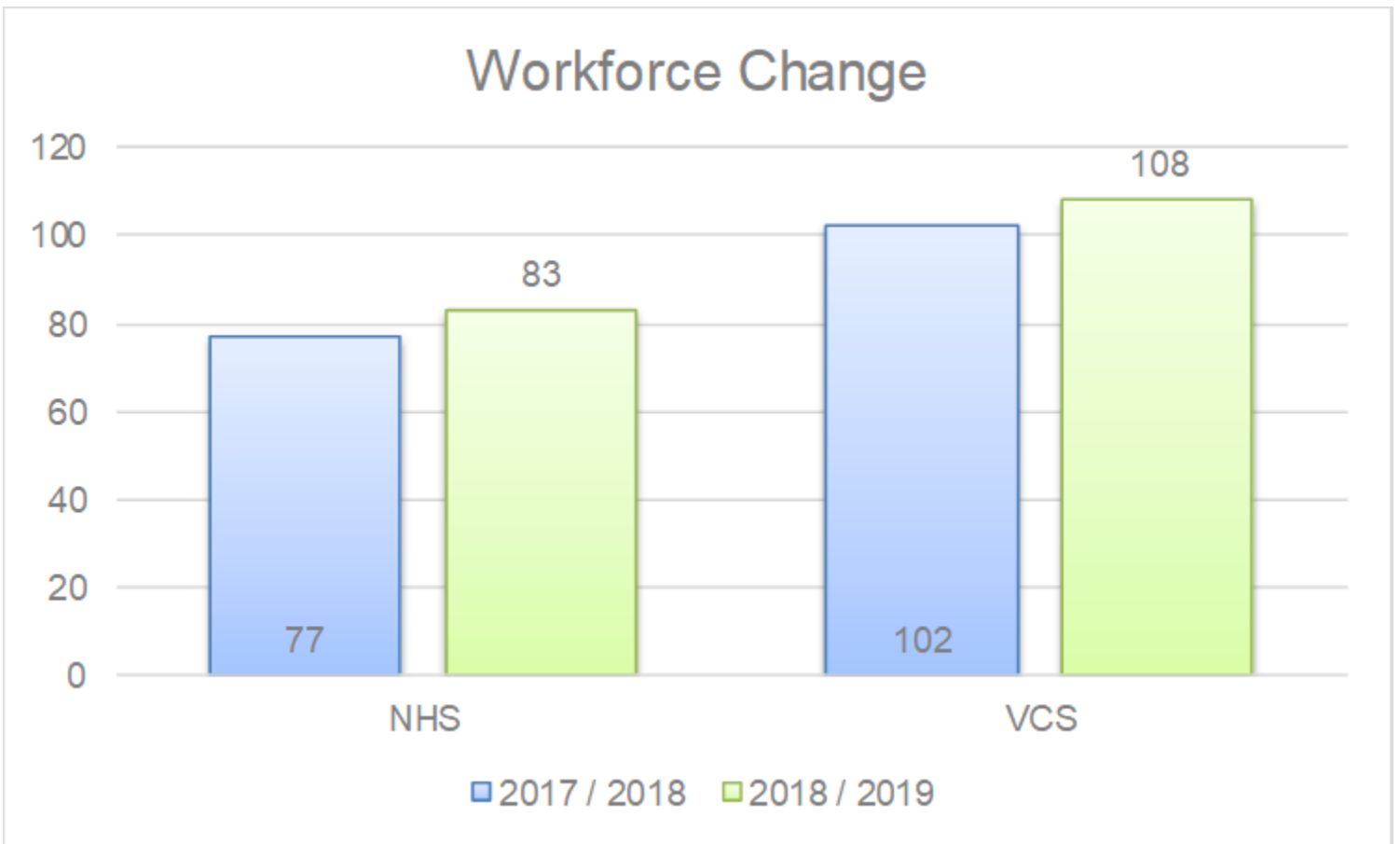
Total Staff – 191

Total filled posts – 182






Total vacant posts – 9

Total NHS staff (filled and vacant) – 83

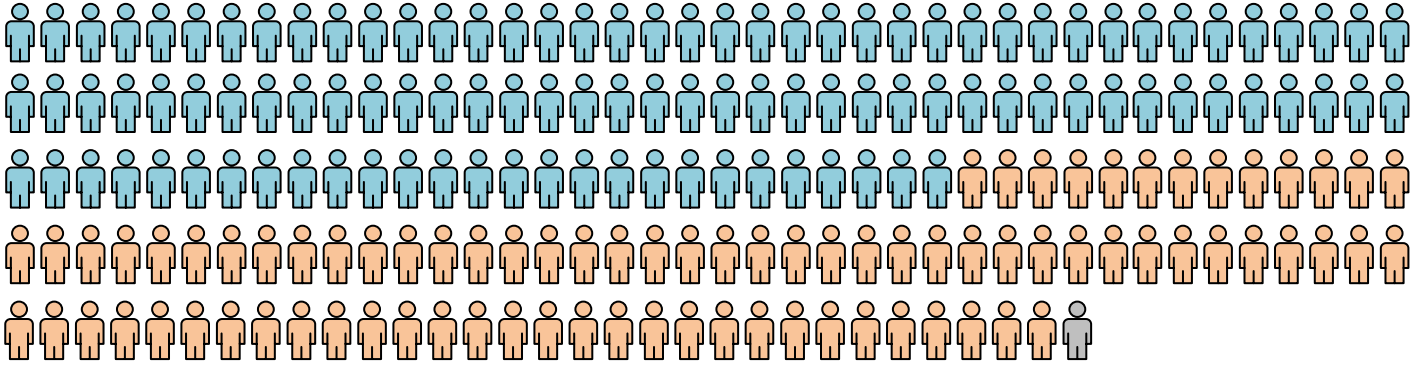
Total VCS staff (filled and vacant) - 108



**Legend**

-  1 person = 1 staff member
-  NHS Staff – position filled
-  NHS Staff – position vacant
-  VCS Staff – position filled
-  VCS Staff – position vacant

