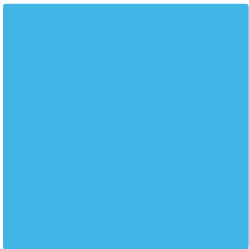
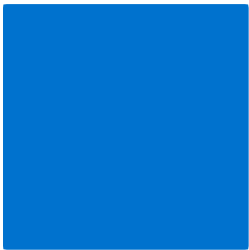


CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING TRANSFORMATION PLAN: 4 YEARS ON

Making the Mental Health and Emotional Wellbeing of children and young people **'Everyone's Business'**



Date	Action	Lead
October 2019 – December 2019	Stakeholder Engagement Data/information collection and analysis	Liverpool MHEWB PB
October 2019 – January 2020	Development of CYP LTP Document	Liverpool CCG
January 2020	One Liverpool Strategy signed off by CCG, Provider Alliance and Health and Wellbeing Board	Liverpool CCG
January – February 2020	CYP LTP Circulated to MHEWB PB and Liverpool CCG Senior Leadership Team for comments	Liverpool MHEWB PB
February 2020	Amendments to document from feedback from MHEWB PB and Liverpool CCG	Liverpool CCG
March 2020	Sign off by Liverpool CCG (nominated lead for Health and Wellbeing Board)	Liverpool CCG
April 2020	Document Published online	Liverpool CCG

Version	Date	Author	Rationale
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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 a number of reviewed and refreshed documents have been completed which evidence this. All documents can be found through accessing the following [link](#). This reviewed and refreshed document aims to outline progress during 2018-2019/20 in addition to highlighting the priorities as we move to a new period of planning and delivery as part of the NHS Long Term Plan and One Liverpool Strategy which can be viewed through the following [link](#). The Local Transformation Plan has been underpinned by the principles and ambitions outlined within the One Liverpool Strategy which takes a whole systems approach to improving the health and wellbeing of local people and reducing health inequalities. The One Liverpool Strategy has been agreed and signed off by the Health and Wellbeing Board, Liverpool CCG and Provider Alliance providing the mandate to move forward with the delivery plans associated with the ambitions and shared objectives:

- Targeted action on inequalities
- Empowerment and support for wellbeing
- A radical upgrade in prevention and early intervention
- Integrated and sustainable health and care services

The Local Transformation Plan will form the delivery plan for children and young people's mental health as part of an all age life course approach as outlined within the One Liverpool Strategy. It further supports the delivery of the NHS Long Term Implementation Plan for Mental Health focusing on key areas associated with eating disorders, crisis, suicide prevention, workforce and whole systems working.

As outlined above this refresh will mainly focus on the period 2018-2019 however some information for 2019-2020 year will also be shared outlining how the priorities agreed at that time have been progressed. You are however encouraged to read existing plans.

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 outlined and agreed within the main document published in 2015:

- 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.

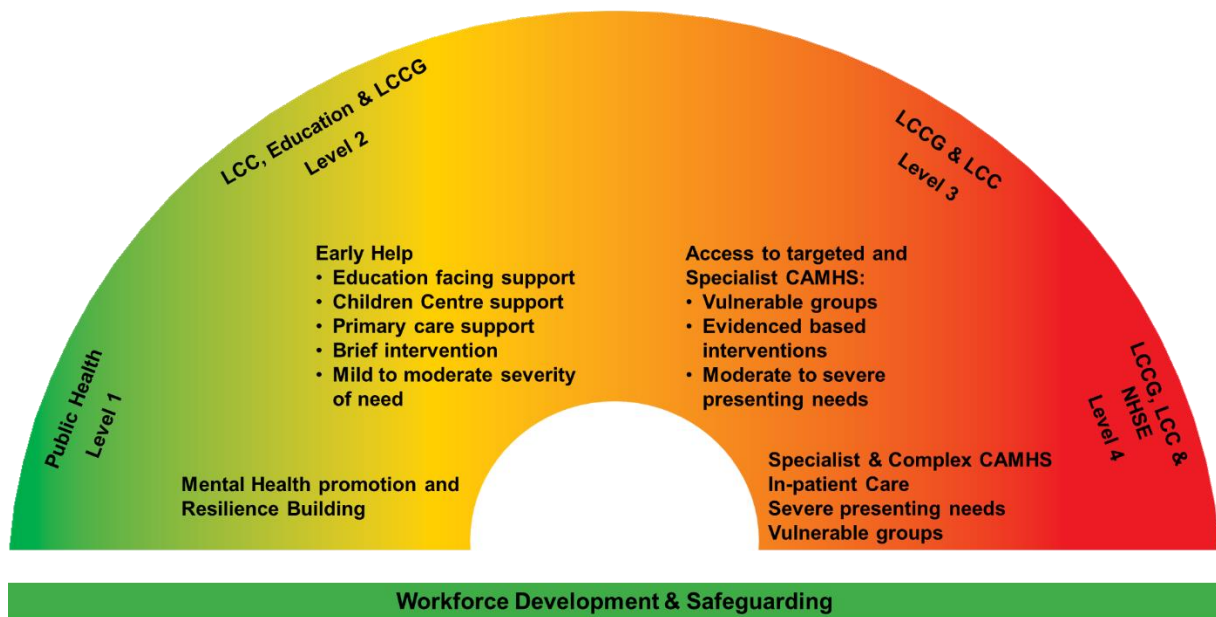
The sections below will provide a narrative and focus on what has been achieved to date based on the original 5 year transformation plan and priorities outlined in the 2017 and 2018 refreshed documents. There are a number of appendices which accompany this document.

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 the implementation of local, regional and national objectives and policies including the One Liverpool Strategy ([link](#)), Cheshire and Merseyside Health and Care Partnership ([link](#)) and NHS Long Term Implementation Plan 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. The overarching offer can be found in appendix 1.



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

Alexander Den Heijer

Progress during 2018-2019:

2018-2019 was again a very challenging year in Liverpool due to continued demand, children and young people living with increased adverse childhood experiences and trauma and increased financial pressures across all systems and services. The priorities therefore outlined in the last (2018) refreshed LTP document allowed the Mental Health and Emotional Wellbeing Partnership to focus on areas that allowed for further development within the resources available to meet need, reduce health inequalities and improve access. These priorities across the different levels of need were:

➤ **Mental Health Promotion and Resilience Building/Prevention:**

- Strengthen partnerships and mental health and emotional wellbeing support as part of the 0-19 pathway.
- To embed Adverse Childhood Experiences (ACE) and trauma informed practice across the city.
- 4th NOW Festival.

➤ **Early Help:**

- Further development of whole school approaches to MHEWB through Green Paper Trailblazer site pilot.
- Implement recommendations in GP Liaison Pilot.
- Further implementation of integrated youth and clinical offer across the 3 YPAS Plus children and young people Mental Health Hubs.
- Strengthen IT and data quality.

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

- Review and further develop support for children and young people with neurodevelopmental conditions and their families
- Further development of crisis care and youth justice pathways.
- Development of robust A&E Liaison for children & young people up to the age of 25
- 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.

➤ **Workforce:**

- Undertake full workforce and skills audit through national SASAT tool.
- Commitment to continue workforce development / Continual Professional Development to deliver evidence based interventions.

➤ **Infrastructure:**

- Further improve data infrastructure and reporting of activity and outcomes through local and national data sets.
- Support development of the JSNA.
- Continual review of current commissioned children and young people's Mental Health offer in Liverpool with the aim of developing a more robust 0-25 years and integrated delivery and commissioning structure.

The below will outline what has been achieved during the 12 month period 2018-2019 based on the priorities above. Some progress will also be reported for 2019/2020 where developments have commenced. Many of these areas are still in periods of development due to recent investment and therefore impact and outcomes will not be available until later in 2020. Further outcomes and activity for some of the wider developments in Liverpool during 2018-2019 can be found in appendix 2.



**Mental Health Promotion and Resilience
Building/Prevention:**

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 18 months the following has been developed:

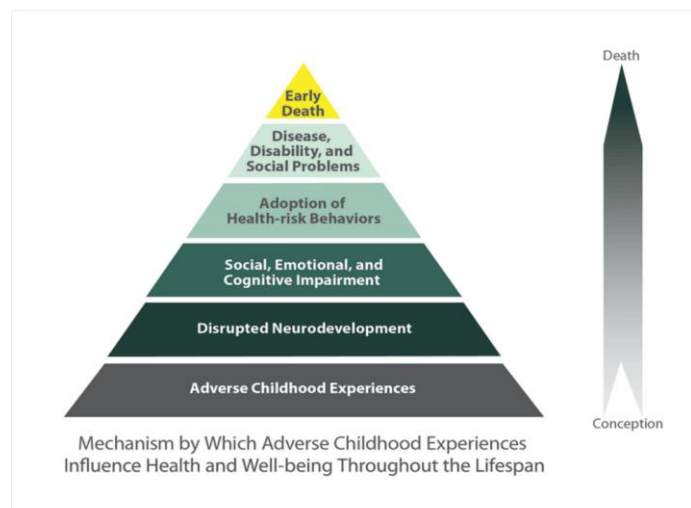
➤ ***Strengthen partnerships and mental health and emotional wellbeing support as part of the 0-19 pathway.***

The following has commenced during the last 12 months as part of this recommendation:

- workforce development of school nursing to support the whole school approach to mental health and emotional wellbeing in Liverpool and the Attendance Strategy with particular emphasis on:
 - Promoting good MHEWB and resilience for children, young people and families
 - Providing appropriate interventions and advice to children and young people experiencing low level MHWB issues
 - Enabling the broader workforce around children and young people (i.e. in education and community settings) to promote/support MHEWB
 - Supporting staff in education setting to protect and maintain good MHEWB
 - Engaging children and young people on seeking further support when needed and facilitate the process of access.

- Transformational programme for pre-birth to 19 practitioners with a focus on:
 - Bespoke evidence based programmes of workforce development on building capacity and capability
 - Mental Health First Aid training
 - Adverse Childhood Experiences training via CAMHS Partnership
- **To embed Adverse Childhood Experiences (ACE) and trauma informed practice across the city.**

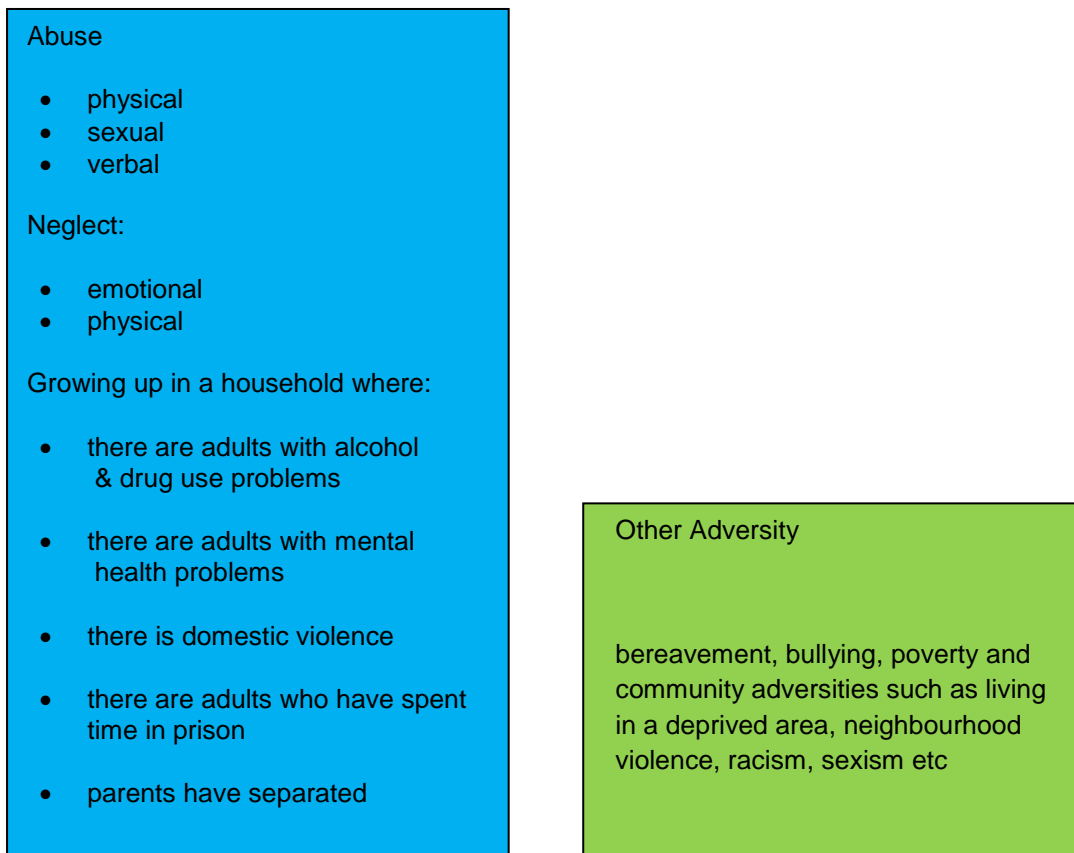
Children and young people live in systems and within a context that they are powerless to change (Bronfenbrenner, 1979). Despite this understanding focus remains on ‘fixing the child/young person’ rather than supporting the context and environments they live within. The MHEWB Partnership recognise the importance of supporting the systems children and young people live within and have adopted the research regarding Adverse Childhood Experiences (ACE) and trauma informed practice to support this concept. Adverse Childhood Experiences are stressful or traumatic experiences that can have a huge impact on children, young people and Adults throughout their lives. A major US study uncovered a strong relationship between ACEs and risk factors for ill health and poor wellbeing. Research in England, Wales and Scotland replicated these findings and suggest that ACEs are strongly associated with adverse behavioural, health and social outcomes in childhood, adolescence, adulthood and later life. The more ACE's an individual has the higher the negative impact is. Almost half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence (Youngminds, 2018). The following diagram outlines the conceptual framework for this:



Source: adapted from the CDC-Kaiser ACE Study [1998]

There are 10 recognised ACE's and a range of other types of childhood adversity that can have similar negative long-term effects.

10 recognised Adverse Childhood Experiences and wider adversity



Adversity in childhood can create harmful levels of stress which impact healthy brain development. This can result in long-term effects on learning, behaviour and health. ACEs have been found to be associated with a range of poorer health and social outcomes in adulthood. 1 in 3 diagnosed mental health conditions in adulthood are known to directly relate to adverse childhood experience (Young minds, 2018). ACE's can have a lasting impact on health (mental and physical), behaviours and life potential including high costs to the public purse if not addressed and supported. For children and young people, the higher the ACE's the more likely they are to be referred to specialist mental health provision 'to be fixed' yet these traditional services will have the least impact as it is the wider systems that need supporting. Often children and young people living with many ACE's cannot access specialist services because of the chaotic environments they live within, specifically if reliant on someone bringing them therefore at a disadvantage which increases health inequalities for this population.

Although the MHEWB Partnership Board and Liverpool CAMHS Partnership have always operated in a systemic model, during the last 18 months there has been more focus and emphasis on ensuring a city wide vision and adoption of ACE and trauma informed practice. This has resulted in the following developments:

- City wide ACE perception survey completed by 450 professionals and parents/carers in Liverpool
- Attendance from 400 professionals/parents/carers at an ACE Call to Action city wide event led by children and young people
- A city wide strategic statement agreed and signed off by the Health and wellbeing Board
- A city wide multi-agency task and finish group to lead on the implementation of the recommendations outlined in the strategic statement.
- Investment secured for ACE and trauma informed training and interventions to be rolled out across the city during 2020
- 6-week art project with children and their parents from a local Primary School on ACEs and Resilience. This was exhibited in the Liverpool TATE for a week, reaching over 12,000 people.
- Co-produced film with children and young people developed as a resource to raise awareness of ACE
- Identification of the need to review current mental health pathways for vulnerable groups who have experienced trauma. This includes looked after children and young people including those leaving care, children and young people within the youth justice system and those within BME communities. The aim of which is to ensure a more joined up approach at commissioner and provider level to improve access to the right support at the right time for this cohort of children and young people and their families/carers.

Further information regarding ACEs, including the strategic statement, resources, surveys and developments as outlined above can be found through accessing the following [link](#).

➤ **4th NOW Festival:**



Commissioned as a partnership between Liverpool CCG, Liverpool Learning Partnership and the Arts Council the NOW Festival continued for its 4th year working with children and young people, schools and community groups. The NOW festival aims to engage young people in a creative discussion around the topic of

mental health, through whatever 'NOW' issue is chosen by the team and young people's steering group. During 2018-2019 the topic was 'Rise Up: Adverse Childhood Experience.' This included:

- 18 performances from schools, colleges and the voluntary sector at the NOW Mental Health children and young people's Festival 2019 at the Epstein Theatre on the theme of ACE and Resilience.
- 1,200 audience members watching ACE and Resilience performances.
- 5 pieces from the NOW festival were toured around Liverpool schools as part of NOW Festival tour, going into 10 schools, 1 teachers' conference and reaching over 1,800 children and young people.

Further information about the NOW festival can be found through the following [link](#).

Outcomes:

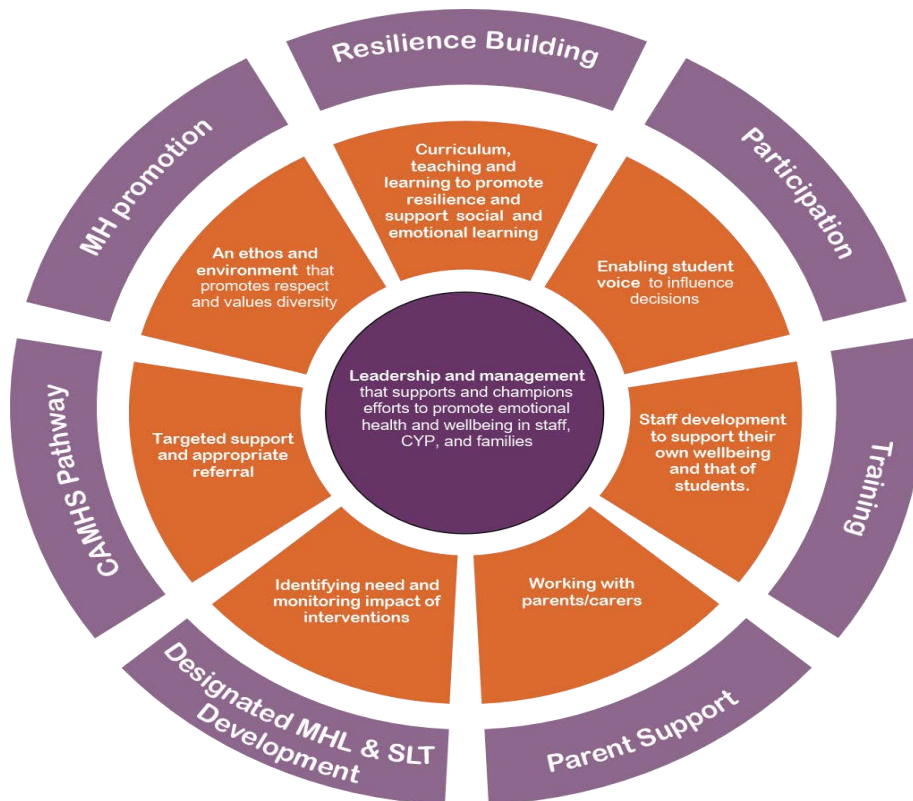
100% of attendee's surveyed said they would like to see performances like this again.
94% said they felt more confident to talk about mental health after watching the performances.
99% agree using performance is a good way to talk about mental health.

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 18 months as per priorities identified and as part of the city wide early help and community model developments:

- ***Further development of whole school approaches to MHEWB through Green Paper Trailblazer site pilot.***

In the last few years we have been developing the Whole Schools approach to MHEWB as a partnership between Liverpool CCG, Liverpool City Council, Schools, Liverpool Learning Partnership and the CAMHS Partnership. This is to ensure MHEWB is everyone's business and support is available for children, young people and families at every level of need as the diagram outlines below.



During the last 12 months Liverpool was successful in becoming one of the first trailblazers for Mental Health Support Teams in Schools (MHST's). This resulted in increased investment into the city and the ability to further develop and implement the Whole School Approach to MHEWB vision as outlined in the above diagram. Developments led through the Whole School Approach to MHEWB multi-agency partnership over the last 18 months have included:

- Recruitment of new clinical, administration and strategic posts to a model aligned to the national guidance
- Workforce development and training for new posts (Education Mental Health Practitioners) in evidence based practice and specialist practitioners for supervision
- Development of 3 multi-disciplinary MHST's for primary schools based in YPAS Plus community mental health hubs taking an integrated approach adhering to the national model
- MHST delivery as a pilot in 24 primary schools as part of the implementation plan with a plan for further roll out across all primary schools
- Review of existing mental health schools facing provision to look at opportunities to re-design with the aim of strengthening and enhancing the MHST's within current resource across the city
- City wide education and mental health conference with 284 delegates
- Development and agreement of whole school approach pathways, roles and responsibilities across the different levels of need for primary and secondary

education. This has been done in partnership with education settings, CAMHS, children and young people and families.

- Consultation and co-production of MHST's and education resources with children, young people and parents/carers
- Further development of Mental Health leads in schools through workforce development and network events
- Mental health support at summer schools for children and young people at risk of struggling with transition from primary to secondary school
- Success in further funding to support a new MHST focusing on transition.
- Recruitment of new posts for transition team adhering to the national model.
- Delivery of ROAR response to mental health in primary schools. This is a course which aims to help school staff recognise and address the signs of mental health problems in children and young people. This can be found through the following link: <https://www.roarresponse.com/>

Outcomes:

- 70.5% of those who responded to the evaluation of the education and mental health conference strongly agreed that it was useful to them with 29.5% agreeing
- 64% delegates felt they left the event better informed about the Whole School Approach in Liverpool
- Improvement in children and young people accessing wellbeing clinics in schools demonstrated reduced scores in validated measures for worry, sleep and behaviour.

➤ ***Implement recommendations in GP Liaison Pilot.***

During the last 18 months investment was secured to implement a Primary Care Liaison Service based on the recommendations from the pilot which were outlined in the previous LTP refresh. This new service will be delivered across the newly developing Primary Care Networks in Liverpool and will include:

- Pre referral support and consultation on children and young people's mental health, pathways and support to GP's
- Psycho-education for children, young people and families
- Brief intervention for mild to moderate presentations by Wellbeing Practitioners
- Integrated working with the MHST's to ensure a joined up and systemic approach between primary care, education, children, young people and families.

The Practitioners will be based in the YPAS Plus community mental health hubs with the MHST's and work into Primary Care and the developing Integrated Care Teams.

This service has only recently commenced and therefore impact and outcomes are not yet available.

➤ ***Further implementation of integrated youth and clinical offer across the 3 YPAS Plus children and young people's Mental Health Hubs.***

The 3 YPAS Plus community mental health hubs continue to develop and grow with enhanced service delivery operating from each one across the city. The increased offer which has been developed during the last 18 months includes:

- Increased therapeutic and social support for 18-25 years olds
- Initial assessments offered by Alder Hey CAMHS within the hubs as an alternative to clinics at Alder Hey hospital
- MHST's based within the hubs
- Primary Care Liaison teams based within hubs

During 2018 an evaluation was undertaken of the YIAC (Youth Information Advice and Counselling Service) model the hubs deliver for 14-25 year olds. This was undertaken as part of the CLAHRC programme (Collaboration Leadership and Applied Health Research and Care) as a partnership between the Universities, Public Advisors and Liverpool CCG. The evaluation focused on the impact of the YIAC model on access, engagement and mental health. The results were positive as outlined below:

- The mental health of the young people and parents interviewed and their wider family members had improved through accessing a range of support from the service.
- The service was viewed as being accessible across the 3 different locations in which it currently operates
- Those interviewed found the service to be very engaging on a number of levels which included the staff and environment
- The service reduced health inequalities specifically for those young people from the LGBTQ+ community

The evaluation is currently being summarised for publication and has supported further commissioning of this model within the hubs including informing national policy.

Further outcomes from the hubs can be viewed below.

Outcomes

- 91% Increase self-esteem and 89% Increased sense of belonging of those accessing Information Advice and Guidance support
- 70% Increased parental mental well-being of those accessing parent/family support with 73% of families reporting increased skills to manage their child's behaviour following interventions.
- 53% Improved emotional well-being and mental health, 45% stabilised emotional well-being and mental health and only 2% of children and young people needed to be stepped up to more specialist mental health support after accessing psychological and therapeutic support at YPAS hubs.
- 98% of those accessing the provision at the hubs said they would recommend to a friend, 97% felt listened to, 96% felt their view and worries were taken seriously and 98% felt people there knew how to help them

➤ **Online Therapeutic and counselling service:**

In addition to implementing the above priorities we have also commissioned an online counselling pilot through KOOTH (Xenzone) for 2 years. This is for 14-25 year olds to enhance the early help offer using digital technology. The service commenced in October 2019 and offers the following:

- Online multi-modal counselling and therapeutic service
- 365 days per year service until 10pm at night
- Choice of registering for support or drop -in
- Online assessments of need and review
- Online Information, Advice and Guidance
- Messaging and chat forums
- Offer self-help materials/resources and links to the Liverpool CAMHS website for further information
- Peer to peer moderated support forum
- Personalised goal based journals
- Pathways to more specialist services including crisis support and social care

The pilot has been commissioned to understand need and demand and will be reviewed as part of the performance monitoring process. To date the following has been delivered:

	Oct-Dec 2019
New registrations	990
Log ins	4,853
Chats	336
Messages	2,128
Articles views	1,069
Forum views	4,046
BME Access	14.2%
Recommend to a friend	96.2%
Felt Heard understood and respected	88.5%
Felt the received what they were looking for	89%

➤ ***Strengthen IT and data quality.***

Capital funding to further develop the IT infrastructure within the 3 YPAS Plus hubs has been used to ensure an integrated model of delivery can be implemented. The Health and Social Care network has therefore been established across all 3 hubs so health, social care and 3rd Sector organisations can access their networks and IT systems whilst operating out of the hubs.