**Number of WTE staff employed 2018 / 2019**

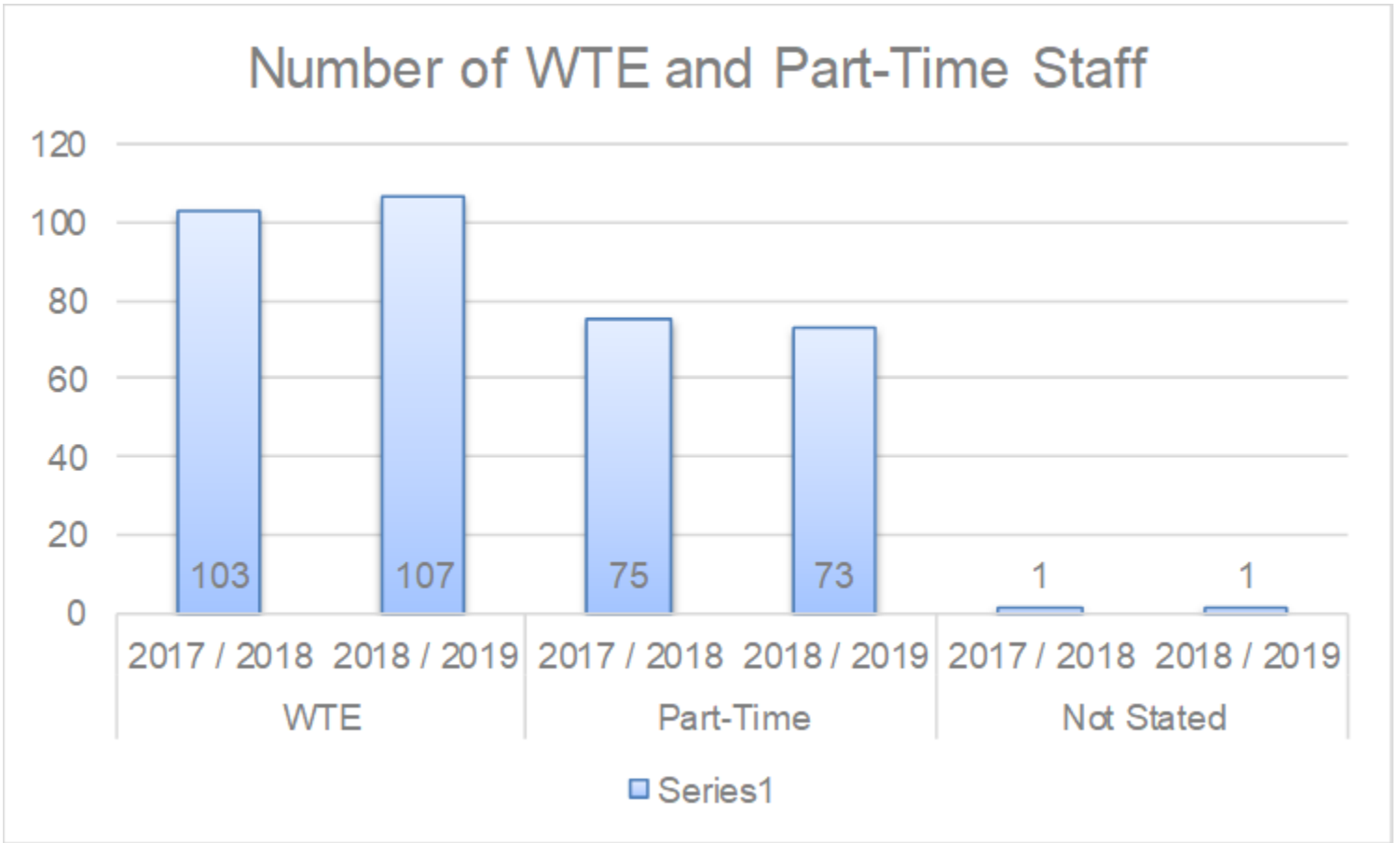


Total Staff – 191





Total WTE posts – 107

Total Part-time posts – 73

Not stated - 1



**Legend**

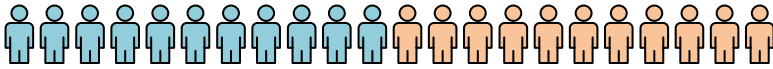
-  1 person = 1 WTE member
-  Whole Time Equivalent Staff
-  Part-time Staff
-  Not Stated