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 18 months:

➤ ***Review and further develop support for children and young people with neurodevelopmental conditions and their families***

Neurodevelopmental conditions crosses mental health, transforming care and SEND programmes of work; all of equal importance and priority. Following the publication of the last refreshed LTP Liverpool was subject to a joint local area SEND inspection (Care Quality Commission and OFSTED). The result of which was one of requiring improvement across 3 significant areas:

- the failure of leaders to take the necessary actions to remedy known weaknesses
- the significant weaknesses in the EHC processes, timeliness and quality of plans

- the underdeveloped joint commissioning arrangements for 0 to 25 SEND provision

Following this joint inspection a Written Statement of Action (WSOA) was produced outlining the cities plans to improve in the areas identified. This can be found through the following [link](#).

Progress is being made in implementing these actions including work to review the current neurodevelopmental (ND) pathway. The following has taken place to date:

- Secured investment through the Cheshire and Merseyside Transforming Care Partnership and Liverpool CCG to reduce waits at the assessment and diagnostic stage of the pathway for children and young people with ASD including enhanced post diagnostic support. This has recently commenced and will be performance monitored closely
- Increased investment through the Cheshire and Merseyside Transforming Care Partnership to develop an intensive outreach team to support children and young people with a learning disability and/or autism identified within the dynamic support database and at risk of admission or going into care.
- Increased investment through Liverpool CCG to support adult ADHD clinics including a specific focus on transition
- Stakeholder workshops to review the current ND offer and pathway across all ages with the aim of understanding what is working, what are the gaps and how we can further develop it.
- Agreed governance of this work through the newly established SEND joint commissioning group

This work will continue as a priority during the next 12 months to understand impact and outcomes.

➤ ***Further development of crisis care and youth justice pathways.***

Led through the children and young people's sub group of the crisis care concordat there have been a number of developments in these areas during the last 18 months:

- Funded through NHS England the development of an early help offer for children and young people presenting through the Out of Court Disposal Route within the youth justice system. This provides therapeutic support and Information Advice and Guidance. The service to date has received 53 referrals and will continue to be performance monitored through NHS England. This has enhanced the existing youth justice and mental health support offered through NHS CAMHS and Liaison and Diversion and takes a collaborative, partnership approach to delivery across the different levels of need. This work will be prioritised during the next 12 months through a partnership approach between Liverpool City Council, Liverpool CCG and the CAMHS Partnership to work collaboratively at commissioner and provider level to strengthen pathways for vulnerable groups (LAC, YOS, BME).
- Recently the MHEWB Partnership Board has started to work collaboratively with the multi-agency Merseyside Violence Reduction Partnership (VRP) to

ensure the mental health needs of this population are met with a focus on prevention and early access to support. The VRP is in the early stages of establishment however has a clear remit to reduce serious violence and knife crime for young people up to the age of 25 years.

- Enhancement of children and young people's emergency and crisis service through LCCG investment to offer telephone advice line, increased assessments and next day appointments. This is to support the national target of having a 24/7 urgent and emergency mental health services and is co-commissioned with Sefton CCG's.
- Enhancement of Eating Disorder service through LCCG to ensure demand and national waiting times are met. This will increase the current workforce to support the national model. This service is co-commissioned across Liverpool and Sefton. 2018/19 achievements are within the annual report in appendix 8.
- Early Intervention In Psychosis (EIP) service managed to show significant improvement from 2017/18 to 2018/19, against a background of increasing demand and larger than average caseloads. Further investment in 2019/20 was made to support capacity and also address the extended target of 60% for access issue. 2018/19 achievements are within the annual report in appendix 8.

Some of the above are in early days of development however some activity and outcomes can be seen below:

Activity & Outcomes:

- **292 self harm assessments taken place with 98 follow up appointments (Sept 2018-Nov 2019)**
- **192 next day appointments (Jan 2019-Nov 2019)**
- **4,698 crisis calls (Sept 2018-Nov 2019)**
- **103 prevented A&E attendance (12 month period)**
- **73 bed days saved (12 month period)**

This work will continue during the next 12 months given national mandates and targets to move towards an all age NHS 111 support line for mental health and follow up interventions. Increased investment from NHSE through the Cheshire and Merseyside Health and Care Partnership has been secured to support the development of a crisis support line and crisis resolution home treatment service for individuals aged 16+ years across the North Mersey footprint. The children and young people's element of this is currently being discussed as part of all age developments. LCCG and current providers are part of these discussions. This is further supported through discussions and developments at the North Mersey all age Crisis Care Concordat which includes a range of emergency services, urgent care, social care and mental health providers including those who prevent crisis and A&E presentations from across statutory and 3rd sector providers.

➤ ***Development of robust Accident & Emergency (A&E) Liaison for children & young people up to the age of 25***

This provision has recently been developed as part of the crisis support service to meet the needs of children and young people aged 0-16 years presenting at A&E with mental health difficulties. For individuals aged 16+ this has been in place through CORE 24 for some time creating inequity in the system for the children and young people's population. Liverpool has 2 general hospitals with A&E departments for individuals aged 16+ and a children's A&E for those under the age of 16 years. This often causes some challenges in the city with regards to the adolescent age group and those in transition. It is envisaged that through increased investment for this provision for children and young people and improved collaborative working between Adult mental health and children and young people's mental health services such challenges will be reduced. This is further supported through the existing commissioned provision which focused on transition that has been reported on in previous LTP documents. This area will be the focus of development during the next 12 months to ensure we meet the ambitions set out in the NHS Long Term Plan for Mental Health.

➤ ***Work as part of the wider Health and 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***

Cheshire and Merseyside Health and Care Partnership have developed its five year health and care strategy 'Cheshire and Merseyside Better Lives Now' in 2019/20, closely aligned with the NHS England Long Term Plan. The strategy is due to be published by the end of March 2020. Mental Health is a key element within both the NHS England Long Term Plan and 'Better Lives Now' and the CYP Transformation Plan is fully aligned to the priorities outlined for children and young people's mental health. The Mental Health Programme Board (MHPB) in Cheshire and Merseyside is a strategic programme within the Health and Care Partnership, leading on the NHS England Long Term Plan Mental Health Priorities that are to be planned at scale (across a wider footprint). The MHPB are currently leading on the development of a new care model in Cheshire and Merseyside for the delivery of CAMHS Tier 4 services. A whole system approach is being taken to the development of the care model and it is anticipated that this work will be complete in early 2020/21. Cheshire and Wirral Partnership NHS Foundation Trust have been successful in a bid to become 'Lead Provider' for the Cheshire and Merseyside CAMHS Tier 4 Provider Collaborative and will therefore be the vehicle through which the new care model will be implemented. It is anticipated that the MHPB will also take a lead on the development of a Cheshire and Merseyside wide model for CYP crisis care, this work will also incorporate a whole system approach, contributed to by all stakeholders in 2020/21. All other priorities within the Long Term Plan for CYP mental health are being supported at scale and therefore incorporated in detail within the Cheshire and Merseyside Health and Care Partnership transformation plan.

To support this work locally Liverpool CCG, Liverpool City Council and the CAMHS Partnership are working together to understand the needs of children and young people at risk of admission to a mental health bed. The aim of which is to prevent admission. The model proposed to identify these children and young people is the one currently used within the Transforming Care programme which includes the management of a dynamic support database and multi-agency CETR (Care, Education and Treatment Review) meeting. This work will continue during the next 12 months specifically as part of the work looking at pathways for more vulnerable groups.

Workforce

➤ ***Undertake full workforce and skills audit through national SASAT tool.***

During the last 18 months the nationally recognised workforce tool, SASAT, was used to undertake an audit of our existing children and young people's mental health workforce across the CAMHS Partnership. This was supported by Regional Leads. This was a lengthy task as it was across numerous providers and practitioners and therefore took a number of months to complete. During the next 12 months this information will be collated and a workforce plan developed. As part of this we will be linking with the Cheshire and Merseyside Health and Care Partnership and CAMHS collaborative commissioning forums who recognise there are a number of challenges in developing the children and young people's mental health workforce. Utilising a collaborative approach across CCG's and providers (NHS and non NHS) the Health and Care Partnership will:

- Develop a whole systems children and young people's Mental Health workforce strategy utilising the framework of the Cheshire and Merseyside People Strategy
- Agree a current workforce baseline and action plan for priority areas
- Undertake the SASAT across the CAMHS Cheshire and Merseyside children and young people's Mental Health workforce
- Continue workforce development through the national transformation programme

➤ ***Commitment to continue workforce development / Continual Professional Development to deliver evidence based interventions.***

Associated with the above developments during the last 18 months Liverpool is committed to workforce development and investment has been secured through Liverpool CCG to support this.

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 few years/12 months:

- 66 CAMHS Practitioners have accessed evidence based training through the children and young peoples Improved Access to Psychological Therapies partnership.
- 12 practitioners have been trained as Education Mental Health Practitioners to support the roll out of the Mental Health support Teams in schools during the past 12 months.
- 4 practitioners have been trained in evidence based supervision. This is an area identified as a need to improve
- Continual secured funding through Liverpool CCG for workforce development
- Invested in wider work force development opportunities where need has been identified from across the partnership. This has included CAMHS practitioners attending training in EMDR, DBT and neurodevelopmental specific course including sensory processing.
- During the past 12 months a number of posts have again been secured through the national recruit to train programme to develop evidence based practice. This has added capacity to the existing workforce to support evidence based wellbeing clinics in schools and primary care.
- Delivered 26 training and awareness sessions across the wider children and adult workforce on a range of CAMHS and neurodevelopmental conditions.
- 1,581 individuals from the wider children and adult's workforce including parents and carers have accessed the CAMHS training offer during 2018-2019
- Suicide Prevention training and resources developed by a partnership approach between Liverpool CAMHS Partnership and Wirral CAMHS for professionals working with young people. This was funded through Liverpool's Child Death Overview Panel. This can be found through the following link: <https://serioussuicideaware.co.uk/>

Infrastructure

- ***Further improve data infrastructure and reporting of activity and outcomes through local and national data sets.***

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

- Further development of IT systems and infrastructure and workforce development to improve data capture and local and national reporting

across NHS and 3rd Sector CAMHS Providers. All 3rd Sector Providers are now on the same IT system (IAPTUS)

- Health and Social Care network now implemented across the 3 YPAS Plus hubs to support integrated working
- Submission of routine outcome measures as part of pilot year to the Mental Health Services Dataset (MHSDS)
- Implementation and reporting of Data Quality Maturity Index by providers monitored through CQUIN. Liverpool has moved from the bottom quartile to the top quartile nationally in the NHS Oversight Framework
- Data maturity survey undertaken
- Secured national investment to support data maturity results and develop a digitally enabled pathway

➤ ***Support development of the Joint Strategic Needs Assessment (JSNA).***

During the last 12 months work has been undertaken to support the completion of a JSNA for mental health which included numerous stakeholders. The JSNA is all age and references the children and young people's MHEWB Local Transformation Plans and work being developed to support identified need. The JSNA has recently been signed off by the Health and Wellbeing Board and is currently being finalised. This will be a live document to be reviewed and updated regularly. The information within the JSNA has informed the next 12 month priorities as part of the children and young people's mental health transformation programme. The JSNA once finalised and publicly available will be linked to this plan. The JSNA for SEND has also been used to inform this plan and is also in the process of being finalised. This will also be linked to this plan once signed off.

➤ ***Continual review of current commissioned children and young people's Mental Health offer in Liverpool with the aim of developing a more robust 0-25 years and integrated delivery and commissioning structure.***

Part of the children and young people's mental health transformation programme in Liverpool is to ensure continual review of need and provision which further supports local and national policies and strategies. As part of continual review we are able to identify priorities for further development which are outlined later in this document. Since the original children and young people's MHEWB Local Transformation Plan was published there have been further refreshed documents which have outlined the progress of the children and young people's transformation programme and how developments have been based on all the information available to us including key information from national and local research and intelligence. One of the key areas identified for improvement in the children and young people's mental health transformation programme has been the need to develop a more robust integrated offer for children and young people up to the age of 25 years. This move towards children and young people's mental health provision being available up to the age of 25 years is now a requirement within the NHS Long Term Plan. Following the implementation of the local and national transition CQUIN, Liverpool has been

developing this offer for some time as a collaborative between NHS mental health providers (children's and adults) and the 3rd sector and has the following in place:

- An integrated youth and clinical mental health offer which supports children and young people across the different levels of need. For the 14-25 cohort this centres around the YPAS Plus community Mental health hubs offering the YIAC (Youth Information Advice and Counselling) model which has been outlined previously in this document.
- KOOTH.com for the 14-25 year old cohort offering an early help online service and alternative to direct face to face interventions.
- Life rooms for individuals aged 18+ offering a more social prescribing model for mental health
- Primary Care Liaison wellbeing clinics for children and young people up to the age of 25 years as part of community model centred around Primary Care Networks
- Adult mental health and specialist CAMHS pathways

The above comes together through regular multi-disciplinary meetings which include 3rd sector CAMHS, NHS CAMHS, adult mental health and primary care. This also supports the more complex cases associated with transition where processes have been put in place through learning and developments from the local and national transition CQUIN. Such developments were reported in previous local transformation plans.

Associated with this are new developments following increased investment which will be the focus for the next 12 months:

- Wider community model of adult mental health provider with a remit around 18-25 year olds to enhance the model above
- Crisis care pathways to ensure a more equitable life span approach
- Eating disorder pathways to ensure a more equitable life span approach
- Adolescent strategy as directed by the Liverpool Safeguarding Children's Partnership (LSCP)
- Focus on mental health pathways for vulnerable groups including looked after children and young people including those leaving care, BME groups and children and young people in the youth justice system.

Although there is a requirement to ensure a collaborative approach between children and young peoples and adult mental health services there remains a need to apply some focus to 0-5 year olds. As part of this agenda Liverpool has ensured the following is commissioned and developed:

- Dedicated sessions from CAMHS Practitioners within Children Centres to offer pre-referral consultation, support and training
- CAMHS Practitioner delivering supervision within the Family Nurse Partnership which supports young mothers and their families
- Baby wellness service with a focus on Post-natal depression and parent infant mental health relationships (externally funded)

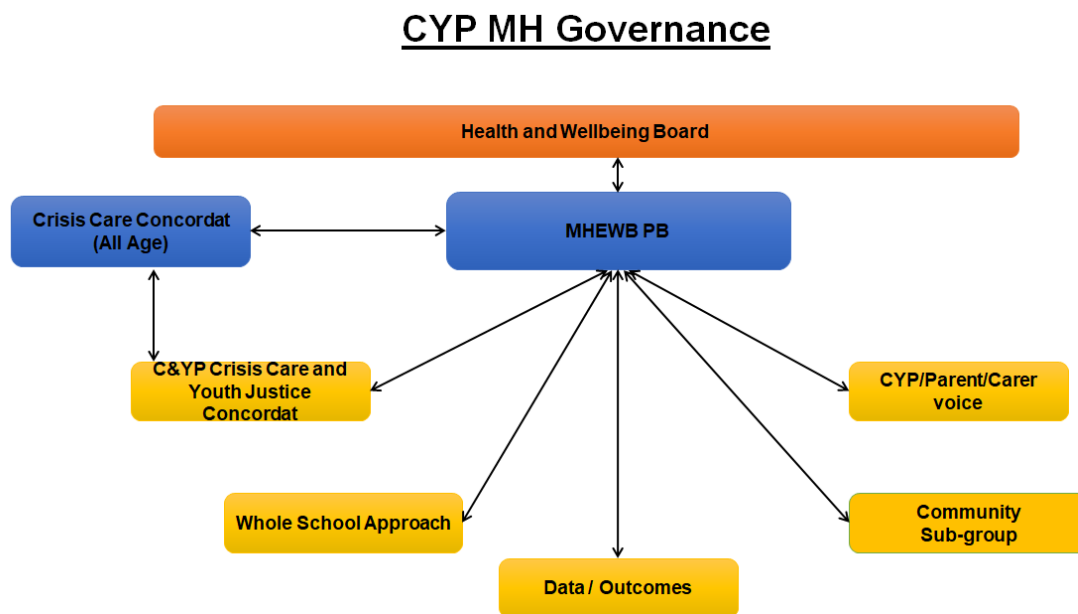
- Peri-natal mental health service which is provided as part of the Cheshire and Merseyside Health and Care footprint

It has been recognised that this area requires increased focus moving forward. There is a need to understand local need and impact of current provision to ensure we develop more robust and sustainable services which are joined up and take a whole family approach. This will be an area that will be prioritised during the next 12 months with the support of the Cheshire and Merseyside Peri-natal mental health partnership and North west Coast Parent Infant Mental Health Network. Locally this work will be led through the work streams associated with early years including maternity and 1001 critical days.

Furthermore the One Liverpool Strategy has recently been refreshed and outlines a move to more all age approaches which will also be a focus of attention during the next 12 months.

Governance

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



There continues to be wide representation on the MHEWB Partnership Board. Membership was outlined in the original children and young people’s MHEWB LTP. The original Transformation Plan and past refreshed versions have been agreed and signed off by the Health and Wellbeing Board. This document now sits as part of the delivery plan for the One Liverpool Strategy which has been signed off by the Health and Wellbeing Board. Further information on the Health and Wellbeing board can be found [here](#).

Following the publication of the NHS Long Term Implementation Plan, the One Liverpool Strategy and Cheshire and Merseyside Health and Care Partnership

governance structures will be subject to change during the next 12 months. This will not impact on delivery and aims to ensure a more robust governance structure is in place moving forward.

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 3. The work plan outlines the movement from 2015 with regards to developments and as you will note there has been a lot of progress in meeting the priorities during each year.

➤ 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 inc. ACE's Training sessions Consultations DNA's Service Cancellations Presentations to A&E Participation
Outcomes	Routine Outcome Measures – Patient and Service. 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 reported through the Mental health Services Dataset (MHSDS). Services are also now using these in supervision to understand impact and progress.
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 7 and the annual performance monitoring report can be found in appendix 6. Further outcomes can be found in the achievements report in appendix 2. Financial spend can be found in appendix 4.

➤ **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 where available
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) and child health profiles
9. Annual workforce and skills audit across provider.
10. Research and Evaluation.

A CAMHS Partnership Workforce Skills Audit that covers financial years 2017/2018, 2018/2019 and 2019/2020 can be found in appendix 9.

Stakeholder Engagement & Co-Production

Engaging and involving 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.
- MHEWB LTP priority 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 Children and young people's 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 children and young people's LTP and refreshed documents, including this one, have 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 and developed during the past 18 months can be found in appendix 10.

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 health outcomes (2018/19):

- Infant Mortality- infants dying before age 1 a rate of 5.7 (102 per 1000 live births) National rate 3.9
- 66.1 % of Children achieving a good level of development at the end of reception a rate (England 71.5 %)
- Children in low income families under 16 years a rate of 26.3% equating to 21,515 (England 17.3%)
- 140.4 per 10,000 Rate of Children in Care (England rate 64 per 10,000)
- Hospital admissions as a result of self-harm 473.5 per 100,000 (England 421.2 per 100,000)
- 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.
- Liverpool has the highest rate of NEETs in England
- 1 in 9 adults are on the depression register
- Workforce recruitment and retention

Such challenges are not in the direct control of the MHEWB Partnership Board or CAMHS Providers and will often impact on delivery and performance with increased referrals, complex presentations and at times waiting times. 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 5.

- 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 and taking a preventative and early help approach
- 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.
- Children and young people's mental health workforce development programme

The above will support our vision and transformation programme and ensure we move forward with our priorities and next steps. Key priorities for development over the next year across the different levels of need to improve access, services and the MHEWB of children, young people and families are:

➤ **Mental Health Promotion and Resilience Building/Prevention:**

- Continue development and implementation of mental health promotion and resilience building resources and programmes including the NOW festival.
- Support the development and implementation of an action plan as part of the recommendations outlined in the city wide ACE strategic statement to embed trauma informed practice across the city.

➤ **Early Help:**

- Fully implement Primary Care Liaison model ensuring links to wider Integrated community models
- Further development of whole school approaches to MHEWB through implementation of sustainable multi-disciplinary Mental Health Support Teams (MHST) across education provision (inclusive of alternative education provision and further education). This will link to the Primary Care liaison model and SEND agenda.
- Additional applications for Green Paper National Funding.
- Review current early years and Parent Infant Mental Health offer in partnership with the Local Authority to explore opportunities to commission a more community and family based sustainable service
- Develop a more collaborative approach across children's and adult MH to deliver more family MH support
- Continue to support and work collaboratively with the Violence Reduction Partnership to ensure the mental health needs of this population are met with a focus on prevention and early access to support

- Support the development of the cities adolescent strategy as directed by the LSCP
- Review KOOTH online counselling pilot
- Further develop youth and clinical mental health offer for 18- 25 year olds as a collaborative between 3rd sector, children and young peoples and adult mental health
- Develop and implement a digital children and young people's mental health offer with specific focus on improving access to information and support a digital front door

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

- Further development of crisis care and A&E Liaison taking an all age, family based approach to meet need and the ambitions outlined within the NHS Long Term Plan for Mental Health
- Further development of Eating Disorder pathway looking at an all age, family based approach working towards the national access targets
- Reviewing and developing the mental health support and pathways for vulnerable groups/complex needs – Looked after children and care leavers, Youth Justice, SARC (Sexual Assault and Referral Centre) and BME communities. Pathway work has commenced to support these developments including gathering of intelligence to inform need and commissioning. This work will also feed into the local Corporate Parenting Board, Youth Justice Board and Crisis Care Concordat and support developments across the Cheshire and Merseyside Health and Care Partnership for mental health.
- Improve access to specialist support through further developing a more integrated, collaborative multi-disciplinary and agency approach for children and young people up to the age of 25 years. This will involve improving access points, pathways and working between children and young peoples and adult mental health services.
- Develop a work plan for review and implementation of a robust city wide all age neurodevelopmental offer which meets need
- Align mental health programme with SEND and Transforming Care to improve joined up pathways and access to support
- Support the development of New Care Models across the Cheshire and Merseyside Health & Care Partnership MH programme
- 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)

➤ **Workforce:**

- Develop a children and young people's mental health workforce plan supported through the C&M Health and Care Partnership
- Commitment to continue workforce development / CPD to deliver evidence based interventions
- Annual CYP MH Training Needs Analysis of the Universal Workforce.

➤ **Infrastructure:**

- Continue to engage and involve all stakeholders, specifically children, young people and families in all aspects of development, delivery and evaluation
- Align future plans, developments and governance to SEND and Transforming Care programmes
- Co-produce a document outlining the 5 year Local Transformation Plan progress and next steps with children, young people and families 'You Said, We Did, What Next?'
- Further improve data infrastructure and reporting of activity and outcomes through local and national data sets.
- Explore opportunities for joint commissioning, sustainable contracting and family based mental health support
- Explore opportunities to support research and evaluation in children and young people's mental health including through ARC (Applied Research Collaborative)
- Support the implementation of the Liverpool One strategy and Cheshire and Merseyside Health and Care Partnership strategy
- Review current structures, performance and governance in line with local and regional changes to support all age life course approaches to MHEWB.