# Liverpool CAMHS Workforce Age Ranges



**Age range of staff 16 – 25**



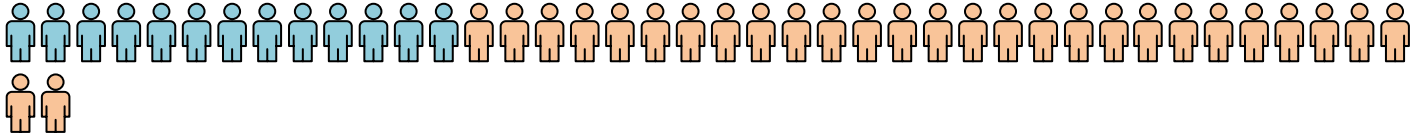
2018/2019

Total Staff – 22

Total NHS Staff – 11

Total VCS Staff – 11

**Age range of staff 26 – 39**



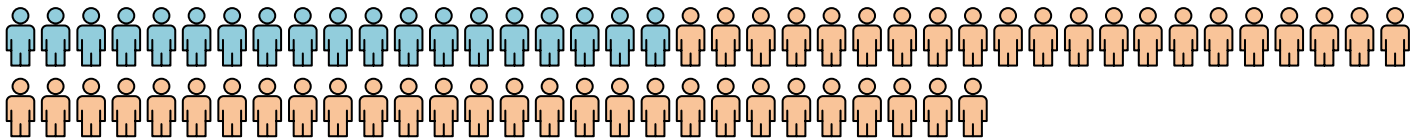
2018/2019

Total Staff – 42

Total NHS Staff – 13

Total VCS Staff – 29

**Age range of staff 40 – 59**



2018/2019

Total Staff – 68

Total NHS Staff – 19

Total VCS Staff – 49

**Age range of staff 60 – 79**



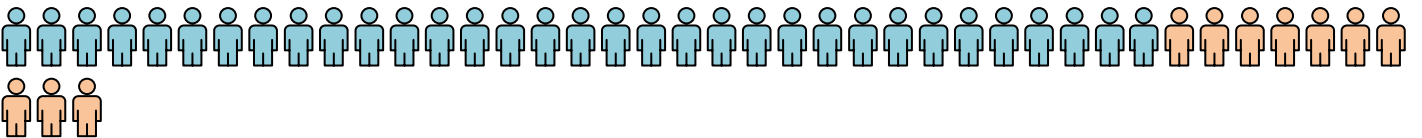
2018/2019

Total Staff – 6

Total NHS Staff – 0

Total VCS Staff – 6

**Age range of staff 'Not Stated'**




2018/2019


Total Staff – 43


Total NHS Staff – 33

Total VCS Staff – 10

**Legend**

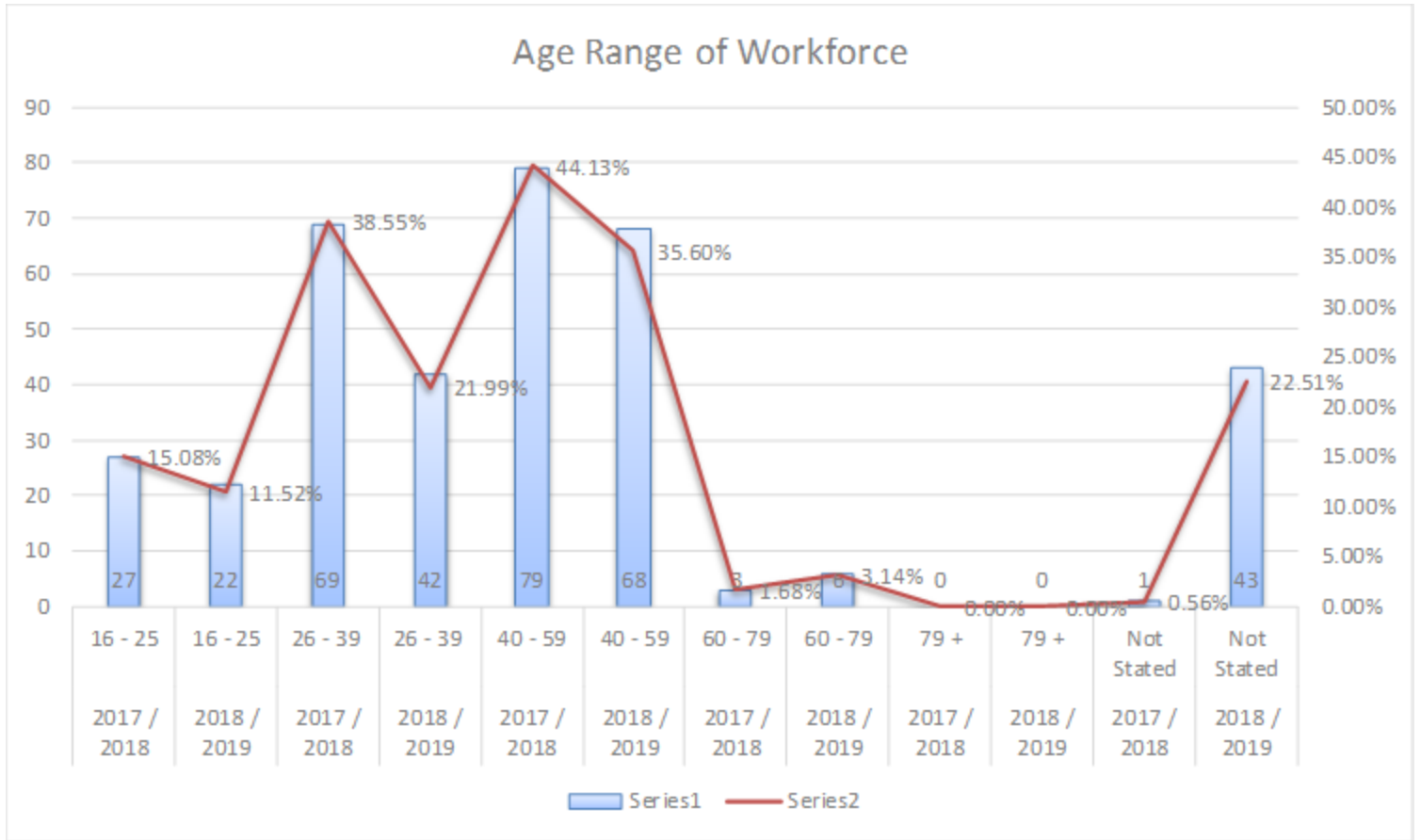
 1 person = 1 staff member

 NHS Staff

 VCS Staff



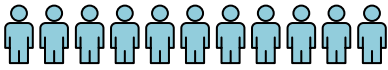
## Age range of Workforce



# Liverpool CAMHS Workforce Main Areas of Work



**Advice and Support**

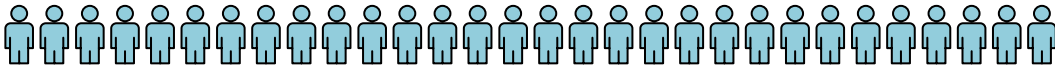


2018 / 2019

Total Staff – 11

---

**Administrative**



2018 / 2019

Total Staff – 30

---

**Key Worker**

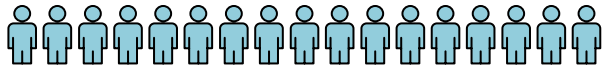


2018 / 2019

Total Staff – 2

---

**Management**



2018 / 2019

Total Staff – 17

---

**Medical**



2018 / 2019

Total Staff – 5

---

**Mental Health Promotion**



2018 / 2019

Total Staff – 2

**Legend**



1 person = 1 staff member

**Participation**



2018 / 2019

Total Staff – 3

---

**Supervision**

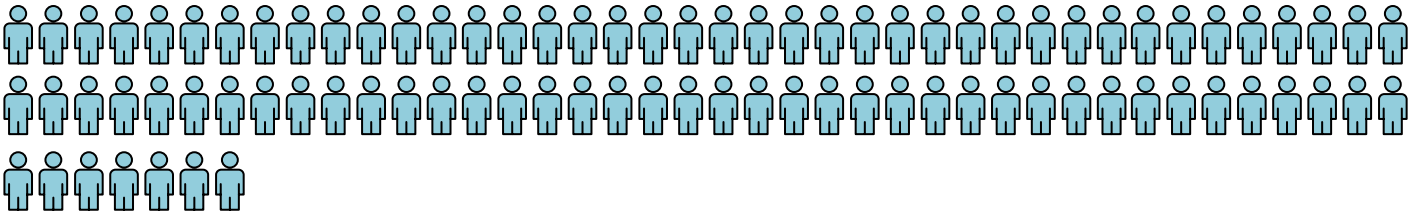


2018 / 2019

Total Staff – 1

---

**Therapeutic**



2018 / 2019

Total Staff – 87

---

**Training**



2018 / 2019

Total Staff – 5

---

**Other**



2018 / 2019

Total Staff – 15

---

**Not Stated**



2018 / 2019

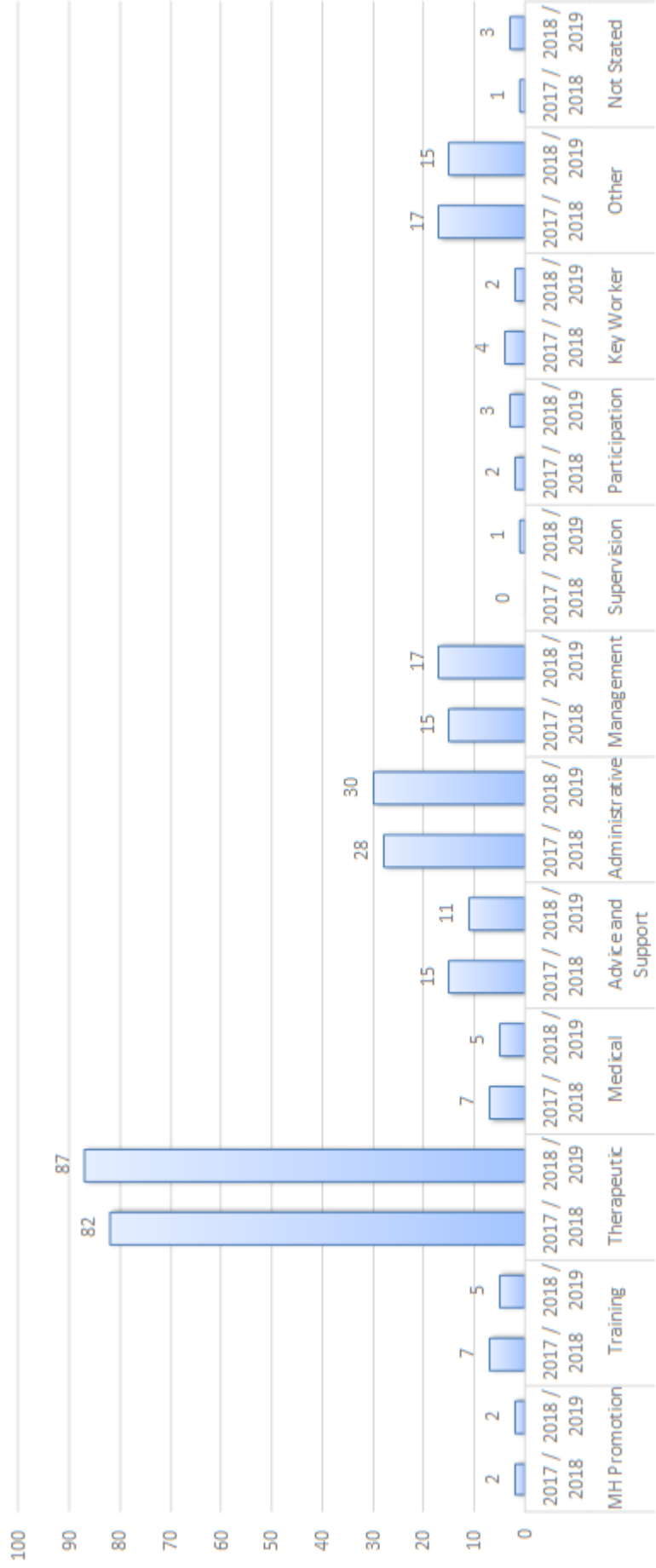
Total Staff – 3

**Legend**



1 person = 1 staff member

# Main Area of Work



Series1

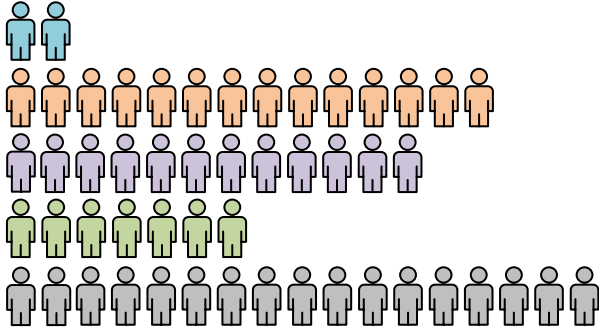




# Liverpool CAMHS Workforce Development Numbers and Funding



**CAMHS Workforce Trained**









Phase 2                    Total Staff – 2  
 Phase 3                    Total Staff – 14  
 Phase 4                    Total Staff – 12  
 Phase 5                    Total Staff – 7  
 Phase 6                    Total Staff – 17  
 Phase 7                    Total Staff – ##

Total Trained Staff – 52

**Funding Per Academic Year on CAMHS Workforce Development**

Phase	Academic Year	Funding Amount
2	2013 / 2014	£ 10,000.00
3	2014 / 2015	£ 295,000.00
4	2015 / 2016	£ 150,000.00
5	2016 / 2017	£ 405,000.00
6	2017 / 2018	£ 169,833.00
	<b>Total</b>	<b>£ 1,029,833.00</b>

**Legend**

-  1 person = 1 staff member
-  Phase 2
-  Phase 3
-  Phase 4
-  Phase 5
-  Phase 6