These priorities can be found in the work plan in appendix 3b

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 Strategy, Cheshire and Merseyside Health and Care Partnership and Long Term Plan 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:

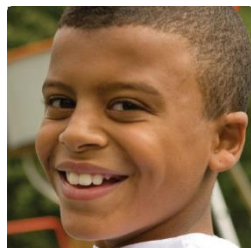
- To think systemically and whole family, but to also have an understanding that children and young people are a discrete population who go through a number of transition periods. They therefore have their own needs which differ between the ages of 0 and 25 years.
- Implementing support at the earliest 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. Liverpool's Children and Young Peoples Integrated Mental Health Offer
2. CAMHS Partnership LTP Achievements 2018/19
3. a) Liverpool MHEWB LTP Work Plan 2018/19
b) Liverpool MHEWB LTP Work Plan Priorities 2020/21
4. Liverpool MHEWB Financial Spend Against Allocation 2018/19
5. Liverpool MHEWB Risk Register 2018/19
6. Liverpool MHEWB Performance Monitoring Process 2018/19
7. Liverpool MHEWB Outcomes Framework 2018/19
8. Liverpool CAMHS Partnership Annual Performance Report 2018/19
9. Liverpool CAMHS Partnership Workforce Skills Audit 2018/19
10. Liverpool's Voice of the Child, Young Person and Parent/Carer 2018/19



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Liverpool
City Council



Liverpool
Clinical Commissioning Group

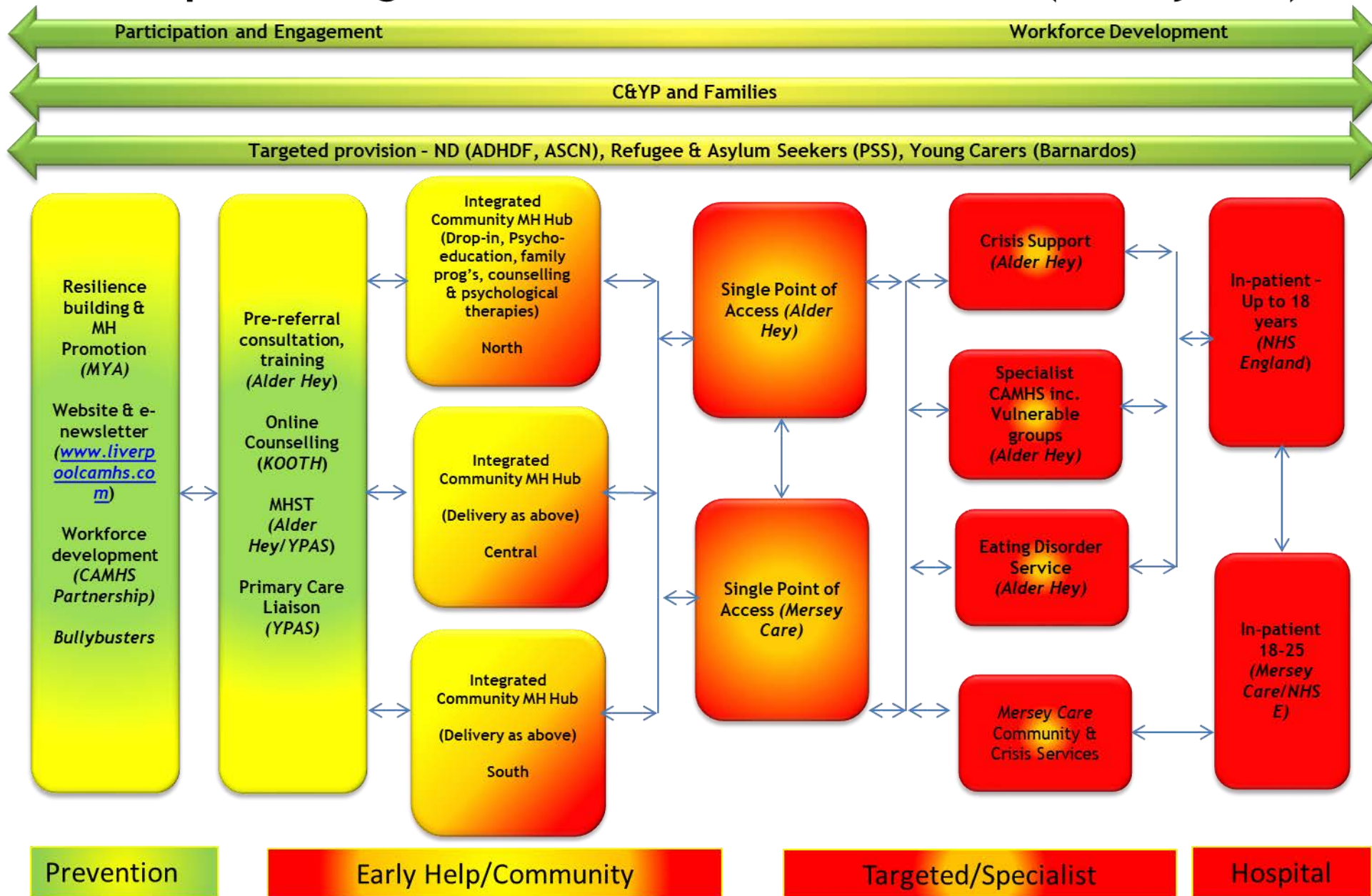


Liverpool Integrated CYP Mental Health Offer (0-25 years) 2018/19

Appendix 1



Liverpool Integrated CYP Mental Health Offer(0-25 years)





Liverpool
City Council

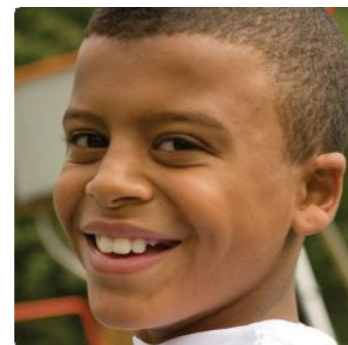
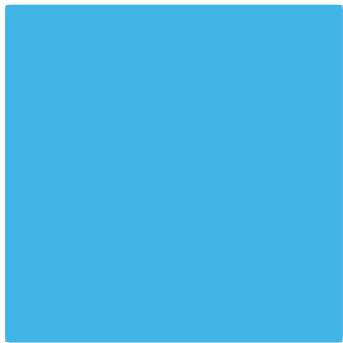


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CAMHS Partnership LTP Achievements 2018/19

Appendix 2

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	7
Specialist CAMHS, crisis and acute care	11
Workforce Development	13

Mental Health Promotion, Resilience Building and Participation

Priority	Achievements to date	Outcomes/Impact	Next steps
Every school will have access to mental health promotion & workshops to support whole school approaches to MHEWB	<ul style="list-style-type: none"> ○ 14,795 children and young people have accessed 168 mental health promotion events and were engaged across schools to develop a number of resources including: <ul style="list-style-type: none"> ○ Resilience cards ○ Animations covering various themes such as eating disorders and adolescence transition ○ Course books and images complete with text, action plan and animations on resilience ○ Rights of the Child Mannequins ○ 250 CYP from 21 schools took part in the 4th NOW festival with performances reaching over an audience of 1,200 and the roadshow reached over 1,800 other CYP to promote the theme ACE's and resilience ○ 3,211 Parents/Carers accessed mental health promotion events ○ Service involvement to train/identify Young Carers which supports CAMHS partnership approaches ○ CYP Wellbeing Practitioners– there has been increase for secondary schools in mental health support through the CYP Wellbeing Practitioners and workshops have been held with schools about this. All were pleased. And posters will be displayed in schools ○ 1,653 professionals accessed mental health promotion events ○ 'Do you see me?' - Film based on an original play by Archbishop Blanch School - Overall Winner of 2018 Now Festival 	<ul style="list-style-type: none"> ○ Reported improved self-esteem in children & young people ○ Reported improved confidence in children and young people ○ Early identification of need and access to support for children and young people ○ Resilient characters – Resilient Ralph, ResiliANT made into animation characters ○ Now festival outcomes: <ul style="list-style-type: none"> ○ 100% of attendees surveyed said they would like to see performances like this again. ○ 94% said they felt more confident to talk about mental health after watching the performances. ○ 99% agree using performance is a good way to talk about mental health 	<ul style="list-style-type: none"> ○ Access more schools as part of the whole school approach to MHEWB offer
Strengthen partnerships and mental health and emotional wellbeing support as part of the 0-19 pathway	<ul style="list-style-type: none"> ○ REACT course for low-level intervention for secondary aged pupils struggling with worry and/or anxiety – free to secondary schools ○ ROCKET one day interactive course for primary aged children to become resilience champions ○ Workforce development of school nursing to support the whole school approach to mental health and emotional wellbeing in Liverpool and the Attendance Strategy 	<ul style="list-style-type: none"> ○ 10 teaching professionals have received REACT training ○ 20 teaching professionals have received ROCKET training 	
To embed Adverse Childhood Experiences (ACE) and trauma informed practice across the city	<ul style="list-style-type: none"> ○ ACE conference - 400 staff who work with children and young people attended a workforce development conference on the theme of ACEs 	<ul style="list-style-type: none"> ○ ACE Survey carried out in March 2019 – Results are being processed, detailed insight into current challenges for the city ○ ACE Strategic statement signed off for the city by Health & Wellbeing Board ○ Investment secured for workforce development and parent programmes 	<ul style="list-style-type: none"> ○ Support the development and implementation of an action plan as part of the recommendations outlined in the city wide ACE strategic statement to embed trauma informed practice across the city.
Implement Recommendations of Whole School Approach Report	<ul style="list-style-type: none"> ○ Education in Mind - a one-day conference - mental health and emotional wellbeing in a local education context, attended by 206 attendees ○ 800 members of school's workforce attended workforce development events ○ 44 professionals attended ROAR training this year ○ REACT course for low-level intervention for secondary 	<ul style="list-style-type: none"> ○ Outcomes from Education in Mind <ul style="list-style-type: none"> ○ 64% delegates felt they left the event better informed about the Whole School Approach in Liverpool ○ 70% delegates felt strongly the event was relevant to them ○ Increase in ability to understand and build 	<ul style="list-style-type: none"> ○ Further development of whole school approaches to MHEWB through implementation of sustainable multi-disciplinary Mental Health Support Teams (MHST) which links to the Primary Care liaison model and

Priority	Achievements to date	Outcomes/Impact	Next steps
	<p>aged pupils struggling with worry and/or anxiety – free to secondary schools</p> <ul style="list-style-type: none"> ○ ROCKET one day interactive course for primary aged children to become resilience champions (a course which aims to help staff recognise and address the signs of mental health problems in primary age children) ○ Alder Hey CAMHS Team the Forest School to support patients in a therapeutic outdoor environment. Feedback has been extremely positive ○ Barnardo's Action With Young Carers team have attended ROAR training at MYA for overview of the introduction into Schools ○ Barnardo's Action With Young Carers Development Worker attending Whole School Approaches meeting and working with teams to embed/link in Young Carers Awareness and ensure support given to Schools surrounding this, securing Young Carers champions and policies to reflect in this including school support and Schools Awards ○ Barnardo's Action With Young Carers also looking at Carers Alert to pilot within schools for YC awareness ○ Attending School training/safeguarding events and conferences for raised awareness ○ Continued promotion of Barnardo's Action With Young Carers 'You Can Help' video and work/training to ensure understanding and display posters within schools for prompt ○ WSA Schools Parents Forum – open day around MH, social model approach, coffee mornings in schools, delivering in the community and working together to avoid duplication ○ Development of a number of resources for schools to use within workshops aimed at resilience building ○ 68 schools accessed to deliver mental health promotion and resilience building workshops. ○ Development and dissemination of a Mental Health Policy for schools ○ Development of a mental health toolkits for education ○ 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. ○ 195 individuals from schools accessed CAMHS training offer ○ Incorporating Mental Health First Aid into teacher training within Edge Hill and Hope university with 41 students accessing it to date ○ 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. This has enabled us to set a benchmark of where schools are in terms of their support for Young Carers. 	<p>resilience in children from 70% of delegates scoring 7 or under before the ROAR training to 100% after the course being 8 or above.</p> <ul style="list-style-type: none"> ○ Increase in confidence in sign-posting services to children from 50% of delegates scoring 5 or under before the ROAR training to 91% after the course being 8 or above ○ 10 teaching professionals have received REACT training ○ 20 teaching professionals have received ROCKET training ○ Resources for schools include: <ul style="list-style-type: none"> ○ 'You Can Help' Film co-produced by young carers ○ 2 sets of 4 posters designed by young carers, one set aimed at children young people and the other aimed at all school staff ○ Young Carers in Schools Policy including schools strategies for awareness raising, creating an inclusive environment and identification, assessment and support for young carers ○ 33 referrals to specialist CAMHS following pre-referral consultations ○ Better quality of referrals for ongoing specialist CAMHS interventions by schools ○ Excellent feedback from schools accessing CAMHS practitioner support and seedlings programme ○ Excellent feedback from those accessing Children's centres consultation ○ Seedlings Project was awarded the National Children and Young Peoples Mental Health Award 'Contribution to Service' category ○ 73% improvement of children accessing Seedlings ○ Positive feedback reported from sessions delivered by BullyBusters in schools 	<p>SEND agenda, in addition to applying for wave 3 and 4 national funding</p>

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> ○ Service/Development worker involved in Trailblazer input for Schools ○ Service identifies gaps in health support within assessments and ensures that young people/families have this embedded. Service advocates, liaises and referrers to CAMHS support including identification of any other areas necessary for young people/families mental health and wellbeing ○ LJMU – a student conference took place focusing on children and young people’s mental health. The conference was attended by students who were about to qualify as teachers and obtain their registration and the aim is that they will have been inspired to take this learning with them into their first jobs. ○ Workshops delivered by Barnardo’s (co facilitated by young adult carers), YPAS – supporting YP who identify as LGBTQ, LLP – books can be used to promote resilience, MYA. ○ Every secondary school, primary consortia and special school have a named specialist CAMHS practitioner and dedicated sessions for pre-referral consultation, support and training. Delivery includes: <ul style="list-style-type: none"> ○ 42 consultations in primary consortia ○ 72 consultations in secondary schools ○ 20 workshops to primary consortia ○ 92 workshops to secondary schools ○ Increased resource of a CYP Wellbeing Practitioner for every secondary school for CYP with mild to moderate presentations. ○ Seedlings programme implemented ensuring every primary school consortia had access to a therapist including secured resource from most primary school consortia ○ Seedlings - 58 schools - 50 purchased - match funded, others entitled 1 session, only 3 and contacted them. 11 schools in consortia require training. ○ Every Children’s Centre has a named CAMHS Practitioner with delivery being: <ul style="list-style-type: none"> ○ 50 group consultation sessions ○ 12 Family Nurse Partnership consultations and 9 individual supervision sessions ○ 6 training sessions ○ Infant mental health awareness sessions to 30 delegates ○ Primary care CAMHS liaison pilot in Norris Green complete with clear recommendations ○ Successful bid to become a trailblazer site for the national Green Paper schools programme ○ 1,409 calls taken by BullyBusters ○ BullyBusters delivered 460 anti-bullying sessions across schools ○ BullyBuster delivered specific education sessions to foster carers 		

Priority	Achievements to date	Outcomes/Impact	Next steps
Website & digital technology development to promote self-care and improve access to information and support	<ul style="list-style-type: none"> ○ Invested into KOOTH on-line pilot for service details/contacts and information ○ Increased use of Twitter to promote services and link to information ○ Refreshed local CAMHS website ○ Development of animations around MH themes to use as resources as part of the resilience framework ○ Development of online mental health toolkit for schools and community groups aligned to the ROAR framework ○ Development of online reporting portal for Peer mentoring (award winning) - www.totemhub.co.uk 	<ul style="list-style-type: none"> ○ KOOTH Qtr 3 2019/20 <ul style="list-style-type: none"> ○ BME Access 14.2% ○ Recommend to a friend 96.2% ○ Felt Heard, understood & respected 88.5% ○ Felt they received what they were looking for 89% ○ 74% increase on individual visitors to CAMHS website ○ 73% increase on sessions through CAMHS website ○ For all resources see www.liverpoolcamhs.com 	<ul style="list-style-type: none"> ○ Review KOOTH pilot ○ Continue to engage and involve all stakeholders, specifically children, young people and families in all aspects of development, delivery and evaluation ○ Review current structures and governance in line with local and regional changes including the move towards all age approaches. ○ Align future plans, developments and governance to SEND and Transforming Care programmes ○ Further improve data infrastructure and reporting of activity and outcomes through local and national data sets. ○ Develop and implement a digital children and young people's mental health offer with specific focus on improving access to information and support: a digital front door
Robust marketing and communication strategy	<ul style="list-style-type: none"> ○ Input into CAMHS newsletter, circulated to teams and information shared with young person/families ○ Use of Barnardo's Facebook for Young Adult Carers (monitored by YAC worker) to share information, links to services/survey's and opportunity for YAC to seek support from peers ○ Attendance at conferences/training events/networking re: Mental Health and raising awareness of young carers including CAMHS partnership networking and support with events, shared information ○ Involvement with Health Watch ○ Carers week with all services and links with Merseycare/Life Rooms ○ Twitter presence ○ Child Friendly City involvement and partnership working ○ Further roll out of CAMHS newsletter ○ Continued use of social media 	<ul style="list-style-type: none"> ○ Successful social media campaigns through Facebook with a 34% increase in the number of likes and gained 430 new followers on Twitter ○ Monthly CAMHS newsletter to 6,510 subscribers ○ Number of PR opportunities maximised through a range of media including digital, press, radio and TV. 	<ul style="list-style-type: none"> ○ Social Care survey with regards to the CAMHS offer
Involvement of children & young people and parents / carers in design, development, delivery and evaluation of CAMHS / ND conditions	<ul style="list-style-type: none"> ○ Ensuring all young people/families are aware of opportunities, attend events/training and MH promotions ○ Investing In Children membership awards up for renewal and service due to consult with young people ○ Service/young people involved in MH research for Young Carers ○ All young people/families have evaluation of service which may include areas surrounding MH ○ Regular feedback from services to agencies regarding packages of support/resources ○ One young person invited to attend meeting at Pain Clinic to highlight the issues/difficulties as a Young Carer within the system and support services surrounding for Voice of 	<ul style="list-style-type: none"> ○ Positive feedback and evaluations from children and young people & parents/carers involved in activities ○ Links with school's parliament and children in care council ○ Six-week art project with children and their parents a primary school on ACEs and Resilience- exhibited in the Liverpool TATE for a week, reaching over 12,000 people ○ Increased knowledge and awareness of mental health issues across parents/carers involved which has led to delivery of some services ○ 250 CYP involved in the NOW festival with 	<ul style="list-style-type: none"> ○ Continual involvement of C&YP and parents and carers in the design, development, delivery and evaluation of CAMHS/ND conditions ○ Involvement of C&YP and parent's/carers in the digital developments ○ Co-produce a document outlining the 5 year Local Transformation Plan progress with children, young people and families

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> the Child/Young Adult o 13 YAY groups sessions with 26 young people in attendance o 1,291 young people have been involved in the planning of mental health promotion projects & 1,477 involved in their delivery o 3,211 Parents/Carers accessed mental health promotion events o 26 parents/carers involved in the planning of mental health promotion events o Range of Children & young peoples' and parent/carer forums across the CAMHS and Neurodevelopmental Partnership providers o Co-ordination of activities from across the CAMHS partnership through participation officer including creative arts projects and competitions to develop educational and informative resources. o Representation on MHEWB Partnership Board from parents/carers and children and young people (through participation officer) o Community Champions across ND networks o All CAMHS providers embed participation and involvement into what they deliver o Parents involved as Public Advisors in CLAHRC evaluation o Continual consultation including involvement in CQC Thematic review 	<ul style="list-style-type: none"> excellent outcomes (as above) o Community Champions have developed skills in safeguarding, knowledge and skills in neurodevelopmental conditions which has allowed them to support other families within their communities o Investing in Children Membership Award (Barnardo's Young Carers) o 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 young person in Liverpool who attended parliament for the launch o Improved knowledge and skills in mental health and research through CLAHRC evaluation 	
<p>Measure outcomes of children, young people and parent/carer involvement</p>	<ul style="list-style-type: none"> o All pieces of work, 1:1, group work, specific events are evaluated and feedback given for measurement of where young people are at, develop. Most of work is, in the main, on Liquid Logic and work/development to measure the MACA & PANOC tools (assessment of practical and emotional impact of caring role) o All activities involving children, young people and parents/carers are evaluated 	<ul style="list-style-type: none"> o NOW festival outcomes: <ul style="list-style-type: none"> o 100% of attendees surveyed said they would like to see performances like this again o 94% said they felt more confident to talk about mental health after watching the performances o 99% agree using performance is a good way to talk about mental health o Increased self-esteem and confidence reported in children and young people involved o Increased knowledge reported in parents/carers who are involved o Increased skills in research and mental health of parents involved in evaluation programme 	<ul style="list-style-type: none"> o To continually evidence participation and involvement

Priority	Achievements to date	Outcomes/Impact	Next steps
Peer Mentoring across CAMHS and ND conditions	<ul style="list-style-type: none"> Young people buddy and are peer mentors for others in varying groups within the service surrounding own health and wellbeing Currently, the service has a Social Influencing Group that supports each other and impacts of areas that affect Young Carers with positive approaches, opportunities for growth and development and aspirational outcomes Parents are encouraged to take up support groups across the City for their own mental health and wellbeing that will assist in the reduction of negative impact of caring roles for young people and create an independence for their own health and wellbeing with peer support Further development of peer mentoring offer across secondary schools Development of online peer mentoring tool - www.totemhub.co.uk 	<ul style="list-style-type: none"> 250 peer mentors trained 823 conversations have taken place between mentor and mentee during the year on a range of different topics 22 young people have been referred on for additional support Increased confidence of mentor to talk about their own mental health Changes in school environment to support positive mental health 89% reported confidence in talking about mental health after peer mentoring training. This was 62% before attending the training. National award for online peer mentoring tool www.totemhub.co.uk - 	<ul style="list-style-type: none"> Continual delivery of peer mentoring
Community Champions	<ul style="list-style-type: none"> Further development of Community Champions across neurodevelopmental partnership MH community champions developing through CLAHRC evaluation Mental Health Champions trained in every school 	<ul style="list-style-type: none"> During the report period, Community Network Champions have successfully gained: <ul style="list-style-type: none"> Safeguarding Level 2 Information Advice and Guidance Level 2 Information Governance Level 1 Attended EKLAN training Skills in research and evaluation and Mental Health Progression onto university research internship 	<ul style="list-style-type: none"> Continual delivery of community champion model

Early Help Offer

Priority	Achievements to date	Outcomes/Impact	Next steps
Further development of whole school approaches to MHEWB through Green Paper Trailblazer site pilot	<ul style="list-style-type: none"> Education in Mind - a one-day conference - mental health and emotional wellbeing in a local education context, attended by 206 attendees Recruitment of new clinical, administration and strategic posts to a model aligned to the national guidance Workforce development and training for new posts (Education Mental Health Practitioners) in evidence based practice and specialist practitioners for supervision Development of 3 multi-disciplinary MHST's for primary schools based in YPAS Plus community mental health hubs taking an integrated approach adhering to the national model MHST delivery as a pilot in 24 primary schools as part of the implementation plan with a plan for further roll out across all primary schools Review of existing mental health schools facing provision to look at opportunities to re-design with the aim of strengthening and enhancing the MHST's within current 	<ul style="list-style-type: none"> Outcomes from Education in Mind <ul style="list-style-type: none"> 64% delegates felt they left the event better informed about the Whole School Approach in Liverpool 70% delegates felt strongly the event was relevant to them. Improvement in children and young people accessing wellbeing clinics in schools demonstrated in reduced scores of validated measures for worry, sleep and behaviour. Increase in ability to understand and build resilience in children from 70% of delegates scoring 7 or under before the ROAR training to 100% after the course being 8 or above. Increase in confidence in sign-posting services to children from 50% of delegates scoring 5 or under before the ROAR training to 91% after the course being 8 or above. 	<ul style="list-style-type: none"> Further development of whole school approaches to MHEWB through implementation of sustainable multi-disciplinary Mental Health Support Teams (MHST) which links to the Primary Care liaison model and SEND agenda, in addition to applying for wave 3 and 4 national funding Continue rollout of ROAR training programme following feedback from city wide review showing 93% of respondents would benefit from more training around this.