### CAMHS Workforce Collaborative Progress

<b>Financial Year</b>	<b>2017/2018</b>	<b>2016/2017</b>
Learning Collaborative / Partnership	Liverpool	Liverpool
Total Number of Service Providers	6	6
<b>Participation</b>	<b>2017/2018</b>	<b>2016/2017</b>
% met by the service provider/organisation	88.54%	90.00%
<b>Staff use feedback and outcome tools in their practice as a matter of routine, this is shared with C&amp;YP and their Parents/Carers</b>	<b>2017/2018</b>	<b>2016/2017</b>
<i>Percentage of clinicians/practitioners who are regularly using outcome monitoring</i>	98.04%	0.00%
<i>Percentage of clinicians/practitioners who are collecting paired outcome scores:</i>	75.03%	0.00%
% met by the service provider/organisation	87.85%	0.00%
<b>Feedback and Outcomes information is brought to and used in supervision</b>	<b>2017/2018</b>	<b>2016/2017</b>
% met by the service provider/organisation	95.83%	93.75%
<b>% of clients with paired outcome measures that are normed?</b>	<b>2017/2018</b>	<b>2016/2017</b>
<i>Percentage of CYP discharged during the reporting period who had one or more sets of paired outcome measures recorded:</i>	24.33%	59.50%
<i>Percentage of CYP discharged during the reporting period who had one or more sets of paired outcome measures recorded on the MHSDS:</i>	9.98%	0.00%
<i>Percentage of CYP with an open case during the reporting period who had one or more sets of paired outcome measures recorded:</i>	33.79%	75.25%
<i>Percentage of CYP with an open case during the reporting period who had one or more sets of paired outcome measures recorded on the MHSDS:</i>	14.53%	0.00%
<b>% of cases with Outcome (PROMS), Feedback (PREMS) and Goals (GBOs) data for C&amp;YP and families where an intervention is offered?</b>	<b>2017/2018</b>	<b>2016/2017</b>
% PROMS	38.73%	86.00%
% PREMS	26.35%	84.00%
% GBOs	23.42%	89.25%
<b>Are children and young people receiving evidence based interventions for the following</b>	<b>2017/2018</b>	<b>2016/2017</b>
% met by the service provider/organisation	67.50%	76.25%
<b>Governance</b>	<b>2017/2018</b>	<b>2016/2017</b>
% met by the service provider/organisation	92.26%	94.75%
<b>Monitor the access to and acceptability of services in terms of access through self-referral, times, settings, methods of treatment</b>	<b>2017/2018</b>	<b>2016/2017</b>
% met by the service provider/organisation	95.83%	100.00%





Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA





Liverpool  
City Council

**NHS**

Liverpool  
Clinical Commissioning Group



# Liverpool's Voice of the Child, Young Person and Parent/Carer 2018-2019

Appendix 9







Liverpool  
City Council




Liverpool  
Clinical Commissioning Group



# Children and Young People's Participation Feedback



## How do you as young people want to feedback to the MHEWb PB?



Young people taking part in this and asking our own questions, they should make an aspect of it youth friendly, even the first 30 minutes.

Having sessions where people are invited back in to feed back to us about how we have been listened to. This is proof that giving our voice is worth it and may

Skype meeting – or a recorded skype meeting that can be played at the board.

The board can give us questions they want to know and we can answer them on a “diary room” video that can be played at the board. “Dear Board... theme!”

We can write our own case studies about our participation involvement across the partnership and share these with the board, in person or not.

We can create a video every 3 months to show them what we have been up to.

We could have a young person representation on the board just like there is a parent representation, the content is to do with us so adapt it to suit us.

We invite some board members to the YAY group each month so they can get feedback, and feed it back to the whole board on our behalf.

## How do you as young people want the MHEWb PB to feedback to you?

Just remember that our time is just as important as yours, and our voices matter.

When some members of the board come to the YAY group they can feedback to us in person how our voices have been listened to

They can have a section of the minutes that is an A4 summary page explaining the meeting in a youth friendly language, or at least how our voices will be used going forward. This could be sent to MYA to feedback to us.

We could have a young person representation on the board just like there is a parent representation, the content is to do with us so adapt it to suit us.

They could make a short video feeding back to us, nothing huge, 2 minutes or so explaining how what we feedback will be used to influence services.


The board should have their own consultation on how they want to feedback to us, so we know this is realistic for them.

They can come to us and present back to us if we do that to them.

We'd like the board to select 4 ways in which we can feedback to them and we will rotate these throughout the year, and we will do the same for them.



## What IS working for you as young people in Liverpool?




We feel most partners do communicate with each other about opportunities that are out there for us.

Voluntary sector services – we know we can ask any of these workers for 5 minutes of their time and no matter what they'll listen to us.

Peer mentoring, every school should have these as we would rather speak to a friend who has time and who has volunteered their time than a teacher who has no time for us.

Having dedicated go to staff in some schools who we know we can go to, we should choose these people whether it's on interview or recruitment process.



We want the YAY group to be trained up as peer mentors – this is something we are going to arrange. It should just be within schools.

Being able to attend a youth group and not feel like the odd one out

Workers who make us feel like they want to be there, who show us they enjoy their job. It makes us feel wanted and like we belong.

Having sessions where people are invited back in to feed back to us about how we have been listened to. This is proof that giving our voice is worth it and may

Groups across the partnership not clashing, we are able to attend groups at YPAS and then come to MYA, or the other

## What **NEEDS** to change for you to feel supported as young people?



When staff are changing all of the time we still have to repeat our story over and over again - they need to have time to read on the system what the story is

We need a generic mental health awareness poster designed by young people in Liverpool that should be compulsory to display across all schools in Liverpool. We can run this as a competition?

When I'm filling out my session rating forms I should have to fill it out about my worker and give it back to my worker, this is awkward and I don't feel like I can be honest, I should be texted it after the session by an automated system.



Teachers who actually care, this needs to be assessed in interviews their knowledge on mental health. Those teachers who take time out of their day even 5 minutes to talk to you and listen to you are what help us.

We need career support for those young people who have finished education or not in education and want a job, we can feel lost yet pressured to find a job and earn an income.

We still need more support in education, not just training teachers up in mental health - it's not entirely up to them, we need people in school that are paid posts who are there to support us.



Stop putting us in categories of 'Those without mental health issues, and those with'. We all need some sort of support at sometimes. Those with a diagnosis get more support.



## What **NEEDS** to change for you to feel supported as young people?



Get in touch with us whilst we're waiting to be seen, it will make us feel like you care and we are not forgotten about.

When we get letter from CAMHS, they can feel really negative and make us feel low, start the letter with something positive about me or my progress.

There still needs to be more awareness of mental health for young people. Some schools do and some don't. It should be compulsory that ALL schools have this awareness.



No 'stupid boring paperwork'. Instead of just giving us the questionnaire, ask us the questions as part of the conversations and you fill it out for us.

Make sure all workers feedback to us on our points so we know we have been listened to, and ensure we are involved in decisions that affect us as much as possible.



Mental health needs to be made part of the schools culture. I.E. 'Mental Health Mondays' or 'Mental Health Minute'.



Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



# Parents and Carers Participation Feedback



## Knowing about what services are there

Develop a directory of services that is up to date for parents and carers to access and more importantly understand – ensure it's in a user friendly language.



Professionals to make clear signposting when sending them away from things such as GP surgeries or CAMHS meetings. Don't just send them away without any information as this doesn't help, they need to feel confident when leaving surgeries/meetings etc.



Promote the partnership in schools, doctor's surgeries, schools newsletters or brochures as well as mental health services in the area.



## School help and training

Parents and carers need to know about these CAMHS services as it will hugely help, therefore suggested to design a leaflet or brochure of some sort to promote this and they will actively participate in this.



Training for teachers around ND conditions and also on the partnership, all for effective signposting.



For transition between primary and secondary school, parents should know what support their young people are getting in school as well as from services outside of school



## City Wide Consultation

CAMHS workers need to communicate with one another and share information securely so that the young person or parent/carer doesn't have to 're-tell their story'.

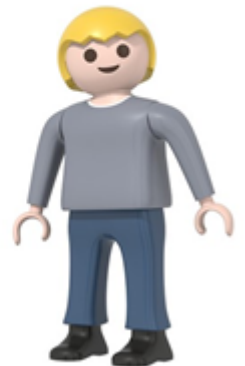


Parents/carers said to include questions in to the consultation around family therapy and wanted to ask the public if this was an option they got as for them, it either really helped or they could have really done with it.



Parents/carers said to include questions about whether parents were given the option of a variety of treatments such as CBT, speech therapy, relaxation etc. so that they had a choice about their child's treatment.

Parents/carers said to add questions around if they as parents or carers got any support or coping strategies. They stated this was important as home life is also a huge part of the coping process and to support their young person the best they can and to look after their own MH.







Liverpool  
City Council



Liverpool  
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA





# National Key Lines of Enquiry (KLoE) and Assurance Process

Appendix 10



This document should be used conjunction with the Children and Young People's Mental Health and Emotional Wellbeing Transformational Plan: 3 Years On document.

This document has been produced on A3 paper and should be printed off on A3 for best results.





**Guidance based on Key Lines of Enquiry (KLoE)**

1. Transparency & Governance	Rating	Overall confidence level	Comments
<p>Will the LTP be both refreshed and published by the deadline of 31 October 2023 with included MRs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with disability?</p> <p><b>If the plan is not refreshed by the 31st October 2023 deadline, has the CCG confirmed a written position statement, published on their website?</b></p>	Fully Compliant		Signed off in line with new Planning Guidance (April 2021) - signed off by HMR in November 2023
<p>Is the LTP appropriately referenced in the CYP? Does the plan align with the CYP and other local CYP LTPs/CCGs as requested to provide a paragraph on alignment?</p>	Fully Compliant		see full
<p>Does the LTP include local findings (14/16), updated figures (16/17, 17/18) and planned trajectories for:</p> <ul style="list-style-type: none"> <li>- 1 since 2019 prevalence and other wider measures (the contributors to delivery of transformation)</li> <li>- waiting (WtE, old time, capability)</li> </ul>	Partially Compliant		Page 15 and Page 21 of the refreshed Document, referenced to IP referring the LTP. Other local Plans referenced e.g. ND Strategy, Transition to an Age and Care Leaver Plan
<p>- activity (e.g. referrals made/captured, initial and follow up contacts attended, waiting times, CP prevalence) with a clear 3 year plan that demonstrates how performance will improve relative to current targets and where capacity to deliver evidence based interventions?</p>	Partially Compliant		Appendix 3
<p>Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a higher level of vulnerability to developing a MH problem, including CYP with learning disability/autism spectrum disorder/intellectual disability, hypersensitivity disorder (ASHD)?</p>	Fully Compliant		Appendix 3
<p>Does it evidence their participation and co-production in:</p> <ul style="list-style-type: none"> <li>- governance</li> <li>- needs assessment</li> <li>- service planning</li> <li>- service delivery and evaluation</li> <li>- the financial experience</li> <li>- feedback to inform commissioning and services</li> </ul>	Fully Compliant		Appendix 3
<p>Have the following relevant partners been consulted about the proposed key priorities of the refreshed LTP for 2024:</p> <ul style="list-style-type: none"> <li>- the chair of the local and/or being local and the nominated lead members</li> <li>- Children's Partnership stakeholder</li> <li>- special commissioning</li> <li>- local authorities including the chair of children's services and local safeguarding children boards</li> <li>- local training Care Partnerships</li> <li>- local parent/carer groups for CP and parents/carers</li> </ul>	Fully Compliant		Appendix 4 and Page 26 of the refreshed LTP
<p>Are there in place of the local multi-agency governance board arrangements in place at the service level covering the planning and delivery and with the clear statement of roles, responsibilities and expected outputs?</p>	Fully Compliant		Appendix 9 and Page 29 of the refreshed LTP
<p>Does the plan evidence a strategy to reduce health and improve outcomes over the plan's period that includes MH? (e.g. smoking, alcohol, etc.)</p>	Fully Compliant		Appendix 9 and Page 29 of the refreshed LTP
<p>Does the plan show a good level of collaboration working across agencies and evidence of whole-system level, cross-agency partnership to reduce fragmentation of commissioning and service delivery, including a delivery agreement and performance information from commissioners and providers within the area?</p>	Fully Compliant		Appendix 9 and Page 29 of the refreshed LTP
<p>Does the plan demonstrate links with other key strategic reforms and plans for children and young people with MH conditions, for example Transforming Care and special educational needs and disability (SEND)?</p>	Fully Compliant		Throughout the refreshed LTP and appendix 3, Page 26 and 27 of the refreshed LTP
<p><b>2. Understanding of Local Need</b></p> <p>Is there evidence that the plan was designed and built around the needs of all children and young people and their families locally who face or may develop a MH problem, including particular attention to groups and communities with a higher level of vulnerability to MH problems, including CYP with SEND/ASHD?</p>	Fully Compliant		Signed off by HMR
<p>Does the LTP demonstrate how the needs of disabled children and young people, including those with a learning disability, autism or both, will be met?</p>	Fully Compliant		Signed off by special IP
<p>Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA), whilst also identifying where gaps exist, with evidence based plans in place to address these?</p>	Partially Compliant		Members of local WSPs
<p>Does the plan make explicit how local inequalities can be being addressed?</p>	Fully Compliant		Members of local WSPs
<p>Does the plan contain up to date information about the local level of need and the implications for local services, including where gaps exist and plans to address them?</p>	Fully Compliant		Members of local WSPs
<p><b>3. LTP Ambition 2019-2024</b></p> <p>Does the LTP identify a system-wide level of transformation of a five key partners, including NHS England special and commissioned, the local authority, the sector, youth justice and schools &amp; colleges, primary care and relevant community groups?</p>	Fully Compliant		Members of local WSPs
<p>Does the LTP align with the delivery context in the Five Year Forward View for Mental Health with a clear vision as to how delivery will be different in 2024 and how this will be evidenced?</p>	Fully Compliant		Members of local WSPs
<p>Does the plan evidence the delivery of care in a range of settings, including:</p> <ul style="list-style-type: none"> <li>- prevention and early intervention, including universal settings, schools, college and primary care</li> <li>- early help provision with local authorities, Public Health and directors of Children's services</li> <li>- residential – based care</li> <li>- crisis care and out-of-hospital interventions</li> <li>- identity signposts, carer and support groups who may require a formal care placement type or settings or for the out-of-hospital services, such as those who have experienced trauma or abuse, for those with mental health problems (MHP), looked after children, children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entry to the justice system. This is not an exhaustive list and will vary depending on area</li> <li>- experience</li> </ul>	Fully Compliant		Throughout the refreshed LTP and appendix 3, Page 26 and 27 of the refreshed LTP and appendix 3
<p>- special care e.g. CP with learning disabilities or four year MHPs</p>	Partially Compliant		Page 15 and 21 of the refreshed LTP and appendix 3
<p>Will relevant Models of Care be being tested or their commitment to continue to invest LTPs in key and the plan?</p>	Fully Compliant		Page 15 and 21 of the refreshed LTP and appendix 3
<p>Does the LTP evidence a commitment to reviewing and/or commissioning procedures which promote and encourage prompt referrals and access to services? e.g. does the plan describe a process to support those working with CYP to promptly and appropriately refer to CYP MHP?</p>	Fully Compliant		Page 15 and 21 of the refreshed LTP and appendix 3
<p>Does the LTP clearly set out, based on the best available evidence, the expected and/or intended impact of local prevention rates on the wider pathway and on the outcomes for CYP using the services?</p>	Fully Compliant		Page 4 of the refreshed LTP and appendix 3
<p>Does the plan map out services provided directly by schools to support mental health in young people? Are there co-ordinated or co-commissioned or co-funded services commissioned by CCGs and local authority?</p>	Partially Compliant		pages 16 of the refreshed LTP and appendix 1, 2 and 3, under section of school care provision
<p>Does the LTP include work underway with adult NHS to link to liaison psychiatry in line with the requirements in the Five Year Forward View for Mental Health for CCGs to commission an inpatient service to liaison mental health service?</p>	Partially Compliant		CCG work that includes MHO in a shared care - part of 0-25 spec developments. Page 14 and 21 of the refreshed LTP
<p>Does the LTP include joint prevention and early intervention plans going forward beyond 2024/25?</p>	Fully Compliant		0-25 spec for a mental health care plan page 6 of the refreshed LTP