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> resource across the city ○ City wide education and mental health conference with 284 delegates ○ Development and agreement of whole school approach pathways, roles and responsibilities across the different levels of need for primary and secondary education. This has been done in partnership with education settings, CAMHS, children and young people and families. ○ Consultation and co-production of MHST's and education resources with children, young people and parents/carers ○ Further development of Mental Health leads in schools through workforce development and network events ○ Mental health support at summer schools for children and young people at risk of struggling with transition from primary to secondary school ○ Success in further funding to support a new MHST focusing on transition. ○ Recruitment of new posts for transition team adhering to the national model 	<ul style="list-style-type: none"> ○ 10 teaching professionals have received REACT training. ○ 20 teaching professionals have received ROCKET training 	
Implement recommendations in GP Liaison Pilot	<ul style="list-style-type: none"> ○ Investment was secured to implement a Primary Care Liaison Service based on the recommendations from the pilot which were outlined in the previous LTP refresh. This new service will be delivered across the newly developing Primary Care Networks in Liverpool 	<ul style="list-style-type: none"> ○ This service has only recently commenced and therefore impact and outcomes are not yet available 	<ul style="list-style-type: none"> ○ Fully implement Primary Care Liaison model ensuring links to wider Integrated community models
Strengthen IT and data quality	<ul style="list-style-type: none"> ○ Most providers are planning to implement the IAPTUS system. Alder Hey are waiting for an update on their system. There is a focus nationally on data quality and NHS digital are engaging with providers. ○ This will support the collect of NHS numbers and allow the CCG to count the number of unique C&YP accessing commissioned services. ○ Capital funding to further develop the IT infrastructure within the 3 YPAS Plus hubs has been used to ensure an integrated model of delivery can be implemented. ○ The Health and Social Care network has been established across all 3 hubs so health, social care and 3rd Sector organisations can access their networks and IT systems whilst operating out of the hubs. 		<ul style="list-style-type: none"> ○ Ongoing support to providers and improving data quality
Further implementation of integrated youth and clinical offer across the 3 YPAS Plus children and young people Mental Health Hubs	<ul style="list-style-type: none"> ○ Service accesses hubs as part of support planning and effective support reported throughout. Valued source of support and essential in the reduction of mental health in children & young people. Accessible and welcoming service ○ 3 MH early help hubs open across the city in 3 localities – YPAS Plus ○ Supported 4,368 children and young people ○ 701 parents and carer's supported along with 547 families ○ Evaluation was undertaken of the YIAC (Youth Information Advice and Counselling Service) model the hubs deliver for 14-25 year olds. This was undertaken as part of the CLAHRC programme (Collaboration Leadership and Applied Health Research and Care) as a partnership 	<ul style="list-style-type: none"> ○ IAG Service ○ 91% reported increased self-esteem ○ 89% reported increased sense of belonging ○ 72% reported increased aspiration and motivation ○ 84% reported increased resilience after receiving the IAG service ○ Counselling & Therapy ○ 53% Improved emotional well-being and mental health ○ 45% reported stabilized emotional well-being and mental health ○ 2% stepped up to specialist CAMHS ○ Gender Identity Training 	<ul style="list-style-type: none"> ○ Further develop Youth and Clinical Mental Health offer for 18 to 25 year olds as a collaborative between third sector, C&YP and Adult mental health

Priority	Achievements to date	Outcomes/Impact	Next steps
	<p>between the Universities, Public Advisors and Liverpool CCG.</p>	<ul style="list-style-type: none"> ○ 100% reported a growth in understanding of gender identity ○ 100% reported training was a good use of time ○ 93% reported it would inform current practice ○ Parenting and family work ○ 70% Increased parental mental well-being ○ 42% Change in parenting behaviour reduction laxness and over-reactivity. ○ 62% Child conduct problems reduced ○ 73% Increased skill to deal with their child behaviour. ○ 59% Improved family relationships ○ Children and Young Peoples Practitioners (CYWP) ○ Worry Management score reduced by 87% ○ Behavioural Activation score reduced by 34% ○ Sleep Hygiene score reduced by 90% ○ Psychosocial education score reduced by 59% ○ 79% said things in school had improved ○ 90% have an improved well-being ○ 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, suicidal ideation and suicide, with 16% of CYP reporting that they would not be alive without the service following access to LGBTQ provision ○ Outcomes from CLAHRC <ul style="list-style-type: none"> ○ The service was viewed as being accessible across the 3 different locations in which it currently operates ○ Those interviewed found the service to be very engaging on a number of levels which included the staff and environment ○ The service reduced health inequalities specifically for those young people from the LGBTQ+ community 	
<p>To Review and Implement SEND strategy in relation to Early Help ND & Mental Health Support</p>	<ul style="list-style-type: none"> ○ Service assesses and supports young people/families within bespoke pieces of work that may highlight SEND including EHAT escalations and involvement, liaising with appropriate services to ensure needs are met ○ SEND strategy consultation complete ○ Agreement to review ND offer in line with SEND strategy priority ○ ND support delivered: <ul style="list-style-type: none"> ○ 23 solution focused drop-ins delivered with 80 individuals attending ○ 7 family learning programmes delivered with 331 attendances made up of 110 parents/carers. ○ 11 family awareness raising programmes delivered (8 	<ul style="list-style-type: none"> ○ 80% 'excellent' and 20% 'good' response to solution drop-in sessions ○ 97% of attendees to drop-ins would recommend them ○ 100% positive response to family learning programmes ○ Excellent feedback from those accessing groups and activities ○ Excellent reported feedback (through validated outcome measures) from those accessing evidence based therapies: ○ Since accessing the group how much have your skills and knowledge improved? 	<ul style="list-style-type: none"> ○ To further develop the neurodevelopmental offer in Liverpool in line with the priorities identified in the SEND strategy ○ Develop a work plan for review and implementation of a robust city wide neurodevelopmental offer which meets need ○ Align mental health programme with SEND and Transforming Care to improve joined up pathways and access to support ○ Review and further develop support

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> ○ sensory processing/3 eating difficulties) – 230 parents/carers attending ○ 22 children sessions inc. siblings ○ 40 young people’s groups with 230 attendances ○ 21 young people’s drop-ins ○ 5 professional awareness sessions to 103 professionals ○ 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 ○ ADHD Foundation have launched its marketing for the UK National ADHD, neurodiversity and mental health Conference which takes place every year in Liverpool – this year on 8th and 9th Nov attended by 800 professionals from across the UK and Europe ○ Secured investment through the Cheshire and Merseyside Transforming Care Partnership and Liverpool CCG to reduce waits at the assessment and diagnostic stage of the pathway for children and young people with ASD including enhanced post diagnostic support. This has recently commenced and will be performance monitored closely ○ Increased investment through the Cheshire and Merseyside Transforming Care Partnership to develop an intensive outreach team to support children and young people with a learning disability and/or autism identified within the dynamic support database and at risk of admission or going into care. ○ Increased investment through Liverpool CCG to support adult ADHD clinics including a specific focus on transition ○ Stakeholder workshops to review the current ND offer and pathway across all ages with the aim of understanding what is working, what are the gaps and how we can further develop it. ○ Agreed governance of this work through the newly established SEND joint commissioning group 	<ul style="list-style-type: none"> ○ ‘10,000 per cent.’ ○ ‘It helped me.’ ○ ‘I learned about me.’ ○ ‘I liked it and I made friends.’ ○ “since accessing help, I have been able to get my diagnosis and understand and make sense of my ADHD. “ ○ “The therapist really understood our family and the challenges we experienced with our son’s ADHD and Tourette’s. “ 	<ul style="list-style-type: none"> ○ for children and young people with neurodevelopmental conditions and their families
<p>Embed Early Help Assessment Tool</p>	<ul style="list-style-type: none"> ○ 3 multi-agency early hubs developed in the city. YPAS Plus (MH Hubs) is linked into these ○ Whole family approach to early help assessments ○ Continual workforce development regarding early help assessments and refreshed tool ○ Identifying, assessing and supporting young carers is now incorporated into Early Help framework and assessment. ○ Development worker and Commissioner investment into the training across the City for Young Carer awareness and links to emotional health and wellbeing within this (training across Schools, arts establishments, GP practices, FNP and other organisations). On-going to ensure bridging gaps of understanding, promoting EH access and resources to support this ○ Service has EHAT champion that inputs into meetings and ways forward as a collective 	<ul style="list-style-type: none"> ○ Slight increase in number of early help assessments initiated through MH hubs ○ 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’. 	<ul style="list-style-type: none"> ○ Ensure links between early help hubs and mental health

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> ○ All team have been EHAT trained and Graded Care Profile including management. Teams initiate and are confident Lead Professionals ○ Service involved in all aspects of EH pathways, workforce development and continual involvement of ways forward to meet needs in City, raise awareness of, not only Young Carers, but encouragement to identify supporting needs for the whole family approach to deter from escalation 		

Specialist CAMHS, crisis and acute care (Access to targeted and specialist support)

Priority	Achievements to date	Outcomes/Impact	Next steps
Further development of crisis care and youth justice pathways	<ul style="list-style-type: none"> ○ Crisis service for CAMHS developing offering: <ul style="list-style-type: none"> ○ Telephone advice line (8am-8pm weekdays and 10am-4pm weekends) ○ Increased capacity for next day urgent assessment slots up to 18 yrs ○ Increased Face to face assessments weekend cover 10am to 4pm up to 16 yrs ○ A citywide group has been set up to look at Youth Violence, as there has been an increase in injuries which have resulted from Youth Violence in A&E. Police, Education, Safeguarding, GPs, Surgeons are represented at the group. ○ CDOP Suicide prevention – funding has been placed with MYA and a film is being developed. ○ Funded through NHS England the development of an early help offer for children and young people presenting through the Out of Court Disposal Route within the youth justice system. This provides therapeutic support and Information Advice and Guidance. The service to date has received 53 referrals ○ Recently the MHEWB Partnership Board has started to work collaboratively with the multi-agency Merseyside Violence Reduction Partnership (VRP) to ensure the mental health needs of this population are met with a focus on prevention and early access to support. ○ Enhancement of children and young people's emergency and crisis service through LCCG investment to offer telephone advice line, increased assessments and next day appointments. This is to support the national target of having a 24/7 urgent and emergency mental health services and is co-commissioned with Sefton CCG's. 	<ul style="list-style-type: none"> ○ 292 self-harm assessments taken place with 98 follow up appointments (Sept 2018-Nov 2019) ○ 192 next day appointments (Jan2019-Nov 2019) ○ 4,698 crisis calls (Sept 2018-Nov 2019) ○ 103 prevented A&E attendance (12 month period) ○ 73 bed days saved (12 month period) 	<ul style="list-style-type: none"> ○ Further development of crisis care and A&E Liaison taking an all age, family based approach to meet need and the ambitions outlined within the NHS Long Term Plan for Mental Health ○ Reviewing and developing the mental health support and pathways for vulnerable groups/complex needs - Children in Care and care leavers, Youth justice, SARC (Sexual Assault and Referral Centre) and BME communities. Pathway work has commenced to support these developments including gathering of intelligence to inform need and commissioning.
Development of robust A&E Liaison for children & young people up to the age of 25	<ul style="list-style-type: none"> ○ This provision has recently been developed as part of the crisis support service to meet the needs of children and young people aged 0-16 years presenting at A&E with mental health difficulties. 	<ul style="list-style-type: none"> ○ This service has only recently commenced and therefore impact and outcomes are not yet available 	
Work as part of the wider Health and Social Care Partnership across Cheshire and Merseyside to support the development of New Care Models for	<ul style="list-style-type: none"> ○ The MHPB are currently leading on the development of a new care model in Cheshire and Merseyside for the delivery of CAMHS Tier 4 services. ○ A whole system approach is being taken to the 		<ul style="list-style-type: none"> ○ Support the implementation of the Liverpool One strategy and Cheshire and Merseyside Health and Care Partnership strategy

Priority	Achievements to date	Outcomes/Impact	Next steps
<p>children and young people's mental health who require more specialised services</p>	<p>development of the care model and it is anticipated that this work will be complete in early 2020/21.</p> <ul style="list-style-type: none"> ○ Cheshire and Wirral Partnership NHS Foundation Trust have been successful in a bid to become 'Lead Provider' for the Cheshire and Merseyside CAMHS Tier 4 Provider Collaborative and will therefore be the vehicle through which the new care model will be implemented. ○ It is anticipated that the MHPB will also take a lead on the development of a Cheshire and Merseyside wide model for CYP crisis care, this work will also incorporate a whole system approach, contributed to by all stakeholders in 2020/21. 		
<p>Clear pathways and dedicated support for vulnerable groups</p>	<ul style="list-style-type: none"> ○ Dedicated services and specialisms embedded across the CAMHS Partnership for YOS, LAC, refugee and asylum seekers, travellers, Neuro-developmental conditions, Learning disabilities, young carers, BME groups, LGBTQ, early years, adolescents ○ Completion of SASAT workforce and skills audit across the partnership ○ Comprehensive review of nurse staffing on Tier 4 CAMHS ward ○ Fresh CAMHS ward achieved Silver in an audit for Journey to the Stars accreditation ○ A QNIC accreditation visit to the Trust's inpatient CAMHS facility, the Dewi Jones Unit in March 2019 ○ National funding has been received to improve pathways in criminal justice system with fast track referrals to support for youth offending, including a liaison and diversion service for children aged 10+ in police custody for out of court disposals. Many young people need low level support and there is currently no dedicated support. Funding has been received to increase provision at YPAS to offer low level support linked to MDTs around YOS and CAMHS. This is being co-commissioned with Sefton ○ LAC referral pathway into CAMHS ○ 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 ○ Self Soothing programme delivered to 14 foster carers ○ 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 ○ 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 ○ Service attend ACE's and MH training within CAMHS and Local Authority as a whole including other supporting events to embed work. Service invested in this ○ Service delivers training as part of the workforce development (resilient and resistant families, suicide preventions, MH awareness) 	<ul style="list-style-type: none"> ○ Improved access for CYP from vulnerable groups accessing non-stigmatising targeted support. This includes refugee and asylum seekers, Young Carers, CYP with ND conditions ○ 83% improvement in MHEWB of refugee and asylum seeking CYP accessing support ○ Majority of pre-consultation work for social care has not required any further action ○ Positive feedback from those accessing pre-consultation work across social care, YOS and LD provision 	<ul style="list-style-type: none"> ○ Further developments to support the Transforming Care agenda ○ Further develop CAMHS and Youth Justice pathways ○ Integrate Alder Hey CAMHS within Fresh CAMHS YP group in Alder Hey ○ Further development of Eating Disorder pathway looking at an all age, family based approach working towards the national access targets ○ Reviewing and developing the mental health support and pathways for vulnerable groups/complex needs - Children in Care and care leavers, Youth justice, SARC (Sexual Assault and Referral Centre) and BME communities. Pathway work has commenced to support these developments including gathering of intelligence to inform need and commissioning. ○ Improve access through further developing a more integrated, collaborative multi-disciplinary and agency approach for children and young people up to the age of 25 years. This will involve improving pathways and working between children and young peoples and adult mental health services.

Priority	Achievements to date	Outcomes/Impact	Next steps
All practitioners will practice a robust transition process from CAMHS to AMHS and from community to in-patient care	<ul style="list-style-type: none"> 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 an Adult Mental Health providers Closer working with the CCG with 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. 86 young people successfully transitioned to either adult mental health or back to their GP 	<ul style="list-style-type: none"> Overall, the planning, preparing and involvement of transition patients is good – as identified through audit Improved relationships with Transition team in Social Care and supporting them with transition policies and protocols 	<ul style="list-style-type: none"> Further develop youth and clinical mental health offer for 18- 25 year olds as a collaborative between 3rd sector, children and young peoples and adult mental health

Workforce Development

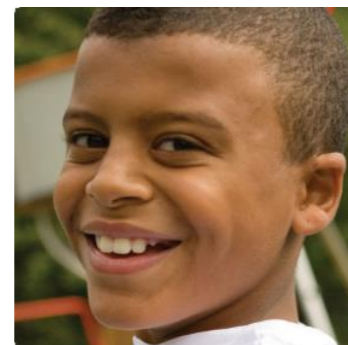
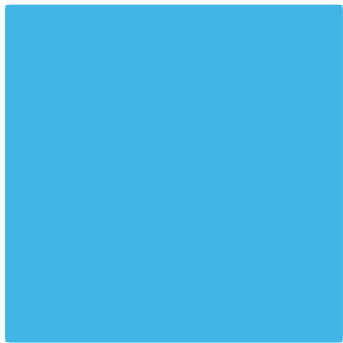
Priority	Achievements to date	Outcomes/Impact	Next steps
Undertake full workforce and skills audit through national SASAT tool	<ul style="list-style-type: none"> During the last 12 months the nationally recognised workforce tool, SASAT, was used to undertake an audit of our existing children and young people's mental health workforce across the CAMHS Partnership. This was supported by Regional Leads. This was a lengthy task as it was across numerous providers and practitioners and therefore took a number of months to complete. During the next 12 months this information will be collated and a workforce plan developed. CAMHS Practitioners have accessed evidence based training through the children and young peoples Improved Access to Psychological Therapies partnership. 		<ul style="list-style-type: none"> Develop a whole systems children and young people's Mental Health workforce strategy utilising the framework of the Cheshire and Merseyside People Strategy – need link Agree a current workforce baseline and action plan for priority areas Undertake the SASAT across the CAMHS Cheshire and Merseyside children and young people's Mental Health workforce Continue workforce development through the national transformation programme
Commitment to continue workforce development / Continual Professional Development to deliver evidence based interventions	<ul style="list-style-type: none"> 66 CAMHS Practitioners have accessed evidence based training through the children and young peoples Improved Access to Psychological Therapies partnership. 12 practitioners have been trained as Education Mental Health Practitioners to support the roll out of the Mental Health support Teams in schools during the past 12 months. 4 practitioners have been trained in evidence based supervision. This is an area identified as a need to improve 	<ul style="list-style-type: none"> 10 teaching professionals have received REACT training. 20 teaching professionals have received ROCKET training Growing local workforce Excellent evaluations and feedback following training delivered 	<ul style="list-style-type: none"> Develop a children and young people's mental health workforce plan supported through the Cheshire and Merseyside Health and Care Partnership Commitment to continue workforce development / CPD to deliver evidence based interventions.

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> Continual secured funding through Liverpool CCG for workforce development Invested in wider work force development opportunities where need has been identified from across the partnership. This has included CAMHS practitioners attending training in EMDR, DBT and neurodevelopmental specific course including sensory processing. During the past 12 months a number of posts have again been secured through the national recruit to train programme to develop evidence based practice. This has added capacity to the existing workforce to support evidence based wellbeing clinics in schools and primary care. Delivered 26 training and awareness sessions across the wider children and adult workforce on a range of CAMHS and neurodevelopmental conditions. 1,581 individuals from the wider children and adult's workforce including parents and carers have accessed the CAMHS training offer during 2018-2019 Suicide Awareness conference - 400 delegates attended Suicide Prevention training and resources developed for professionals working with young people 		

Infrastructure

Priority	Achievements to date	Outcomes/Impact	Next steps
Further improve data infrastructure and reporting of activity and outcomes through local and national data sets	<ul style="list-style-type: none"> Further development of IT systems and infrastructure and workforce development to improve data capture and local and national reporting across NHS and 3rd Sector CAMHS Providers. All 3rd Sector Providers are now on the same IT system (IAPTUS) Health and Social Care network now implemented across the 3 YPAS Plus hubs to support integrated working Submission of routine outcome measures as part of pilot year to the Mental health Services Dataset (MHSDS) Implementation and reporting of Data Quality Maturity Index by providers monitored through CQUIN Data maturity survey undertaken Secured national investment to support data maturity results and develop a digitally enabled pathway 	<ul style="list-style-type: none"> Data Quality Maturity Index - Liverpool has moved from the bottom quartile to the top quartile nationally in the NHS Oversight Framework 	<ul style="list-style-type: none"> Further improve data infrastructure and reporting of activity and outcomes through local and national data sets. Develop and implement a digital children and young people's mental health offer with specific focus on improving access to information and support: a digital front door
Support development of the JSNA	<ul style="list-style-type: none"> During the last 12 months work has been undertaken to support the completion of a JSNA for mental health which included numerous stakeholders. The JSNA is all age and references the children and young people's MHEWB Local Transformation Plans and work being developed to support identified need. The JSNA has recently been signed off by the Health and Wellbeing Board and will be a live document to be reviewed and updated regularly. 	<ul style="list-style-type: none"> The information within the JSNA has informed the next 12 month priorities as part of the children and young people's mental health transformation programme. 	<ul style="list-style-type: none"> Align future plans, developments and governance to SEND and Transforming Care programmes Explore opportunities for joint commissioning and family based mental health support
Continual review of current commissioned children and young people's Mental Health offer in Liverpool	<ul style="list-style-type: none"> Dedicated sessions from CAMHS Practitioners within Children Centres to offer pre-referral consultation, support and training 	<ul style="list-style-type: none"> IAG Service 91% reported increased self-esteem 89% reported increased sense of belonging 	<ul style="list-style-type: none"> Support the implementation of the Liverpool One strategy and Cheshire and Merseyside Health and Care

Priority	Achievements to date	Outcomes/Impact	Next steps
<p>with the aim of developing a more robust 0-25 years and integrated delivery and commissioning structure</p>	<ul style="list-style-type: none"> ○ CAMHS Practitioner delivering supervision within the Family Nurse Partnership which supports young mothers and their families ○ Baby wellness service with a focus on Post-natal depression and parent infant mental health relationships (externally funded) ○ Peri-natal mental health service which is provided as part of the Cheshire and Merseyside Health and Care footprint 	<ul style="list-style-type: none"> ○ 72% reported increased aspiration and motivation ○ 84% reported increased resilience after receiving the IAG service ○ Counselling & Therapy ○ 53% Improved emotional well-being and mental health ○ 45% reported stabilized emotional well-being and mental health ○ 2% stepped up to specialist CAMHS ○ Gender Identity Training ○ 100% reported a growth in understanding of gender identity ○ 100% reported training was a good use of time ○ 93% reported it would inform current practice ○ Parenting and family work ○ 70% Increased parental mental well-being ○ 42% Change in parenting behaviour reduction laxness and over-reactivity. ○ 62% Child conduct problems reduced ○ 73% Increased skill to deal with their child behaviour. ○ 59% Improved family relationships ○ Children and Young Peoples Practitioners (CYWP) ○ Worry Management score reduced by 87% ○ Behavioural Activation score reduced by 34% ○ Sleep Hygiene score reduced by 90% ○ Psychosocial education score reduced by 59% ○ 79% said things in school had improved ○ 90% have an improved well-being ○ 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, suicidal ideation and suicide, with 16% of CYP reporting that they would not be alive without the service following access to LGBTQ provision ○ Outcomes from CLAHRC <ul style="list-style-type: none"> ○ The service was viewed as being accessible across the 3 different locations in which it currently operates ○ Those interviewed found the service to be very engaging on a number of levels which included the staff and environment ○ The service reduced health inequalities specifically for those young people from the LGBTQ+ community 	<p>Partnership strategy</p>



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Liverpool MHEWB Workplan 2018/19

Appendix 3a

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

Liverpool MHEWB Partnership Board 2015 - 2021

Task	Milestone	Start Date	End Date	Days Remaining	BRAG Rating				
					2015/2016	2016/2017	2017/2018	2018/2019	Current 2019/2020
1	Annual Review and refresh membership	31/05/2015	31/07/2020						
2	Annual Review and refresh TOR	31/05/2015	31/07/2020						
3	MHEWB Pb involvement in STP Development (Cheshire and Merseyside Health and Care Partnership)	01/04/2015	31/03/2020						
4	Agree workplan 2020/21	01/10/2019	31/03/2020						
5	Ongoing Consultation and engagement	01/04/2017	31/03/2021	365					
6	Annual Review of Datasets (Activity, Outcomes, Quality & Workforce)	01/04/2017	31/03/2021	365					
7	Annual sign off of reviewed and refreshed LTP	01/10/2019	31/03/2020						
8	Annual Communication strategy for reviewed and refreshed LTP	31/03/2020	30/04/2020	30					
9	Mental health promotion/Building resilience workshops available to every school	30/04/2015	30/04/2020	30					
10	Undertake Whole school approach to MHEWB Review	01/04/2016	31/03/2017						
11	Implement Recommendations of Whole School Approach Report	01/04/2017	30/04/2021	395					
12	Development of a marketing strategy to ensure accessible information re: MHEWB	30/04/2015	31/12/2015						
13	Review, Implementation & communication of marketing	01/01/2016	31/03/2019						
14	Ongoing Tackling Stigma and mental health promotion campaigns (NOW Festival and World Mental Health Festival)	01/04/2015	31/03/2021	365					
15	Development of strategic approach to accessibility including digital apps and technology including review of new self-referral arrangements	01/04/2016	30/04/2020	30					
16	Develop peer mentoring scheme across schools	01/09/2015	31/03/2019						
17	Support the development and implementation of an action plan as part of the recommendations outlined in the city wide ACE strategic statement to embed trauma informed practice across the city.	01/04/2020	31/03/2021	365					
18	All CAMHS practitioner offering dedicated consultation time to the universal workforce	01/04/2015	01/04/2017						
19	All special schools have a named CAMHS practitioner	01/09/2015	01/04/2016						
20	To Review and Implement SEND strategy in relation to Early Help ND & Mental Health Support	01/01/2016	01/04/2020						
21	All secondary schools have a named CAMHS Practitioner and CAMHS CYWP (Children and Young People's Wellbeing Practitioner)	01/04/2015	01/04/2017						
22	All primary school consortia have a named Mental Health Practitioner	01/04/2015	30/09/2017						
23	To review the needs of AEP requirements around Mental Health	01/09/2018	31/03/2019						
24	Submit Green Paper Expression of Interest as per application process	01/09/2018	31/03/2021	365					
25	Development of sustainable Mental Health Support teams (MHST's) for schools	01/04/2019	31/03/2021	365					
26	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						
27	Implement recommendations from the GP Pilot Review	01/04/2017	31/03/2019						
28	Fully implement Primary Care Liaison model ensuring links to wider Integrated community models	01/10/2019	01/04/2020						
29	All children's centres have a named CAMHS Practitioner	01/09/2015	01/04/2016						
30	To review the needs of local Universities, Further education colleges requirements around Mental Health	01/09/2015	01/09/2019						
31	Range of parenting / family interventions delivered across the CAMHS partnership as per parenting strategy	30/04/2015	01/04/2020						
32	Develop a more collaborative approach across children's and adult MH to deliver more family MH support	01/02/2020	31/03/2021	365					
33	Review role of EHWB school practitioners link to AEP	01/09/2015	31/12/2017						
34	Align and embed Early Help Assessment Tool (EHAT) and approaches as part of the Early Help Strategy	01/09/2015	01/04/2020						
35	MHEWB Early years offer established as a partnership between CAMHS and wider stakeholders as part of 1001 Days Programme including parent infant MH relationships	10/10/2017	31/03/2021	365					



Liverpool MHEWB Partnership Board 2015 - 2021

Task	Milestone	Start Date	End Date	Days Remaining	BRAG Rating				
					2015/2016	2016/2017	2017/2018	2018/2019	Current 2019/2020
36	MHEWB offer established as a partnership between CAMHS and wider stakeholders as part of Pre-birth to 19 Programme	01/09/2018	31/03/2020						
37	Support the development of the cities adolescent strategy as directed by the LSCP	01/01/2020	31/03/2021	365					
38	Explore Online therapeutic requirement and support within Liverpool	01/04/2016	01/04/2020						
39	Review KOOTH online counselling pilot	01/10/2019	01/10/2020	184					
40	Develop and implement a digital children and young people's mental health offer with specific focus on improving access to information and support: a digital front door	01/01/2020	31/03/2021	365					
41	Continue to support and work collaboratively with the Violence Reduction Partnership to ensure the mental health needs of this population are met with a focus on prevention and early access to support	01/10/2019	31/03/2021	365					
42	Further development of 18-25 clinical and youth MH offer as a collaboration between 3rd sector, CYP and Adult MH	01/03/2018	31/03/2021	365					
43	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						
44	Self referrals	01/04/2015	01/04/2016						
45	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	01/04/2015	31/03/2019						
46	Specialist trauma based support	01/04/2015	01/04/2014						
47	Review specific targeted community and neighbourhood based support for CYP with ND conditions (as part of the SEND strategy and Community Model)	01/07/2016	31/03/2019						
48	Range of evidence based programmes delivered across the partnership (0-25)	30/04/2015	31/03/2017						
49	Implement transition CQUIN for CAMHS	30/04/2014	31/03/2019						
50	Develop transition pathways for C&YP with ND as part of the SEND Strategy and Transforming Care Programme	01/09/2017	31/03/2020						
51	Develop a work plan for review and implementation of a robust city wide all age ND offer which meets need	01/12/2019	31/03/2021	365					
52	Align future plans with SEND and Transforming Care programmes to improve joined up pathways and access to support	01/12/2020	31/03/2021	365					
53	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	30/04/2015	01/04/2020						
54	Development of specialist Eating Disorder service and work towards quality standards in line with national guidance including all age approaches Co-Commissioned with Sefton CCG's	30/08/2015	01/04/2021	366					
55	Embedding an integrated eating difficulties service for CYP with ND	30/08/2015	01/04/2020						
56	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						
57	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						
58	Develop and implement CAMHS Youth Justice Pathways	01/04/2015	31/08/2018						
59	Support in the development of New Models of Care across the Cheshire and Merseyside STP footprint	31/12/2017	01/04/2020						
60	Develop and implement an effective and equitable all age A&E liaison and crisis response service to meet the ambitions within the NHS LTP	01/04/2016	01/04/2021	366					
61	Review and develop robust MH pathways for vulnerable groups	01/10/2019	01/10/2020	184					