4. Workforce	Rating	Overall confidence level	Comments
Does the LTP include a multi-agency workforce plan or a locally negotiated (PI level) work force planning?	Partially Compliant		Appendix 8 and page 18 and 21 of the draft LTP needs to be aligned to under LTP
Does this include schools and colleges?	Partially Compliant		page 20 and 21 of the draft LTP. It is unclear that it covers Page 1 local users
Does the workforce plan identify the additional staff required by the draft multi-agency plan to meet new staff and train existing staff to deliver the LTP's ambition?	Partially Compliant		Appendix 8 and page 21. N/A and table 2 and 3 on 20, 21, 22
Does the workforce plan include CPD and continued training to deliver evidence based interventions (e.g. CYP MPT training programmes), including resources to support this?	Partially Compliant		Pages 18 and 21 of the draft LTP and appendix 8
Does the plan include and detail work force requirements? E.g. to train and retain staff to deliver services for CYP and children with mental health needs and dedicated mental health services where this is not already in place?	Partially Compliant		Appendix 2, 5, 6
Does the workforce plan detail how it will train staff skills to work with children with specific needs e.g. children and young people with learning disabilities, autism or both, ADHD, and communication impairments?	Partially Compliant		Appendix 2
Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges, and detail how the plan will ensure a high quality and capability of the wider system?	Partially Compliant		Appendix 1, 2, 3 and 7 and page 7-8 of referenced LTP
5. Collaborative and Place-Based Commissioning	Rating	Overall confidence level	Comments
Does the LTP include concrete plans to develop and implement in place-based commissioning (between CCGs and local self commissioning) for integrated mental health services, including admission avoidance?	Partially Compliant		Review model work pages 18 and 21 of the draft LTP and appendix 2
Does the LTP include the CYPMH pathway across an appropriate footprint, demonstrating the inter-dependency of the growth of community services aligned with commissioning input and links, including plans to support crisis, admission prevention and support appropriate and self discharge?	Partially Compliant		Review model work pages 18 and 21 of the draft LTP and appendix 2
Is there a plan for a joint place-based commissioning plan?	Partially Compliant		Review model work pages 18 and 21 of the draft LTP and appendix 2
Is there a plan of leadership and implementation groups in place to create progress of place based plans?	Partially Compliant		Review model work pages 18 and 21 of the draft LTP and appendix 2
6. Health and Justice	Rating	Overall confidence level	Comments
Does the LTP detail how it is ensuring that there is full and early consideration for CYP in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those:	Partially Compliant		
- in the children's court room from the children and young people care locations but level for early justice grounds	Not compliant		model development
- in the young offenders' services (YOS) especially high risk young people with complex needs)	Partially Compliant		Appendix 1, 6, 20 and page 21 of the draft LTP
- interacting with the mental health services	Partially Compliant		Appendix 1, 6, 20 and page 21 of the draft LTP
- in the mental health admission centres (MHAC)	Partially Compliant		Appendix 1, 6, 20 and page 21 of the draft LTP
- in the care related to police custody	Partially Compliant		Appendix 1, 6, 20 and page 21 of the draft LTP
7. Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)	Rating	Overall confidence level	Comments
Does the LTP evidence where CYP MPT and its principles have been embedded across local CYPMH in all sectors? These include:	Fully Compliant		Appendix 8
- all locations of participation	Fully Compliant		Pages 18 and 21 of the draft LTP and appendix 8
- in direct based practice	Fully Compliant		Pages 18 and 21 of the draft LTP and appendix 8
- outcome outcomes monitoring with reported supervision	Fully Compliant		
Are there local arrangements in place to support the participation of staff from all agencies in CYP MPT training, including safety support? Does it include staff who are in the sector but health?	Fully Compliant		
Are there sustainability plans for CYP to ensure existing and new staff continue to be available and direct based to service users?	Fully Compliant		
8. Early Diagnosis	Rating	Overall confidence level	Comments
Does the LTP identify current performance against the Early Diagnosis and Waiting Time standards and show improvement from the baseline measure?	Fully Compliant		Appendix 2
Where relevant, does the plan clearly state which CCGs are participating in the early diagnosis cluster?	Fully Compliant		Appendix 2
Where in place, is the community early diagnosis service (CEDS) in line with the model recommended in NHS England's commissioning guidance?	Fully Compliant		Appendix 2
Is the CEDS signed up to national quality improvement programme?	Partially Compliant		currently awaiting response from MDTs Hqs
9. Data – access and outcomes	Rating	Overall confidence level	Comments
Does the LTP recognise the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to feed data for key national metrics in the MH Services Data Set (MSDS)? Does it set out clear expectations and commissioned providers to feed data directly or via a local information provider?	Fully Compliant		Appendix 2, 6, 20 and page 21, 18 and 21 of the draft LTP
Does it set out the standards and completeness of MSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	Fully Compliant		Appendix 2 (6)- (8)
Is there evidence local areas are implementing, monitoring and outcomes monitoring as recommended by CYP MPT principles? Are there evidence of actions to increase the number of admissions in the MSDS?	Partially Compliant		MSDS elements not applicable until April 2020. Appendix 2 and 7
Is there evidence in the LTP that data on key ambitions (e.g. access and Wt) are routinely monitored and used?	Fully Compliant		Page 18 of the draft LTP and appendix 5, 6 and 7
Is there evidence of the use of local/regional data reporting, and use to enhance local delivery e.g. local CYPMH dashboards?	Fully Compliant		Appendix 2, 6 and 7
Is there evidence the Clinical Network or other regional bodies part of discussions on improving data and reporting?	Fully Compliant		Page 21 of the draft LTP
Does the LTP include evidence that all providers commissioned by the CCG are feeding accurate data?	Fully Compliant		Appendix 2
If not is there a plan in place to ensure this happens?	Fully Compliant		Appendix 2