Liverpool MHEWB Partnership Board 2015 - 2021

Task	Milestone	Start Date	End Date	Days Remaining	BRAG Rating				
					2015/2016	2016/2017	2017/2018	2018/2019	Current 2019/2020
62	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	30/04/2015	30/04/2016						
63	Annually Review and refresh the website	30/04/2015	31/03/2021	365					
64	Ensure mechanisms for ongoing C&YP's views to reach MHEWB Partnership board	01/09/2015	31/03/2021	365					
65	Ensure mechanisms for ongoing parent/carers views to reach MHEWB Partnership board	01/09/2015	31/03/2021	365					
66	Involve c&yp and parents/carers in the design, development and delivery of CAMHS	30/04/2015	31/03/2021	365					
67	Implement peer mentoring scheme across CAMHS and ND to support CYP and parent/carer engagement and support	01/07/2015	31/12/2017						
68	Co-produce a document outlining the 5 year Local Transformation Plan progress with children, young people and families	01/04/2020	30/06/2020						
69	CYP and Parent Carer Community champions across CAMHS and ND	01/07/2015	30/04/2020	30					
70	Annual Training Needs Analysis of the Universal Workforce	01/04/2017	31/03/2021	365					
71	Menu of mental health training available	30/04/2015	31/03/2021	365					
72	Annual CAMHS Workforce and Skills Audit	01/09/2018	31/03/2021	365					
73	Commitment to CAMHS and ND workforce development through the CYP IAPT programme & other training providers as identified through the SASSAT (inc. Supervision)	01/04/2015	30/04/2021	395					
74	Develop a children and young people's mental health workforce plan supported through the Cheshire and Merseyside Health and Care Partnership	01/07/2019	30/04/2021	395					
75	Development of IT structure for cross partnership working and data sharing as part of the community Model and 0-25 Model	01/04/2016	01/04/2021	366					
76	Explore opportunities for joint commissioning and family based mental health support	01/04/2020	31/03/2021	365					
77	Support the implementation of the Liverpool One strategy and Cheshire and Merseyside Health and Care Partnership strategy	01/01/2020	31/03/2023	1,095					
78	CAMHS to define an outcome measure for use across health, education and Social care	01/04/2016	01/04/2021	366					
79	MHEWB PB to review relevant accreditation requirements at a partnership, organisational and individual basis annually (inc. CORC etc.)	01/08/2016	31/03/2019						
80	To develop a framework to measure outcomes/impact of c&yp's and parent/carer involvement	01/09/2015	31/03/2017						
81	Explore opportunities to support research and evaluation in children and young people's mental health including through CLARC (Collaborative Leadership in Applied Research and Care) and ARC (Applied Research Collaborative)	01/10/2018	31/03/2021						
82	Review current structures, performance and governance in line with local and regional changes to support all age approaches to MHEWB.	01/04/2020	31/04/2021						





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Liverpool MHEWB LTP Workplan Priorities 2020/21

Appendix 3b

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MHEWB Local Transformation Plan Work Plan Priorities 2020-2021

Task	Milestone	Start Date	End Date	Days Remaining	BRAG Rating
					Current 2019/2020
4	Ongoing Consultation and engagement	01/04/2017	31/03/2021	365	Green
5	Annual Review of Datasets (Activity, Outcomes, Quality & Workforce)	01/04/2017	31/03/2021	365	Green
7	Annual Communication strategy for reviewed and refreshed LTP	01/04/2020	31/05/2020	61	Yellow
8	Continue development and implementation of mental health promotion and resilience building resources and programmes including the NOW festival	30/04/2015	30/04/2021	395	Yellow
10	Implement Recommendations of Whole School Approach Report	01/04/2017	30/04/2021	395	Yellow
15	Support the development and implementation of an action plan as part of the recommendations outlined in the city wide ACE strategic statement to embed trauma informed practice across the city	01/04/2020	31/03/2021	365	Yellow
21	To review the needs of AEP requirements around Mental Health	01/09/2018	30/09/2020		Red
22	Additional applications for Green Paper National Funding	01/09/2018	31/03/2021	365	Yellow
23	Development of sustainable Mental Health Support teams (MHST's) across education provision (inclusive of alternative education provision and further education)	01/04/2019	31/03/2021	365	Yellow
26	Fully implement Primary Care Liaison model ensuring links to wider Integrated community models	01/10/2019	31/07/2020	122	Yellow
30	Develop a more collaborative approach across children's and adult MH to deliver more family MH support	01/02/2020	31/03/2021	365	Yellow
33	Review current early years and Parent Infant Mental Health offer in partnership with the Local Authority to explore opportunities to commission a more community and family based sustainable service	10/10/2017	31/03/2021	365	Yellow
35	Support the development of the cities adolescent strategy as directed by the LSCP	01/01/2020	31/03/2021	365	Yellow
37	Review KOOTH online counselling pilot	01/10/2019	01/10/2020	184	Yellow
38	Develop and implement a digital children and young people's mental health offer with specific focus on improving access to information and support: a digital front door	01/01/2020	31/03/2021	365	Yellow
39	Continue to support and work collaboratively with the Violence Reduction Partnership to ensure the mental health needs of this population are met with a focus on prevention and early access to support	01/10/2019	31/03/2021	365	Yellow
40	Further development of 18-25 clinical and youth MH offer as a collaboration between 3rd sector, CYP and Adult MH	01/03/2018	31/03/2021	365	Yellow
49	Develop a work plan for review and implementation of a robust city wide all age ND offer which meets need	01/12/2019	31/03/2021	365	Yellow
50	Align future plans with SEND and Transforming Care programmes to improve joined up pathways and access to support	01/12/2020	31/03/2021	365	Yellow
52	Further development of Eating Disorder pathway looking at an all age, family based approach working towards the national access targets, co-commissioned with Sefton CCG's	30/08/2015	01/04/2021	366	Yellow
56	Reviewing and developing the mental health support and pathways for vulnerable groups/complex needs – LAC and care leavers, YOS, SARC and BME communities	01/04/2015	31/10/2020		Yellow
57	Support the development of New Care Models across the Cheshire and Merseyside Health & Care Partnership MH programme	31/12/2017	01/01/2021		Yellow
58	Further development of crisis care and A&E Liaison taking an all age, family based approach to meet need and the ambitions outlined within the NHS Long Term Plan for Mental Health	01/04/2016	01/04/2021	366	Yellow
59	Improve access to specialist support through further developing a more integrated, collaborative multi-disciplinary and agency approach for children and young people up to the age of 25 years	01/10/2019	31/03/2021	365	Yellow
64	Involve c&yp and parents/carers in the design, development and delivery of CAMHS	30/04/2015	31/03/2021	365	Green
66	Co-produce a document outlining the 5 year Local Transformation Plan progress and next steps with children, young people and families 'You Said, We Did, What Next?'	01/04/2020	30/06/2020		Red
68	Annual CYP MH Training Needs Analysis of the Universal Workforce	01/04/2017	31/03/2021	365	Green
71	Commitment to CAMHS and ND workforce development through the CYP IAPT programme & other training providers as identified through the SASSAT (inc. Supervision)	01/04/2015	30/04/2021	395	Green
72	Merseyside Health and Care Partnership	01/07/2019	30/04/2021	395	Yellow
73	Further improve data infrastructure and reporting of activity and outcomes through local and national data sets	01/04/2016	01/04/2021		Yellow
74	Explore opportunities for joint commissioning, sustainable contracting and family based mental health support	01/04/2020	31/03/2021	365	Red
75	Support the implementation of the Liverpool One strategy and Cheshire and Merseyside Health and Care Partnership strategy	01/01/2020	31/03/2021	365	Yellow
76	Explore opportunities to support research and evaluation in children and young people's mental health including through ARC (Applied Research Collaborative)	01/04/2016	01/04/2021	366	Yellow
79	Review current structures, performance and governance in line with local and regional changes to support all age approaches to MHEWB	01/04/2020	30/04/2021		Red





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Liverpool MHEWB Financial Spend Against Allocation 2018/19

Appendix 4



Year	Allocation or Spend	CCG Funding	Eating Disorder Funding	Crisis Funding	Youth Offending Funding (NHS E)	Beyond Places of Safety Funding (one off DHSC funding)	MH Support Teams (NHS E)	Transforming Care	Digital	Total	Percentage Spent
2015/2016	Allocation	£ 5,868,753	£ 309,000	£ -	£ -	£ -	£ -			£ 6,177,753	
	Spend	£ 5,868,753	£ 309,000	£ -	£ -	£ -	£ -			£ 6,177,753	100%
2016/2017	Allocation	£ 6,022,609	£ 309,000	£ -	£ -	£ -	£ -			£ 6,331,609	
	Spend	£ 6,022,609	£ 309,000	£ -	£ -	£ -	£ -			£ 6,331,609	100%
2017/2018	Allocation	£ 5,926,156	£ 312,090	£ -	£ -	£ -	£ -			£ 6,238,246	
	Spend	£ 5,926,156	£ 312,090	£ -	£ -	£ -	£ -			£ 6,238,246	100%
2018/2019	Allocation	£ 6,556,811	£ 315,523	£ 141,275	£ 53,000	£ 154,658	£ 356,055			£ 7,577,322	
	Spend	£ 6,556,811	£ 315,523	£ 141,275	£ 53,000	£ 154,658	£ 356,055			£ 7,577,322	100%
2019/2020	Projected All	£ 7,491,633	£ 538,742	£ 397,714	£ 53,465	£ -	£ 778,175	£ 520,971	£ 360,000	£ 10,140,700	
	Spend	£ 7,491,633	£ 538,742	£ 397,714	£ 53,465	£ -	£ 778,175	£ 520,971	£ 360,000	£ 10,140,700	100%
2020/2021	Projected All	£ 7,743,793	£ 626,007	£ 503,935	£ -	£ -	£ 1,381,000	£ 308,999	£ -	£ 10,563,734	
	Projected Sp	£ 7,743,793	£ 626,007	£ 503,935	£ -	£ -	£ 1,381,000	£ 308,999	£ -	£ 10,563,734	100%

Pathway area	Spend across years					
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Universal Offer (Schools, GP, FE)	£ 638,024	£ 542,669	£ 309,343	£ 169,069	£ 363,087	£ 727,911
Early Help Offer Multi-agency (North, Central & South Hubs)	£ 3,413,992	£ 4,103,539	£ 3,275,767	£ 5,259,928	£ 5,466,432	£ 5,898,939
Central Referral Point	£ 344,634	£ 351,429	£ 354,943	£ 354,942	£ 400,000	£ 400,000
Specialist CAMHS	£ 2,407,370	£ 2,514,964	£ 2,539,330	£ 2,210,888	£ 2,962,153	£ 3,213,293
Transforming Care & Digital					£ 880,971	£ 308,999
Social Care, T4, Youth Offending Service	These areas are commissioned and information regarding them are obtained via NHSE.			£ 53,465	£ 68,057	£ 14,592
CAMHS In-Patient Unit						

Please note: In addition to this as part of the priority to develop a more robust 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 was 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 include in the Levels of Need Spend Table but does not show in the CCG Spend Table. This contribution equates to 12.7% 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 3rd sector providers also receive external funding to deliver mental health and emotional wellbeing services which adds value to the comprehensive offer in Liverpool.



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Liverpool CAMHS Risk Register 2018/19

Appendix 5

CAMHS Programme Risk Register 2019/2020

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	CYP IAPT providing training course	4	3	12	Yes	Risk Register in Place. Raised at MHEWB PB. Commissioning Oversight Recurring investment secured for workforce development	3	3	9	Lisa Nolan	Dec-19	Oct-20	Shortage of qualified/experienced staff to access supervision course
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	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	2	3	6	Lisa Nolan	Dec-19	Oct-20	Recurring investment secured as part of MHIS for CYP MH transformation programme and NHS Long Term Plan
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 Contracts and Quality group. Commissioning Oversight CCG performance oversight	4	4	16	Lisa Nolan	Dec-19	Jun-20	Improvement plan in place at Alder Hey with plan to have RTT by June 2020. Investment in early help services including MHST's in schools and primary care liaison to prevent inappropriate referrals to Alder hey CAMHS which impact on waits
CAMHS009	CAMHS Transformational Plan	09/05/2018	Delivery of CAMHS Transformational Plan	Not Achieving Access Targets	Monitoring of MHSDS data BI support to Providers	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 at Contracts and Quality group. Raised at SLT Commissioning Oversight	1	2	2	Lisa Nolan	Dec-19	Closed	LCCG has achieved Access target for past 2 years
CAMHS010	CAMHS Transformational Plan	01/12/2019	Delivery of CAMHS Transformational Plan	Not achieving ED access target	Monitoring of MHSDS data BI support to Providers	NHS England Assurance Process and RCA for breaches CCG Governance Process in Place CAMHS Governance Process in Place	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raise at Contracts and Quality group. Raised at SLT Commissioning Oversight Increased investment to meet demand and achieve target	4	4	16	Lisa Nolan	Dec-19	Jun-20	New risk identified. Discussion to be held at CQRM in March 2020
CAMHS011	CAMHS Transformational Plan	01/12/2019	Delivery of CAMHS Transformational Plan	Implementation of MHST Green Paper sustainability of MHST's	More detailed risk register at WSA Board monitored regularly	NHSE assurance Risk register at WSA and operational plan Governance in place Support from NHSE regional leads	3	3	9	Yes	Risk register in place at WSA operational mtgs inclusive of CCG Regional mtgs with NHSE	3	3	9	Lisa Nolan	Dec-19	Oct-20	Risk register in place and monitored through WSA partnership

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



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Liverpool MHEWB Performance Monitoring Process 2018/19

Appendix 6



Liverpool MHEWB Partnership Board Performance Monitoring Process 2015/2020

Task	Milestone	Lead	Support	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	RAG Status		
																2017/18	2018/19	2019/20
1	Quarterly Local Dataset (activity, outcomes and quality)	LCCG	MHEWB PB/CORC			X			X			X			X			
2	Priority Work stream reporting	Work stream chairs	LCCG			X			X			X			X			
3	MHSDS - activity	NHS Digital	NHS England	X	X	X	X	X	X	X	X	X	X	X	X			
4	MHSDS - outcomes	NHS Digital	NHS England	X	X	X	X	X	X	X	X	X	X	X	X		NA	NA
5	Annual CORC report	MHEWB Partnership	CORC										X					
6	National benchmarking	MHEWB Partnership	NHS Benchmarking								X							NA
7	Cyp Consultation	MYA	MHEWB Partnership Board			X			X			X			X			
8	Parent/Carer consultation	MYA	MHEWB Partnership Board			X			X			X			X			
9	Stakeholder consultation	LCCG	MHEWB Partnership Board			X			X			X			X			
10	Annual Staff and skills audit	LCCG	MHEWB Partnership Board								X							
11	Research and Evaluation	LCCG	CLARC										X					
12	Outcomes framework 2017-2020	MHEWB Partnership Board	MHEWB Partnership Board												X			



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Liverpool MHEWB Outcomes Framework 2018/19

Appendix 7

Levels of Need	Outcome	Measures	2016/17	2017/18	2018/19	Variance	Perf	Trend
Improved mental health of children, young people and their families		80% Achievement of GOALS for CYP	89%	90%				
		Improvement in symptoms following accessing services	Positive	Positive				
		Self Harm Presentations	268	398	407	9		
			80	165	209	44		
		Reduction in suicides under 25s	4.13	4.34	4.34			
UNIVERSAL	Improved environments so that children, young people and families can thrive	School practitioners take up of CAMHS workforce dvpt	121	195				
		% positive evaluations of CAMHS workforce dvpt	80%					
		% of schools take up MH promotion/resilience building workshops	17.4%	57.8%	56.0%	-1.8%		
		% of positive evaluations of workshops	80%					
		No of workforce development events delivered	23					
		No of families accessing family/parenting learning programmes	759	1,933	3,211	1,278		
		No of consultations delivered (face to face and telephone)	1,023	3,695	3,761	66		
		No of CYP accessing MHP and resilience building	2,094	15,391	14,795	-596		
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	278	65		
		No of EHATS completed pre CAMHS referral	20	57	97	40		
		No of EHATS initiated by CAMHS	70	124	12	-112		
	Reduction in mild to moderate distress	No of CYP accessing evidence based early help interventions (YPAS)	2,458	1,520	2,014	494		
		Main severity of CYP accessing early help (YPAS)	73% Mild to Moderate 27% Severe	71% Mild to Moderate 29% Severe	94% Mild to Moderate 6% Severe	23% Move from Severe to Mild to Moderate		
		No of DNA's accessing early help (YPAS)	380	852	1,028	176		

Levels of Need	Outcome	Measures	2016/17	2017/18	2018/19	Variance	Perf	Trend
LEVEL 3	Reduction in the development of moderate to severe distress	No of CYP and families accessing targeted / specialist evidence based treatment	4,217	7,430	9,821	2,391		
		No accessing Specialist CAMHS		1,205	1,301	96		
		Main severity of CYP accessing targeted/specialist evidence based treatment CAMHS	12% Mild 49% Moderate 38% Severe	17% Mild 52% Moderate 31% Severe	61% Mild 27% Moderate 12% Severe	44% Increase in Mild 25% Decrease in Moderate 19% Decrease in Severe		
		Complexity of referrals	Top five complexities: 1. Neurological Conditions 2. Parental Health Issue 3. Pervasive Development Disorder 4. Living in Financial Difficulty 5. Learning Disability	Top five complexities: 1. Parental Health Issue 2. Experience of Abuse or Neglect 3. Pervasive Development Disorder 4. Learning Disability 5. Deemed child in need of social services support	Top five complexities: 1. Parental Health Issue 2. Experience of Abuse or Neglect 3. Pervasive Development Disorder 4. Deemed child in need of social service input 5. Deemed child in need of social services support			
		No of DNA's accessing targeted/specialist evidence based treatment	1,120	2,134	1,839	-295		
LEVEL 4	Reduction in life long distress	No of CYP accessing CAMHS in-patient units (NHSE)	71	114				
		Number of LAC	1,099	1,080	1,199	119		
Quality of provision	Positive service satisfaction	Positive		95%				
	No of SUJ's as reported	0	0					
	Average waiting times across Partnership	Referral to assessment = 5 weeks Referral to intervention = 8 weeks	Referral to assessment = 11.9 weeks Referral to intervention = 25.7 weeks	Referral to assessment = 9 weeks Referral to intervention = 12.4 weeks	Referral to Assessment = Reduction of 2.9 weeks Referral to Intervention = Reduction of 13.3 weeks			
	No of compliments	252	319					
	No of complaints	3	5					
	% DNA rate across Partnership/level of needs	12.7%	16.4%	11.6%	-4.84%			
	Average Service Cancellation rate across Partnership/level of needs							



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Liverpool CAMHS Partnership

Annual Report 2018/19

Appendix 8

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



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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
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Description	Data source: Local CAMHS Quarterly Data Submitted Locally to LCCG MHSDS https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/mental-health-services-monthly-statistics
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1. Introduction

The Liverpool CAMHS Partnership aims to promote the mental health and emotional 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's 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 on presenting to the service from an initial referral to commencement of treatment in the service through to discharge. Service Providers record information for each new referral presenting in a quarter and for open cases where contacts have taken place from the previous reporting year. A range of demographic data is recorded; age, ward of residence, ethnicity through to reasons for referral main presenting needs

CAMHS Providers are required to upload to the National Mental Health Service Data Set (MHSDS) on a monthly basis as stipulated by NHS England. At the time of writing 6 out of 8 providers are submitting to the MHSDS dataset with the remaining 2 providers anticipated to submit for Quarter 2 2019/20.

CCG representatives continue to improve data quality through data quality improvement plans, information subgroups and regional workshops and webinars. Many improvements have been made but the completeness and accuracy of this local flow continue with significant improvements being made in terms of National reporting to the MHSDS.

Local Context

Liverpool covers a registered population of 535,330 residents of which 33.1% (177,631) 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 factors are found to significantly reducing life expectancies in Liverpool compared to the North West region and to the rest of the country.

Compared to the England average Liverpool has significantly worse health outcomes:

- Infant Mortality infants dying before age 1 a rate of 5.7 (102 per 1000 live births) National rate 3.9
- 66.1 % of Children achieving a good level of development at the end of reception a rate (England 71.5 %)
- Children in low income families under 16 years a rate of 26.3% equating to 21,515 (England 17.3%)
- 140.4 per 10,000 Rate of Children in Care (England rate 64 per 10,000)
- Hospital admissions as a result of self-harm 473.5 per 100,000 (England 421.2 per 100,000)

Latest research suggests that around 1 in 8 children and young people have a diagnosable mental health condition between the ages of 5-19 years. Applying this to the current population for Liverpool equates to 10,910 Children and Young people. 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 onto develop mental health difficulties such as anxiety, low mood, depression and conduct disorders develop.

Key Findings for 2018/19 referrals:

- The number of referrals received during 2018/19 is 4,951 an increase of 14.51% from the previous year
- 53.1% of referrals derive from the 12-17 year age group
- GPs account for 22.6% of referrals into the CAMHS service a slight decrease in comparison to the previous year
- 18.36% of referrals are self-referrals an increase of 3.8%
- Speke-Garston has the highest referring ward accounting for 6.0% of referrals a slight increase in comparison to the previous year
- Overall Anxious Generally (Generalised anxiety) accounted for 73.6% of all presenting issues recorded, an increase of 3.3% compared to 2017/18
- Parental Separation or Divorce was identified as the main primary adverse childhood experience
- Average wait of 9.0 weeks from referral to assessment across the partnership an improvement in comparison to the previous year
- Average wait for assessment to intervention across the Partnership is 4.1 weeks
- Average wait for Referral to Treatment is 12.4 weeks a significant improvement in comparison to the previous year in which average referral to treatment was 25.7 weeks

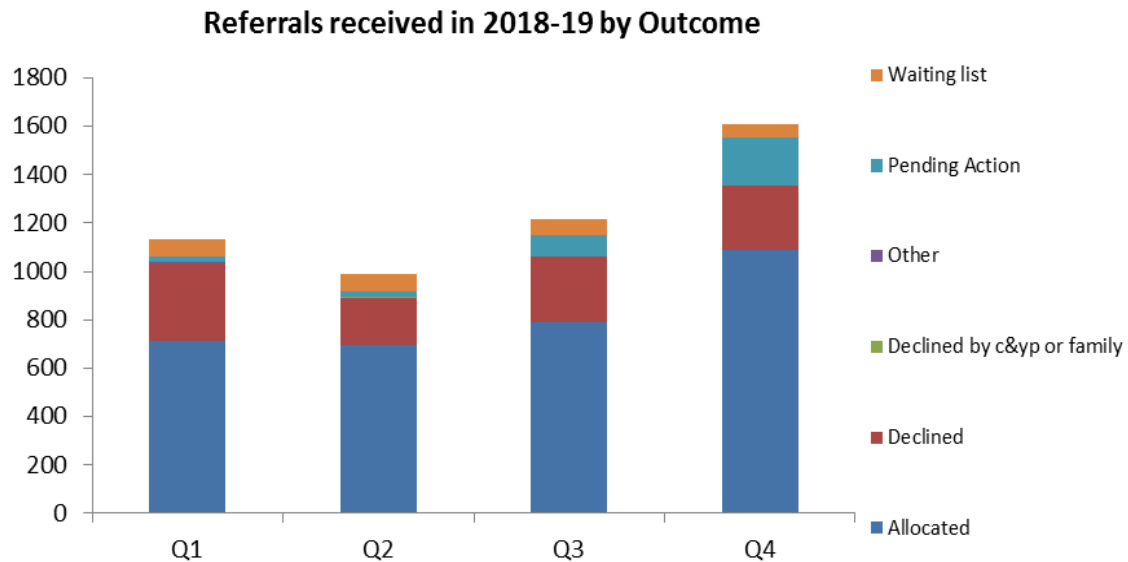
2. Referrals and Demographics

The table below shows the number of referrals per quarter for the CAMHS partnership with the exception of MYA, ADDvanced Solutions and Mersey Care NHS Foundation. Some patients 5.1% (252) have more than one internal referral within an organisation so a unique count of patients is also identified, however as they are referred to separate services the data is analysed in the report on the whole, 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 an increase in referrals by 14.2%. In terms of unique referrals this equates a 17.5% increase in comparison to the previous year

	2018/19				2018/19	2017/18	Year on Year Variance	% Variance
	Q1	Q2	Q3	Q4				
Count of Patients	1132	991	1217	1611	4951	4335	616	14.21%
Count of Unique Patients	1049	951	1157	1542	4699	3998	701	17.53%

The graph below shows the total number of referrals received in 2018/19 by outcome i.e. whether the referral was accepted or declined. Declined referrals in the majority reside from Alder Hey however as hosts of the SPA this may not be actually a true decline but a result 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



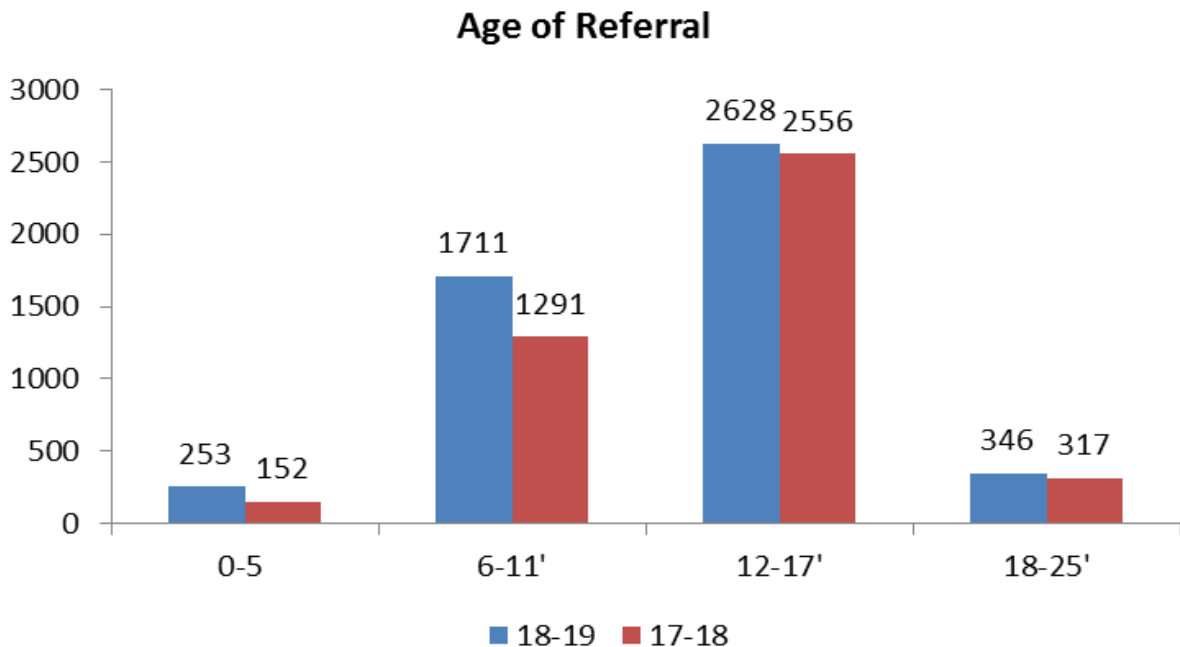
	Outcome of Referral						Total Referral
	Allocated	Declined	Declined by c&p or family	Other	Pending Action	Waiting List	
2018-19	3290	1050	3	2	335	271	4951
2017-18	2277	1186	10	441	235	186	4335

The table above shows outcome of referral by all referrals in year. Most notable is an increase in referrals being allocated 66.5% of referrals was allocated and declined referrals fell from 27.6% to 21.3% in 2018/19. Other category has seen a significant fewer number of referrals which indicates improvements in data recording. Having improvements within the local dataset will ultimately benefit the national dataset.

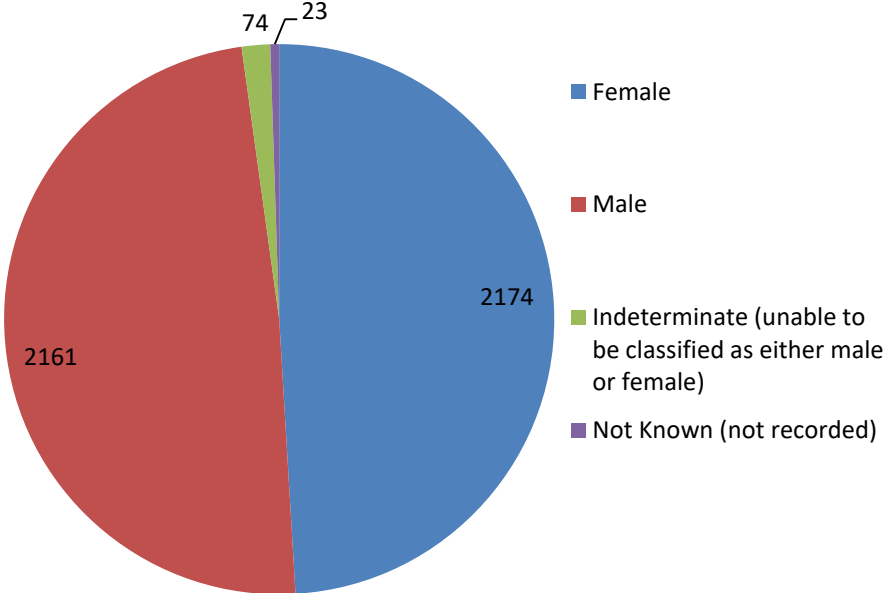
A breakdown by age of all CAMHS referrals during 2018/19 is shown below. Similarly to 2017/18 the most common age to be referred into the service fell within the ages bands of 12-17 year olds which accounted for 53.1% referrals. In line with the increase of referrals all age bands have seen an increase in numbers referred however the highest increase has been seen in CYP between the ages of 0-5 years which has seen an increase of 66% compared to the previous year within this age bracket. As a proportion there has been no notable increase in 18-25 referrals.

71.7% of referrals for the ages 18-25 are made through self-referral.

GP Referrals account for the largest proportion of referrals 22.5% of all referrals (1,115). Self-referrals account for 18.4% an increase of 3.8% compared to 2017-18. The majority of referrals self-refer into YPAS (93.1%).



The chart below shows the gender split for all CAMHS referrals 49.0% of referrals are female, 48.7% males and 1.7 % Indeterminate (unable to be classified as either male or female). 23 CYP referrals did not have gender recorded. Compared to the previous year there has been an increase of 2.9% in referrals identifying as Male.



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 13.8% 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 descent) however, figures from referrals suggest a possible under representation of this population into the CAMHS service particular given there has been a slight fall in referrals in 2018-19 in comparison to the previous year.

Mental Health Foundation states people from black and minority ethnic groups living in the UK are:

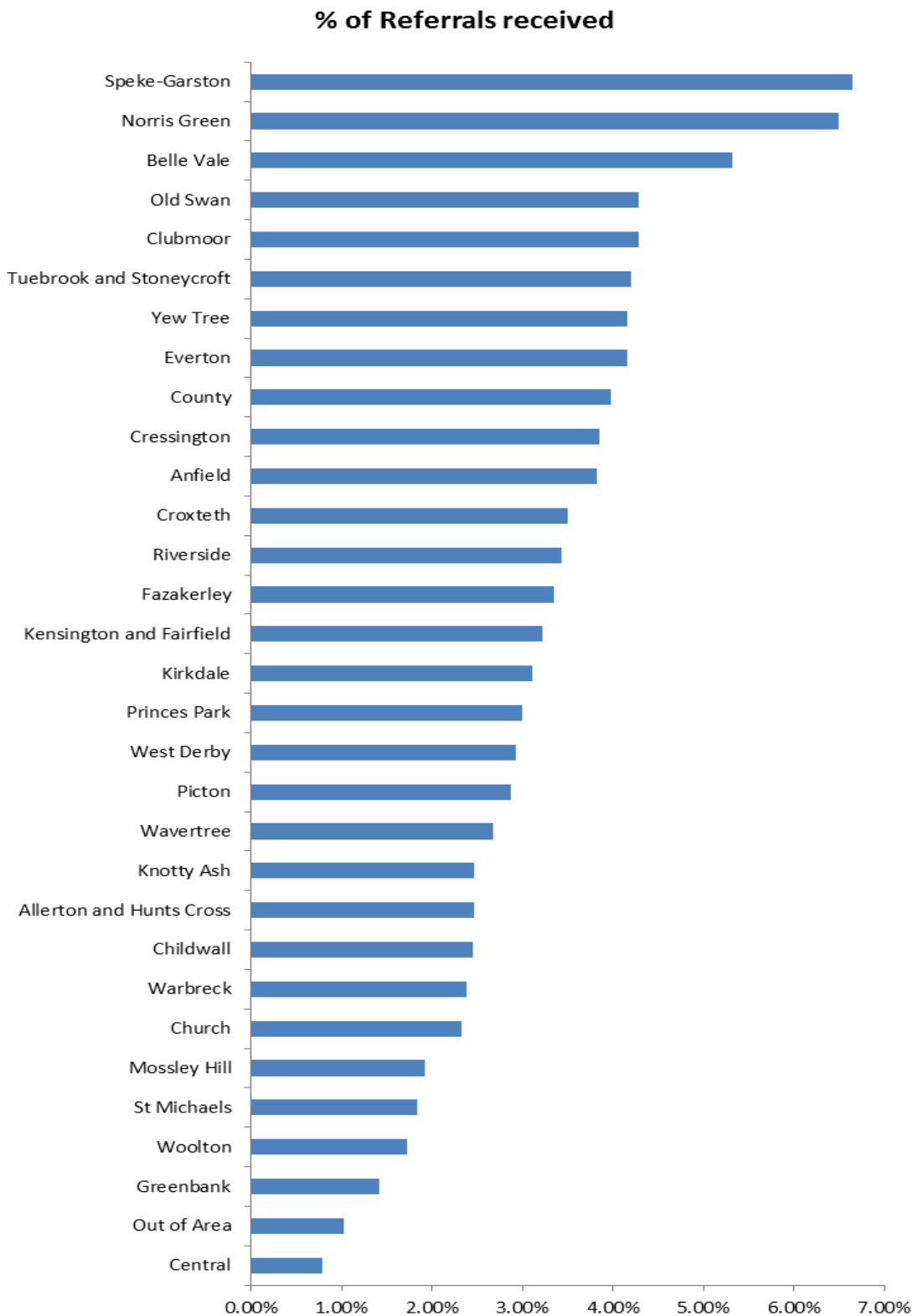
- More likely to be diagnosed with mental health problems
- More likely to be diagnosed and admitted to hospital
- More likely to experience a poor outcome from treatment
- More likely to disengage from mainstream mental health services, leading to social exclusion and deterioration in their mental health.

Ethnic Group	Category	% 18-19 Referrals	% 17-18 Referrals
White	White-British	82.5%	82.9%
	White-Irish	0.2%	0.4%
	White-Any other Background	1.2%	1.2%
Mixed	Mixed-White and Black Caribbean	0.7%	0.9%
	Mixed-White and Black African	0.9%	0.9%
	Mixed-White and Asian	0.6%	0.5%
	Mixed-Any Other mixed background	1.5%	1.2%
Asian or Asian British	Asian or Asian British - Indian	0.2%	0.0%
	Asian or Asian British - Pakistani	0.1%	0.2%
	Asian or Asian British - Bangladeshi	0.1%	0.1%
	Asian or Asian British - Any Other Asian Background	0.7%	0.5%
Black or Black British	Black or Black British - Caribbean	0.1%	0.1%
	Black or Black British - African	0.7%	0.3%
	Black or Black British - Any Other Black background	0.7%	1.0%
Other Ethnic Group	Other Ethnic Group - Chinese	0.4%	0.3%
	Other Ethnic Group - Any Other Ethnic Group	1.2%	2.0%
BAME Total		7.9%	8.0%
Not Stated		8.2%	7.5%

Red Font indicates a decrease

Green Font indicates an increase

The chart below shows the patients referred into CAMHS by Electoral Ward, this is assigned by the CYP home residence. Similarly to the previous year 2017-18 Speke-Garston have the highest percentage of new referrals. There has been no major change in the referral wards over the years.



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 and colleges mental health services or alternatively may present to adult mental health services.

Electoral Ward				ONS Population		
	18-19	17-18	Referrals 18-19	0-17	18-25	0-25 Total
Allerton and Hunts Cross	2.47%	2.60%	113	2659	1257	3916
Anfield	3.82%	3.74%	175	3013	1642	4655
Belle Vale	5.30%	4.58%	243	3015	1393	4408
Central	0.79%	0.58%	36	1392	18756	20148
Childwall	2.44%	3.12%	112	2839	1568	4407
Church	2.31%	2.34%	106	2633	1343	3976
Clubmoor	4.28%	4.53%	196	3458	1478	4936
County	3.97%	4.58%	182	3096	1475	4571
Cressington	3.84%	2.83%	176	2949	1223	4172
Croxteth	3.49%	3.50%	160	3343	1423	4766
Everton	4.14%	3.30%	190	3333	1849	5182
Fazakerley	3.34%	3.30%	153	3510	1762	5272
Greenbank	1.42%	1.93%	65	1875	5981	7856
Kensington and Fairfield	3.21%	3.24%	147	3443	2602	6045
Kirkdale	3.10%	3.01%	142	3019	2749	5768
Knotty Ash	2.47%	2.22%	113	2682	1292	3974
Mossley Hill	1.92%	1.81%	88	2258	1773	4031
Norris Green	6.48%	5.81%	297	4389	1652	6041
Old Swan	4.28%	4.20%	196	3399	1583	4982
Out of Area	1.03%	3.56%	47			
Picton	2.86%	2.89%	131	3932	4469	8401
Princes Park	2.99%	2.80%	137	3965	4101	8066
Riverside	3.42%	3.53%	157	2861	4805	7666
Speke-Garston	6.52%	5.96%	299	1711	1486	3197
St Michael's	1.83%	2.16%	84	5223	2171	7394
Tuebrook and Stoneycroft	4.19%	4.61%	192	3366	1828	5194
Warbreck	2.38%	2.86%	109	3288	1617	4905
Wavertree	2.66%	2.77%	122	2735	1789	4524
West Derby	2.92%	2.66%	134	2553	1236	3789
Woolton	1.72%	1.99%	79	2047	838	2885
Yew Tree	4.14%	2.98%	190	3955	1573	5528

Red Font indicates a decrease in referrals
Green Font indicates an increase in referrals

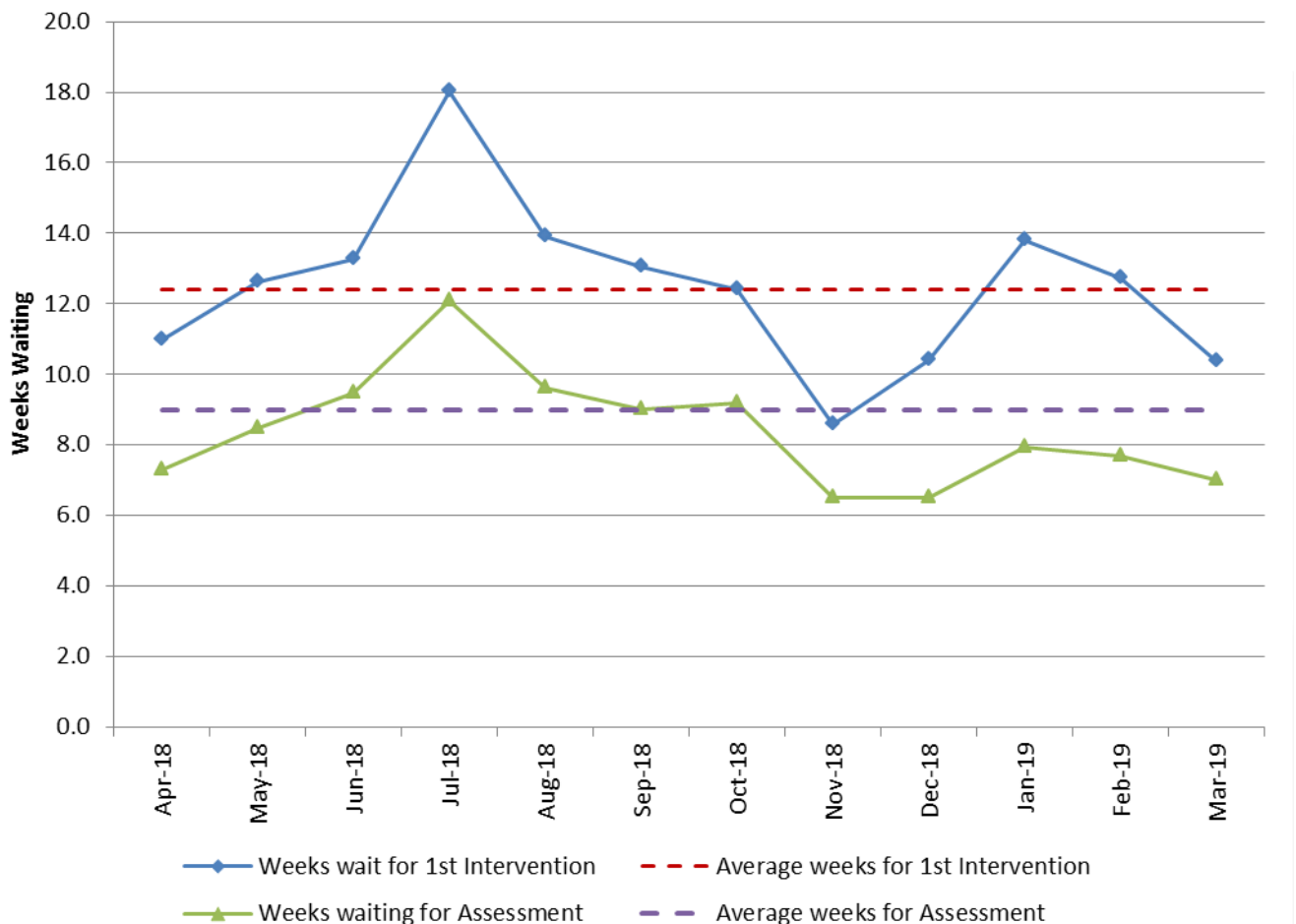
3. Assessments

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

Alder Hey CAMHS sees the highest proportion of assessments 32.4% (1,017 assessments) and has an average wait time of 7 weeks from referral to assessment and an average wait of 13 weeks from referral to intervention.

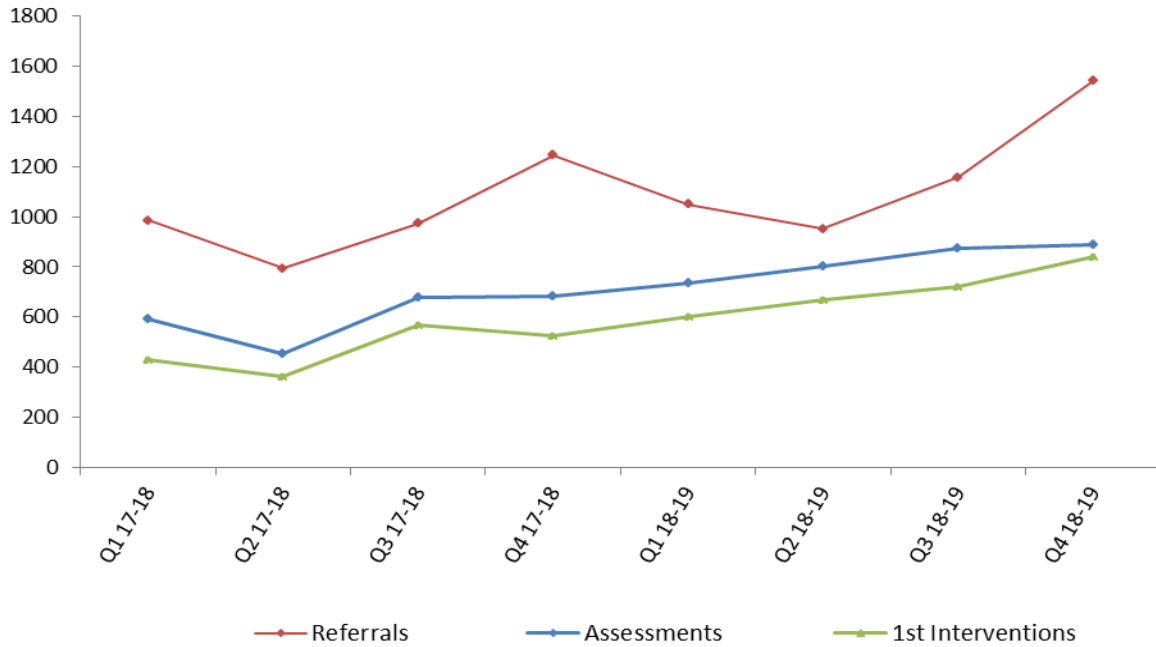
Investment was provided to the third sector in 2018-19 to reduce waiting times and this can be seen to have impacted by a reduction in overall waiting times in year compared to the previous year

	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)
2018-19	3,438	62.9	9	2,930	87	12.4
2017-18	2,272	83.1	11.9	1,801	180	25.7
2016-17	3,233	34.8	5	2,649	54.1	8



The table below shows activity by Unique Patient Count. The increase in activity in terms of assessments and 1st Interventions is the result of investment to increase capacity in 2018-19 within the CAMHS Service. Assessments in comparison to 2017-18 have increased by 37.2% but most notably a significant increase has been seen within the number of 1st Intervention which has increased by 50.4%.

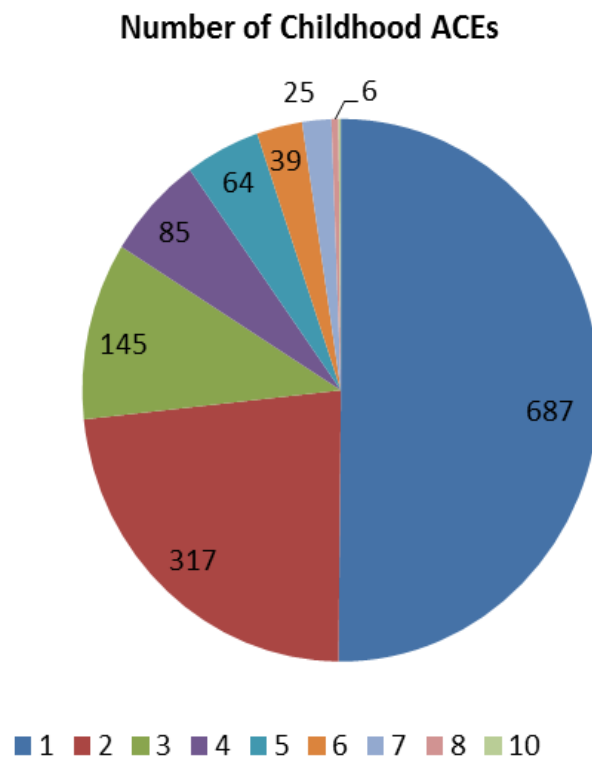
Activity by Unique Patients



4. Adverse Childhood Experience

Adverse Childhood Experience (ACEs) are stressful and traumatic events such as sexual abuse or living in a household affected by domestic violence, substance misuse or mental illness. 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 ACEs 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 6.9% (204) reported 4 or more ACEs in 2018-19.

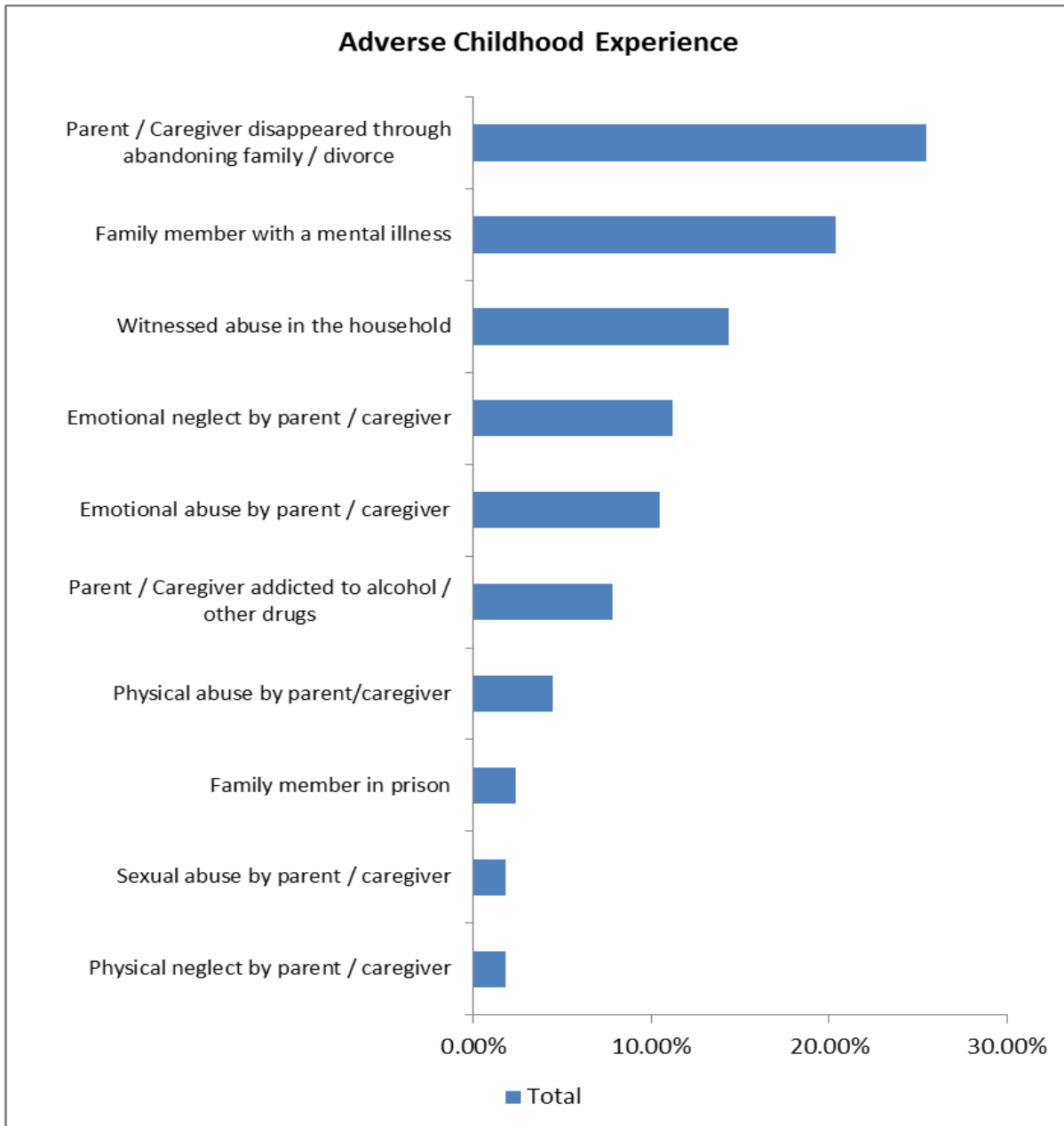
Compared to the previous year this is a slight decrease however it is thought but cannot be confirmed that rather than be an actual reduction this is reflective of the number of ACEs recorded within the dataset. The local dataset which is used to capture ACEs was revised to align to the 10 ACEs as identified by the Centre for Disease Control and Prevention.