1.0. Urgent & Emergency (Crisis) Mental Health Care for CYP	Rating	Overall confidence level	Comments
Does the LTP identify (a) that there is a dedicated 24/7 urgent and emergency mental health service for CYP and their families (please see (b)) that there is a commitment with a agreed/checked plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	Partially Confident		page 13 and 21 of a/f/re/d/e/d/LP and appendix 2
If no, does the LTP identify that there is a commitment with a agreed/checked plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	Partially Confident		page 13 and 21 of a/f/re/d/e/d/LP and appendix 2
Is there evidence that reasonable adjustments are being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people particularly those with learning disabilities, autism or both?	Partially Confident		plans include (for example) for autistic eg. clear and simple signposts reference to page 13 and 21 of a/f/re/d/e/d/LP and appendix 2
Is there evidence that urgent and emergency mental healthcare for CYP has locally agreed RPs, a care and waiting time ambition and the involvement of CYP and families, including monitoring their experience and outcome?	Partially Confident		Detailed overview is referred on page 14 and 21 of a/f/re/d/e/d/LP, Appendix 2
1.1. Integration	Rating	Overall confidence level	Comments
Does the LTP include local delivery of the Transition CQUIP and include numbers of expected referrals from CYP MH and previous year improvements in metrics?	Partially Confident		
1.2. Early Intervention in Psychosis (EIP)	Rating	Overall confidence level	Comments
Does the LTP identify an EIP service delivering a full age range service, including all CYP over the age of 16 experiencing a first episode in psychosis and that all referrals are offered the recommended treatment (from both internal and external sources)?	Fully Confident		Appendix 2
1.3. Green Paper	Rating	Overall confidence level	Comments
Are the core goals of the Green Paper met?	Fully Confident		See subject area Appendix 2 page 10 of a/f/re/d/e/d/LP
If not, is there a plan to apply in future years?			
Is there evidence of how this will integrate with the existing transformation plan?	Fully Confident		Page 10 and Appendix 2
1.4. Other	Rating	Overall confidence level	Comments
The LTP is a long-term plan of transformation. Does the plan include: <ul style="list-style-type: none"> <li>- a transformation roadmap</li> <li>- examples of projects which are innovative and key enablers for transformation</li> <li>- examples of how commissioning for outcomes is taking place?</li> </ul>	Fully Confident		throughout original LP and a/f/re/d/e/d/LP, Appendix 1, 2, and 3
Does the plan highlight key risks to delivery, controls and mitigating actions? (eg. workforce issues, procurement of new services not being successful or delayed, issues related to MHCT and flow of local data? Where risk has been identified is it highlighted within the plan?	Fully Confident		Appendix 4
Does the plan highlight innovation that can be shared as 'best practice' (in particular digital innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma, and promoting MH prevention and treatment)?	Fully Confident		Page 3-11 of a/f/re/d/e/d/LP and appendix 1 and 2
Does the plan set out how the progress with delivery will be reported, ensuring the transparency in relation to spend and demonstration of outcomes?	Fully Confident		appendix 2 and 3 and page 17 of a/f/re/d/e/d/LP
Does the plan show how families will be involved throughout the course of the plan?	Fully Confident		Appendix 8



NHS Liverpool Clinical Commissioning Group HQ  
The Department  
Lewis's Building  
Renshaw Street  
Liverpool  
L1 2SA