During the course of the year a number of events have taken place to address ACEs ranging from the Liverpool City Region ACE survey, Hosted Training Events and the Now Festival entitled was 'ACE Conference A Call to Action'.

The ACE survey was undertaken and evaluated by the Liverpool CAMHS partner Merseyside Youth Association with input from colleagues in the city infrastructure.

Of those ACEs which were recorded Parental Separation or Divorce was seen as the highest contributing factor 25.5% (690) whilst Physical Neglect by Parent/Carer and Sexual Abuse by Parent/Carer was only recorded in 48 CYP individually (1.8 %). Within the context of the local template the term parent/carer is specifically identified rather than generalised.



5. Presenting Need

The following data derives from the current view reporting extract received from the CAMHS partners as at 31.03.2019. Current view is a 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 during the course of the individual's course of treatment when new information emerges, on case review but also case closure. This data reflects a patient 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 which are scored on 5 areas:

- None
- Mild
- Moderate
- Severe
- Not Known

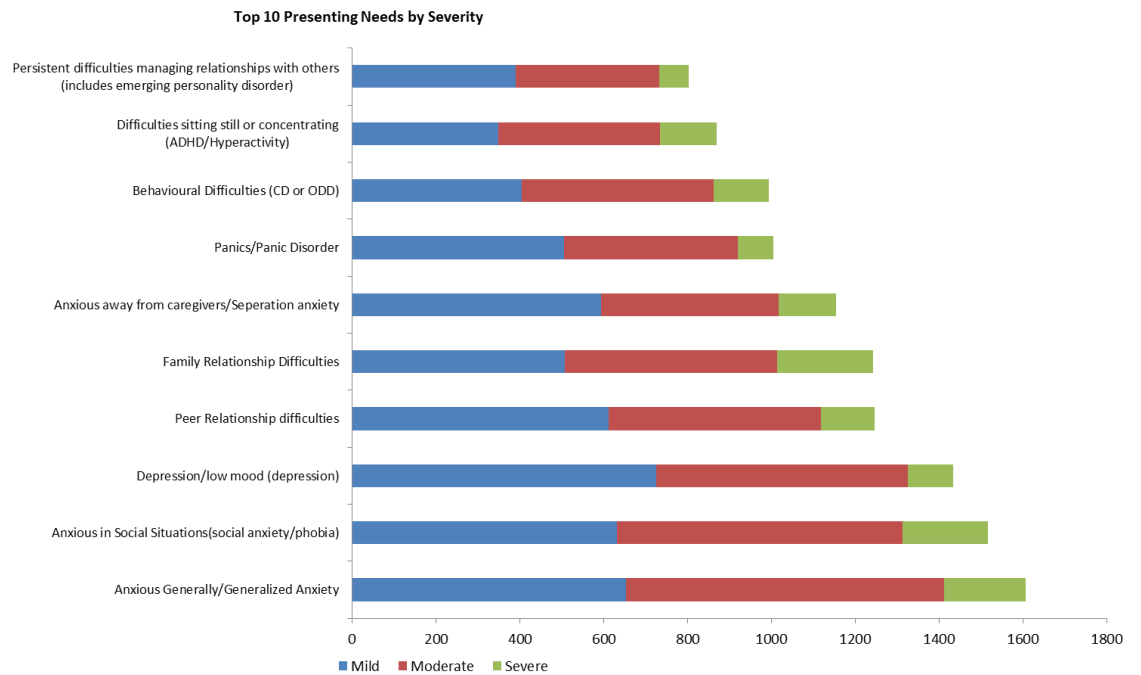
For the purpose of the analysis attention has been focussed upon Mild, Moderate and Severe. Many CYP will often present with 1 or more presenting needs although severity can vary across the need. In total 2185 records recorded an initial record of Current view.

The main presenting needs of patients are shown in the table below. The top 5 presenting problems include Anxious Generally/Generalised Anxiety, Depression/ low mood (depression), Anxious in Social Situations (Social Anxiety anxiety/phobia), Family Relationship difficulties and Peer Relationship difficulties. There is no change in the Top 5 presenting problems in comparison to the previous year.

Main Presenting Need for CYP accessing CAMHS 2018-19

Main Presenting Need	Mild	Moderate	Severe	Total	% of CYP
Anxious Generally/Generalized Anxiety	654	758	195	1,607	73.6%
Anxious in Social Situations(social anxiety/phobia)	632	681	204	1,517	69.4%
Depression/low mood (depression)	725	601	107	1,433	65.6%
Peer Relationship difficulties	611	507	129	1,247	57.1%
Family Relationship Difficulties	508	505	229	1,242	56.8%
Anxious away from caregivers/Separation anxiety	593	425	136	1,154	52.8%
Panics/Panic Disorder	506	414	85	1,005	46.0%
Behavioural Difficulties (CD or ODD)	404	459	130	993	45.5%
Difficulties sitting still or concentrating (ADHD/Hyperactivity)	348	387	134	869	39.8%
Persistent difficulties managing relationships with others (includes emerging personality disorder)	390	342	71	803	36.8%
Avoids Going Out (Agoraphobia)	416	314	71	801	36.7%
Self-Harm (Self injury or self-harm)	521	230	34	785	35.9%
Repetitive problematic behaviours (Habit Problems)	329	333	110	772	35.3%
Compelled to do or think things(OCD)	377	308	81	766	35.1%
Carer Management of CYP behaviour e.g. management of child	374	310	70	754	34.5%
Extremes of mood/Bipolar disorder	355	323	73	751	34.4%
Problems in attachment to parent/carers (Attachment problems)	310	318	123	751	34.4%
Avoids specific things (Specific Phobia)	343	299	81	723	33.1%
Disturbed by traumatic event (PTSD)	226	295	121	642	29.4%
Eating Issues (Anorexia/Bulimia)	367	154	33	554	25.4%
Poses risk to others	264	126	40	430	19.7%
Self-Care Issues (includes medical management obesity)	183	100	48	331	15.2%
Adjustment to health issues	120	62	13	195	8.9%
Unexplained developmental difficulties	63	85	25	173	7.9%
Does Not speak Selective Mutism	107	36	26	169	7.7%
Unexplained physical symptoms	82	59	9	150	6.9%
Delusional beliefs and hallucinations (Psychosis)	107	30	8	145	6.6%
Doesn't go to the toilet on time (elimination problems)	65	49	29	143	6.5%
Drug and Alcohol difficulties (substance abuse)	61	42	5	108	4.9%
Gender discomfort issues (Gender Identity disorder)	25	22	19	66	3.0%

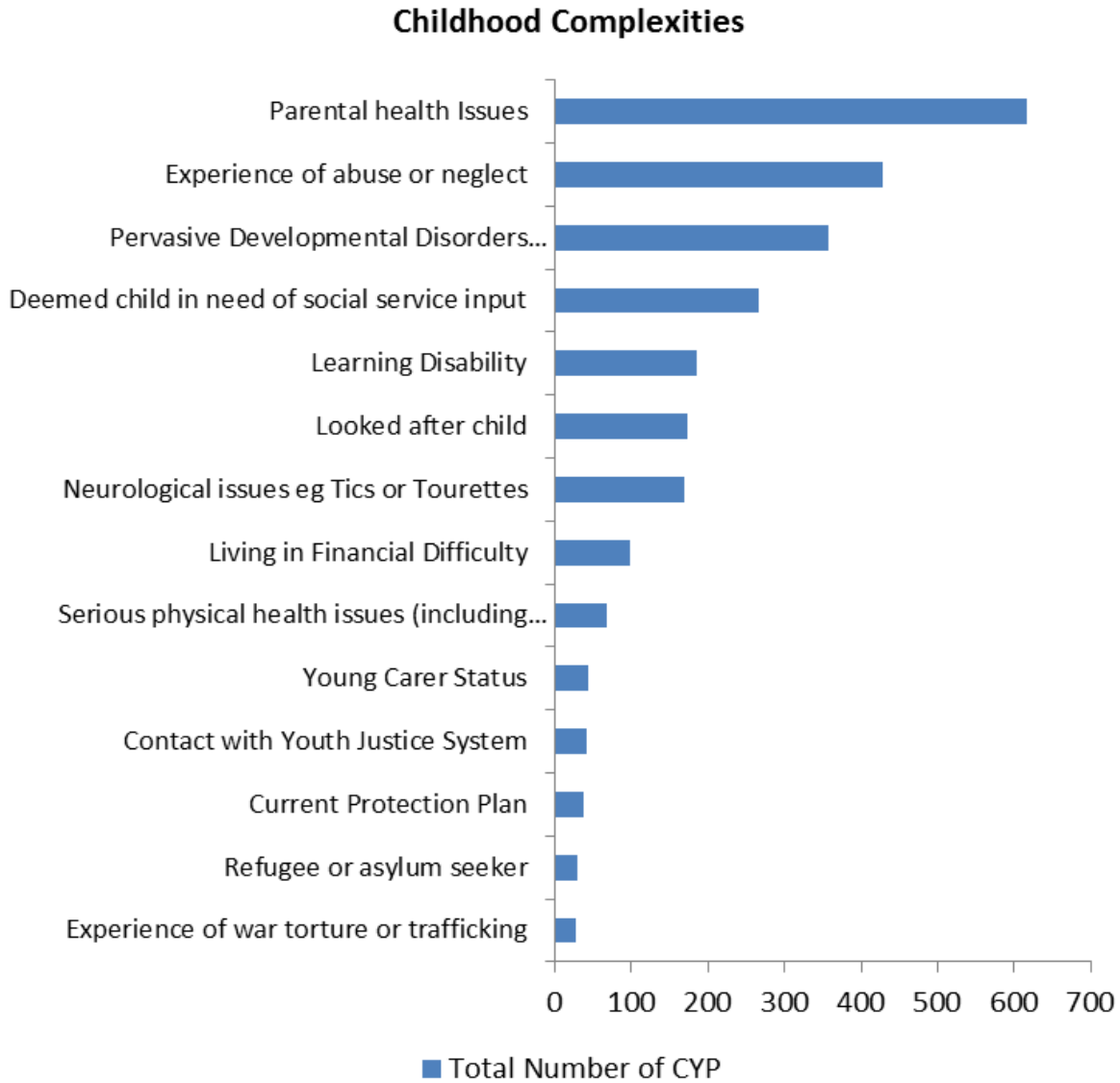
A breakdown of the Top 10 provisional problems descriptions is shown in the table below by severity:



Out of the Top 10 Family and Relationship Difficulties reported the highest proportion of clients presented with severe needs, 16.0% equating to 229 CYP. Similarly Panics/Panic Disorder reported the highest proportion of clients presenting with moderate levels (16.1%) and Mild level (18.4%).

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 617 (28.2%) whilst Experience of abuse or neglect accounts for 428 (19.6%) of CYP.



As at 31.03.2019 in Liverpool 1,334 children were deemed a Looked After Child (LAC) across the city equating to a city rate of 131.4 per 10,000. In comparison to the previous year this is an increase and similar to trend over recent years. Compared to the National average this is significantly higher than the England average which is 64 per 10,000. Local reporting indicates only 8.0% (174) of CYP attending CAMHS are Looked After Children. Although this is an increase in comparison to the previous year this still appears to be under representative of this specific cohort.

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. The higher risk of poor mental health can be seen in 2 in 5 looked after children have a diagnosed behavioural condition and 3 in 5 more having 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.

A total of 30 CYP reported an asylum seeker or refugee status in 2018-19. This is a decrease in comparison to the previous year in which 47 CYP reported an asylum or refugee status. PSS Spinning World specialises in psychological therapies for this particular client group having close working relationships with trained interpreters. Many CYP not too dissimilar to looked after children experience abuse and trauma either directly or indirectly i.e. members of their family. Issues that may be experienced are; trauma and post-traumatic stress disorder, sexual violence and pregnancy torture or bereavement. Additionally clients present with issues including living in exile such as depression, anxiety, racism and sexuality.

Young Carers accounted for 44 of childhood complexities (2.0%) in the reporting year period a fall in comparison to the previous year in which 65 CYP stated a Young Carer status. 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. 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 between the CCG and Liverpool City Council.

6. Crisis Care

“By 2020/21 NHS England should expand crisis resolution and Home Treatment Teams (CRHTTS) across England to ensure that a 24/7 community mental health crisis response is available in all areas.

For Children and Young people an equivalent model of care should be developed within the expansion of the programme. By 2020/21 all areas including acute hospitals should have access to CYP MH crisis liaison and crisis response. “

As part of the Future in Mind (2015) and Five Year Forward view (2016) set an ambition to improve crisis care with a specific goal to improve experience and outcomes for children and young people in a crisis and improving access to evidence based care close to home.

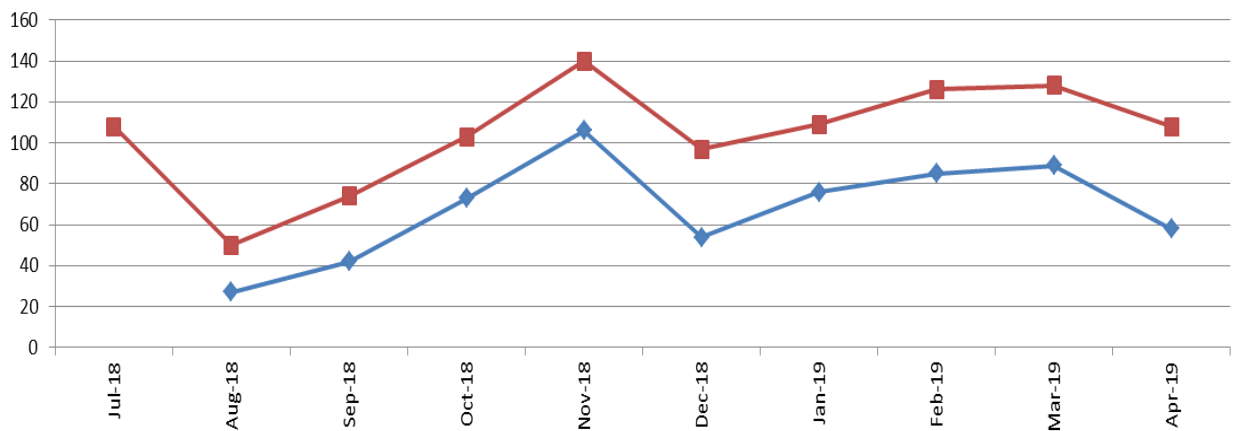
In November 2017 as part of a successful STP business case Alder Hey secured funds for a Mental Health Crisis and Intensive Community Support Service across Liverpool and Sefton CCGs. The model would provide:

- A centralised out of hours telephone service 8am – 8pm (Monday to Friday) 10am – 4pm (Saturday/Sunday)
- Increasing capacity to offer next day “urgent assessment slots” appointments for CYP up the age of 18
- Face to face assessments (including risk assessments and discharge planning for CYP admitted to Alder Hey and Ormskirk Hospital.
(Weekend cover) from 10am to 4pm for CYP up the age of 16

This service became operational in July 2018 and therefore data pertaining to the service does not reflect full Year.

In total the service has received 1,653 calls of which 63.1% related to Duty Calls. The service primarily works with 0-16 year old. Of those calls, 96.1% were children between the ages of 0-16 years. Young people aged 16 up to their 18th birthday are supported by Alder Hey CAMHS Service for crisis support (telephone advice line only) and community MDT’s; however more urgent/emergency mental health presentations are assessed by colleagues in Mersey Care.

Crisis Care and Duty Calls Analysis for Liverpool CCG



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Crisis Call		27	42	73	106	54	76	85	89	58
Duty Call	108	50	74	103	140	97	109	126	128	108

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. As part of the Crisis Service Self Harm Assessments are carried out by the team and completed on the wards in which patients have been admitted.



Compared to 2013/14 the CCG has seen an increase in this cohort by 33.5%. Latest figure taken from Public Health Profiles benchmark Liverpool 8th compared to our peers (Peer average 397.6) and show a much high rate than the national rate of 407.0 per 100,000. The data points in red indicate where Liverpool CCG has benchmarked as significantly worse than the national average. Amber data points indicate no significance difference to the England Average and Green indicates significantly better than the England average.

Area Name	Rate
England	407.0
NHS Sandwell And West Birmingham CCG	234.6
NHS Sheffield CCG	255.1
NHS Leicester City CCG	274.7
NHS Manchester CCG	280.7
NHS Hull CCG	386.1
NHS Bradford Districts CCG	404.1
NHS Newcastle And Gateshead CCG	435.7
NHS Liverpool CCG	468.4
NHS Nottingham City CCG	469.2
NHS Stoke On Trent CCG	580.8
NHS Salford CCG	583.7

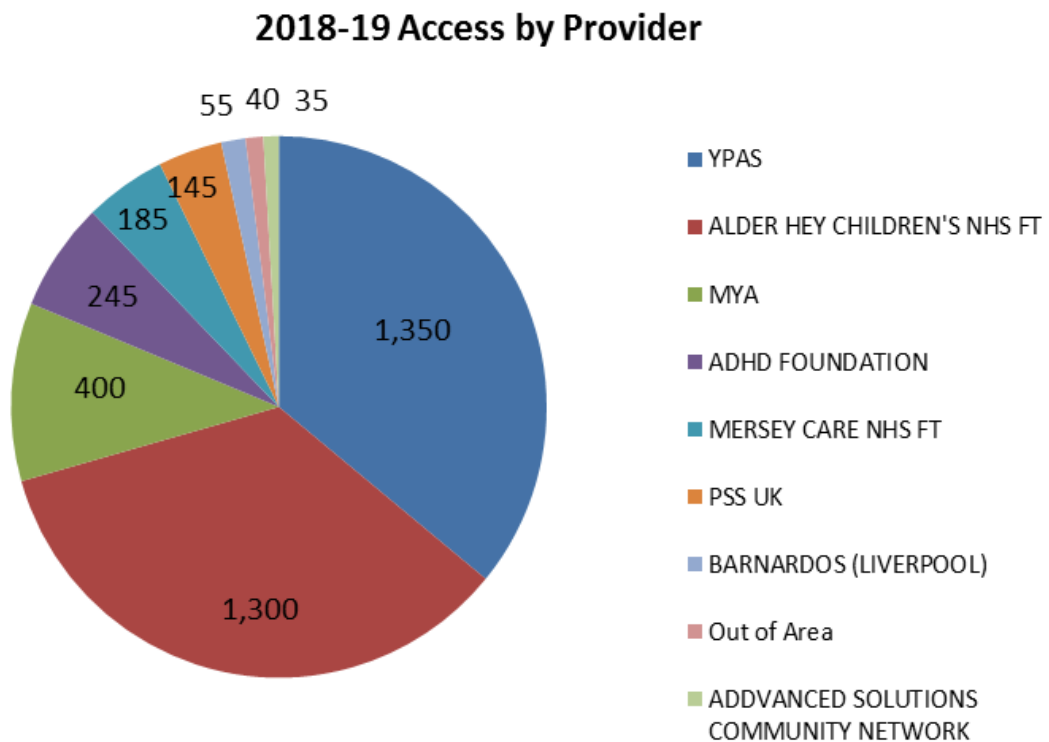
7. Access

“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.”

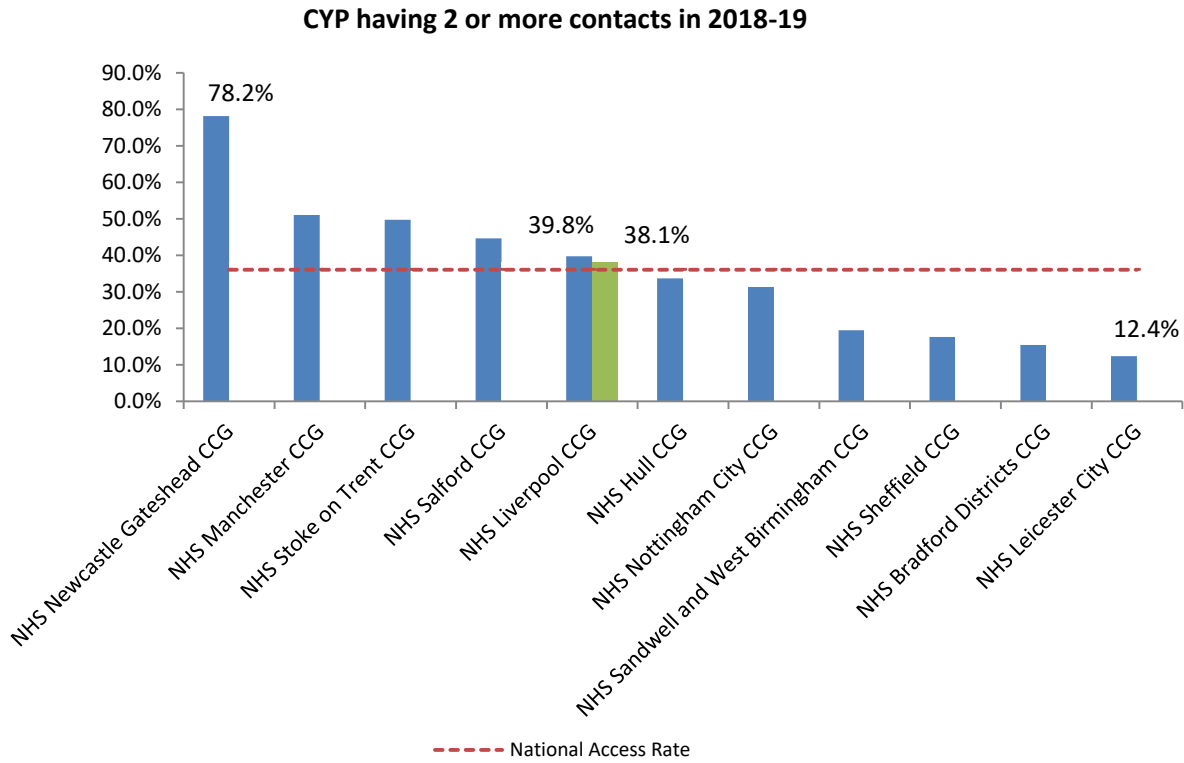
In 2017/18 as part of the 5 year Forward view NHS England introduced a reporting metric using the Mental Health Service Data Set (MHSDS). This measure captures the number of Child and Young People under the age of 18 years who have received treatment in the reporting period. Treatment is classed as 2 or more contacts.

For 2018/19 as part of the contract planning rounds all CCGs were required to achieve a figure of 32% against the 2004 prevalence survey rising to 35% by 2020/21. In Liverpool this equated to 3025 children and young people in 2018/19.

CYP Access is measured through the Mental Health Service Data Set (MHSDS) and as such 2018/19 has proved challenging in terms of reporting. Out of the 9 providers within the CAMHS partnership 5 of the providers submit on a monthly basis to the MHSDS. 93.3% coverage was achieved in terms of complete submissions across the five providers.



At the end of 2018/19 Providers were offered the opportunity to review their figures and provide revised figures based on local Intel. On the basis of this one off collection Liverpool CAMHS partners reported 3695 CYP having two or more contacts across the partnership which equated to 39.8%. This is an increase compared to the previous year as shown in the chart below in which the CCG achieved a figure of 38.1%.



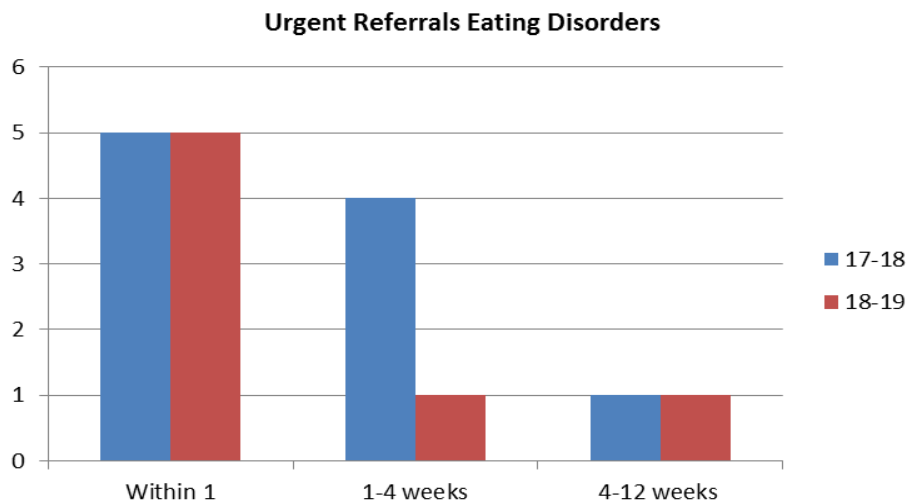
As a result of investment two CAMHS partners ADDvanced Solutions and MYA have procured a new clinical reporting system IAPTUS and are due to report nationally with effect from Quarter 2 2019-20. In addition 3 of the existing CAMHS partners ADHD Foundation, PSS and YPAS have also migrated to IAPTUS.

8. Eating Disorder

The Children and Young People's Eating Disorder (CYP ED) Access and Waiting Time standard states that children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care. The target set for CCGs to achieve by 2020 is 95% for both Urgent and Routine cases.

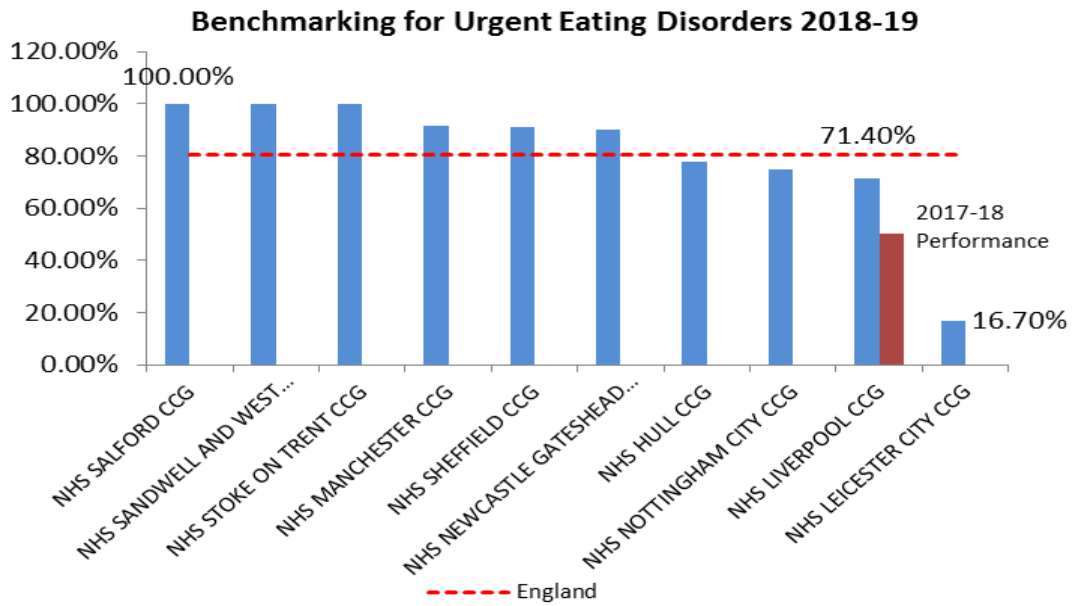
The current Eating disorder service is delivered by Alder Hey. The Eating Disorder service has had some issues during the course of the reporting year (service capacity and short term staffing issues and an increase in the demand for the service).

To address these issues the trust has undertaken work to improve Service Delivery including recruitment of an interim member of staff, reviewing job plans within the team and offering appointments in different location as well as text and telephone reminders.



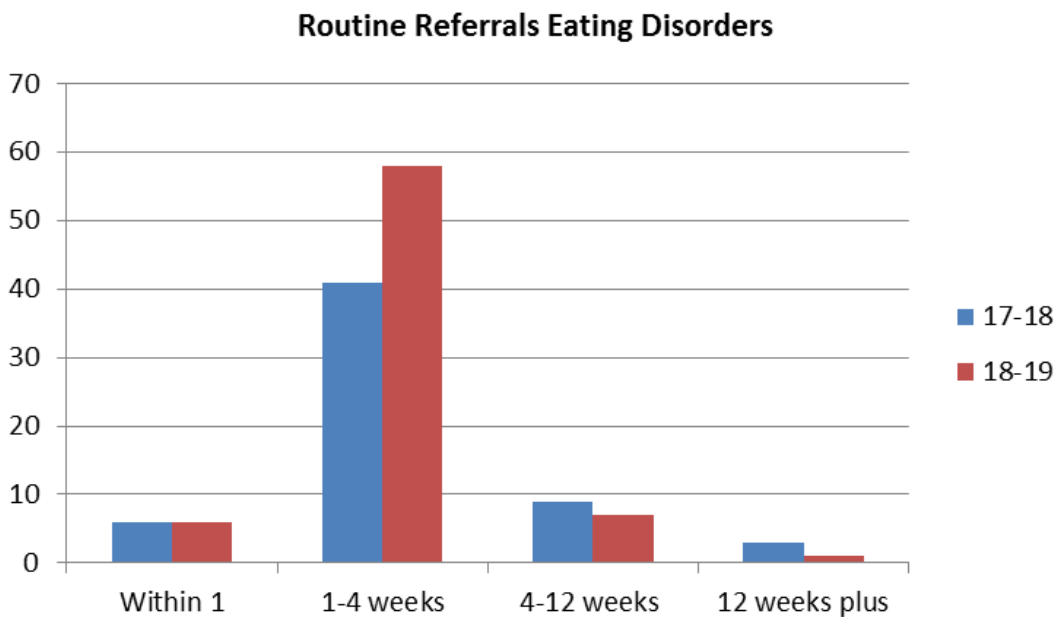
Overall the CCG achieved a figure of 71.4% for the reporting year 2018-19 which ranks Liverpool as 10th compared to our core peers. This is an improvement in comparison to the previous year in which the CCG achieved 50%.

It is important to acknowledge that low numbers can potentially skew performance.

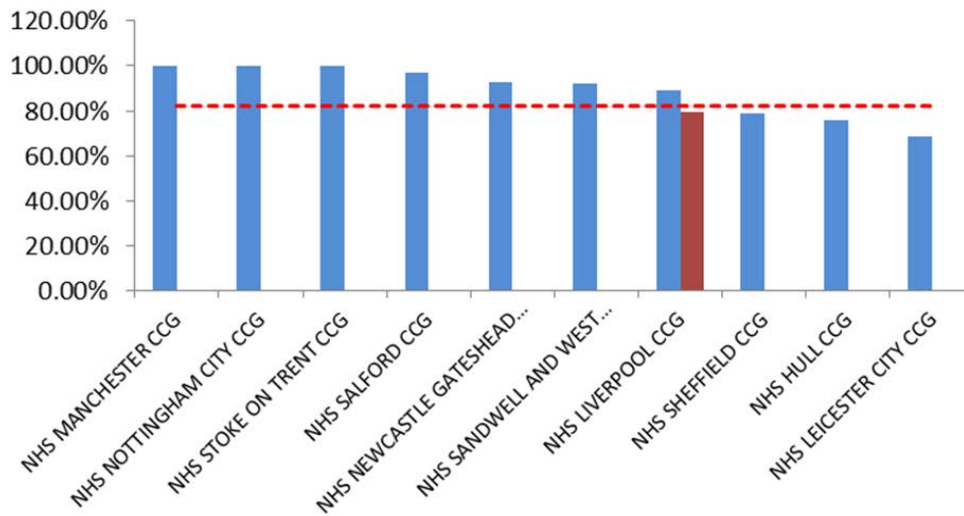


In terms of Routine appointments the CCG achieved a figure of 88.9% for the reporting year 2018-19 which ranks Liverpool as 7th compared to our core peers for Routine appointments. Nationally the figure for routine appointments was 82.4% and regionally the figure achieved was 81.7%.

In comparison to the previous year, this is an improvement as for the reporting year 2017-18 the CCG achieved 79.7%.



Benchmarking for Routine Eating Disorder 2018-19



As previously addressed Demand for the service has increased by 14.5% compared to 2017-18. In total 79 referrals were received into the service for both Urgent and Routine appointments compared to 69 in 2017-18.

Based on latest prevalence figures published in 2017 it is suggested that Eating disorders affect 0.4% of children between the ages of 5-19 when this is applied to Liverpool ONS population this equates to 322 CYP requiring access in the year.

9. Early Intervention In Psychosis Team (EIP)

Liverpool Performance Update

Standards set out in 5 year forward view	Liverpool Team 2017/18	Liverpool Team 2018/19	Liverpool Team 2019/20	National Average 2018/19	Liverpool 2017/18 to 2018/19	Sefton and Knowsley Team 2018/19
Overall rating	Level 2 – Requires improvement	Level 3 – Performing well	???? Likely 3			
Timely Access* Service users with FEP are allocated to, and engaged with, an EIP care coordinator within 2 weeks of receipt of referral	Level 3 – Performing well	Level 4 – top Performing	???? Likely 3	76%	59 to 71%	
Effective Treatment	Level 2 - Needs improvement	Level 3 – Performing well	Level 3 – Performing well			
CBTp Service users with first episode psychosis are offered Cognitive Behavioural Therapy for Psychosis (CBTp)	Level 3 – Performing well	Level 4 – Top performing	Level 4 Top Performing-48%	46%	31 to 52%	
Family Interventions Data for Family Interventions is taken from all service users with FEP and not only from those service users who had an identified family member/carer	Level 2 – Requires improvement	Level 2 – Requires improvement	Level 3 – Performing well-19%	22%	13 to 13%	
Relatives education Carers that were referred to and/or took up a carer-focussed education and support programme	Level 3 – Performing well	Level 3 – Performing well	Level 3 – Performing well-51%	55%	64 to 60%	
IPS Service users with first episode psychosis are offered supported employment programmes		Level 2 – Requires improvement	Level 3 – Performing well-26%	28%	9 to 14%	
Physical Health Monitoring People with First Episode Psychosis who have been on the caseload for 6 months or more, who received a full physical health assessment and any relevant interventions in the last year	Level 1 – Greatest need for improvement	Level 4 – Top performing	Level 3 – Performing well-88%	55%	97%	
Outcome Monitoring People with at least 2 outcome measures recorded at least twice	Level 1 - Greatest need for improvement	Level 2 – Requires improvement	Level 3- Performing well-71%	22%	2 to 42%	

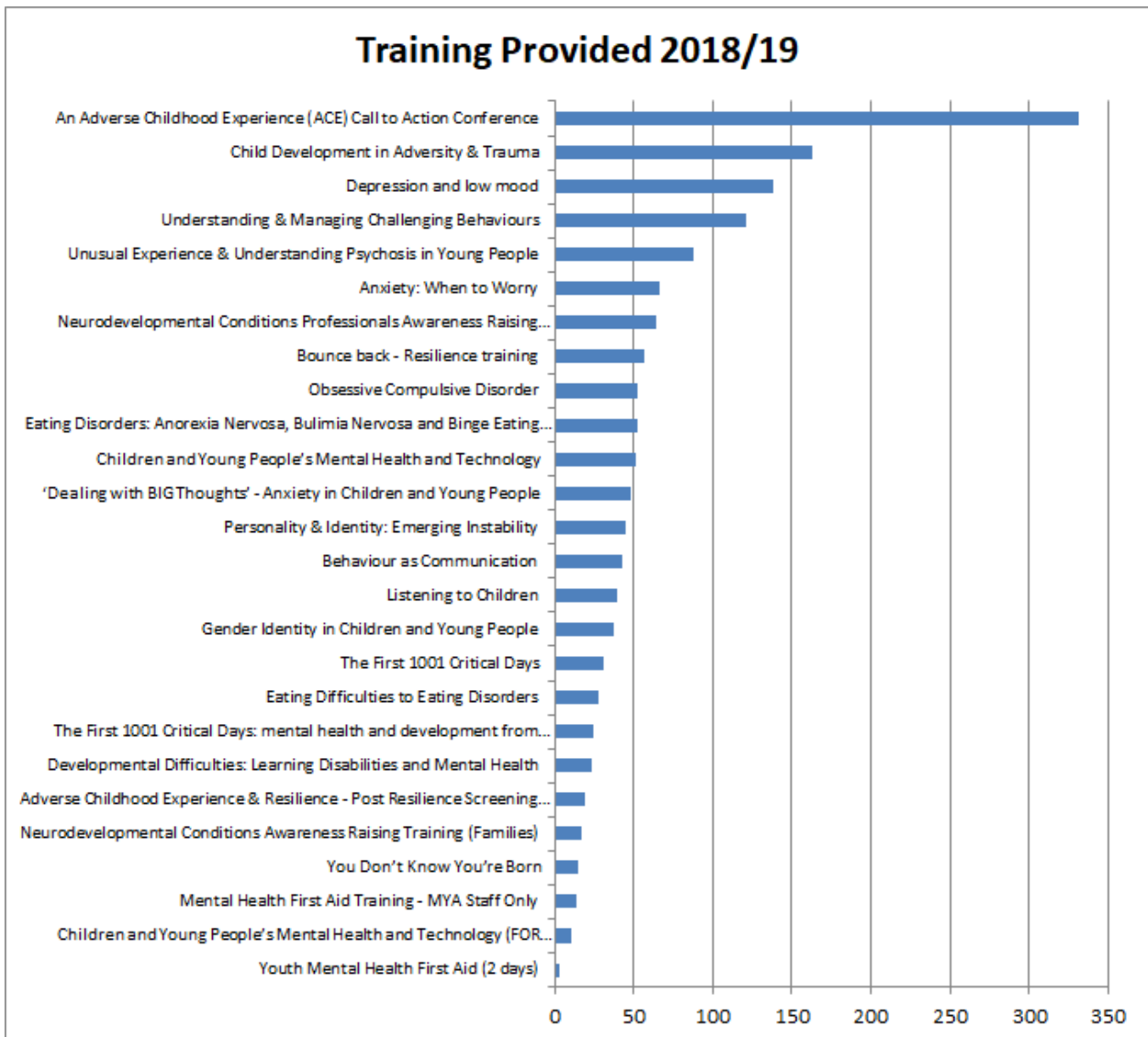
**From 1 April 2016, more than 50% of people experiencing first episode psychosis commence a National Institute for Health and Care Excellence (NICE)- recommended package of care within two weeks of referral. NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis. Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance (2016).*

10. CAMHS Partnership Mental Health Training & Promotion

During 2018/19 training was provided to 1,581 individuals across Merseyside from a variety of sectors including but not inclusive to education, social services and health services. This is an increase of 63.8% compared to the previous year. 965 individuals accessed training in 2017-18.

Out of the 26 courses that were provided in the year, 'An Adverse Childhood Experience (ACE) Call to Action' recorded the highest attendance with 332 attendees. 24.9% of attendees derived from the Education sector.

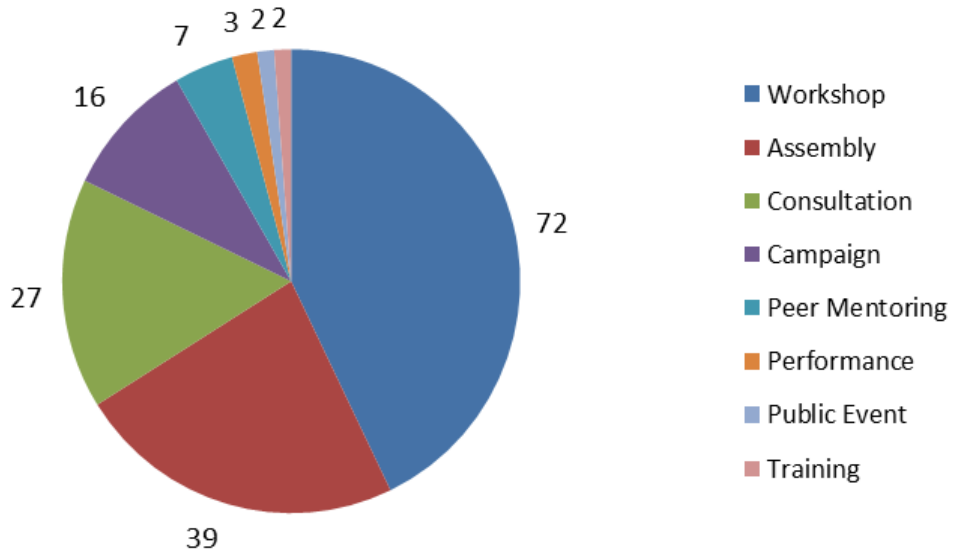
The graph below details the type of training provided from across the CAMHS Partnership.



In total 168 Mental Health promotion events were delivered in 2018-19.

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.

MYA Promotion Events 2018-19



CYP accounted for 76.6% (14,795) a slight fall in comparison to the previous year in which 15391 accessed mental health promotion. 35.0% accessed this service in Quarter 3 which would fall in line with the NOW Festival. In total 3,211 (16.6%) Parents/Carers accessed mental health promotion compared to 1,299 (6.7%) professionals an increase in comparison to the previous year for both cohorts.

On an annual basis the service hosts a 3 day event called the Now Festival. The theme for this year's event was 'Rise Up; Adverse Childhood Experience and Resilience.' This year's NOW Festival consisted of 21 performances by children and young people on the theme of ACEs.



Liverpool CAMHS Partnership Workforce Skills Audit 2018-19

Appendix 9

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



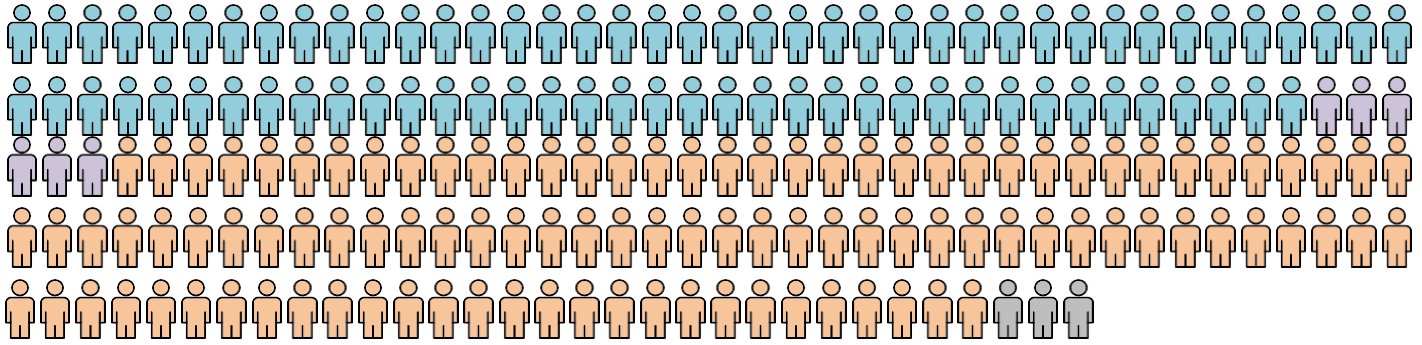
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- Page 2-4 Workforce Numbers
- Page 5-7 Workforce Age Range
- Page 8-12 Workforce Main Areas of Work
- Page 13-14 CYP IAPT Training Numbers



Workforce Numbers

Number of staff employed 2018/19



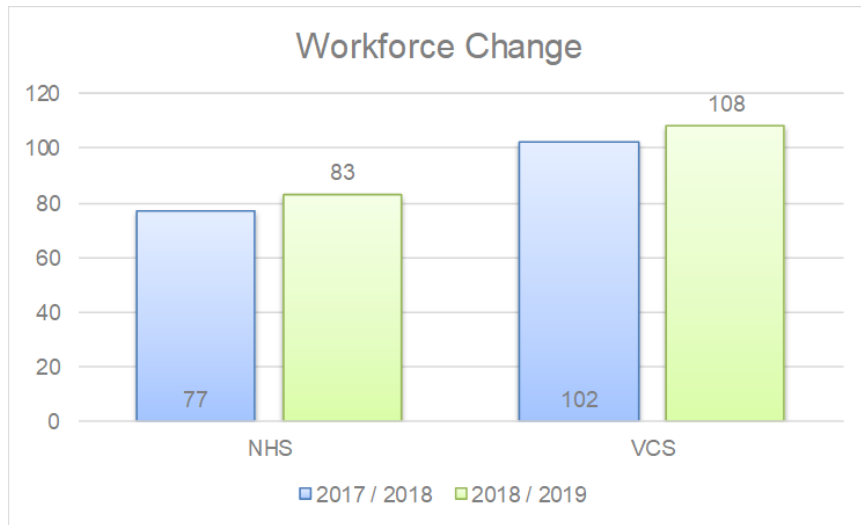
Total Staff – 191

Total filled posts – 182

Total NHS staff (filled and vacant) – 83

Total vacant posts – 9

Total VCS staff (filled and vacant) - 108



Legend:



1 person = 1 staff member



NHS Staff – position filled



NHS Staff – position vacant

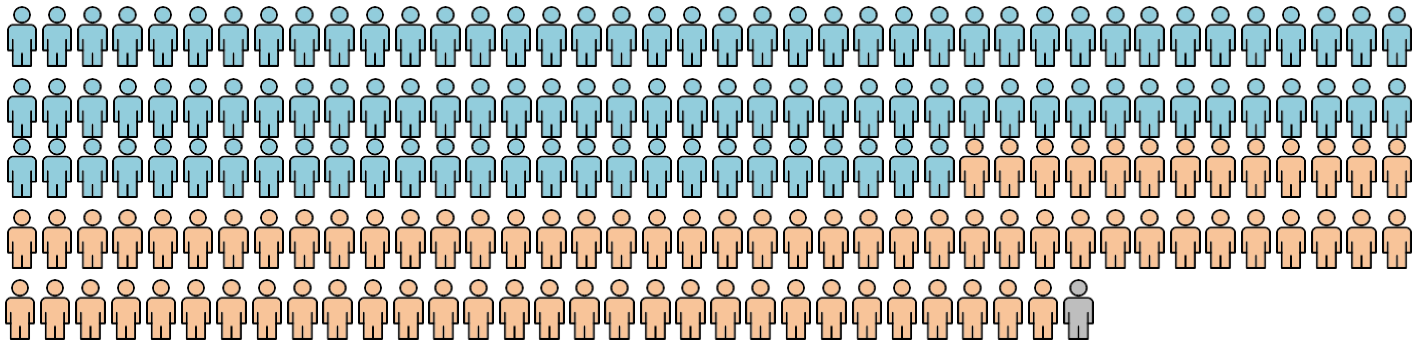


VCS Staff – position filled



VCS Staff – position vacant

Number of WTE staff employed 2018/19

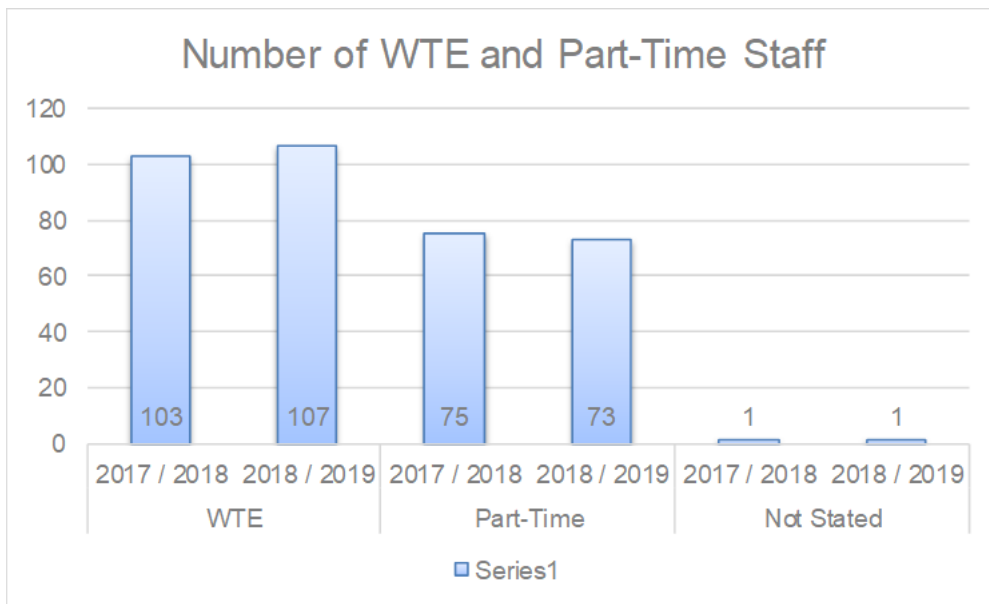


Total Staff – 191

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

Age Ranges

Age range of staff 16 – 25



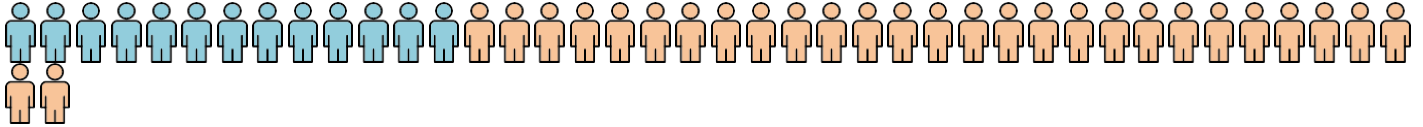
2018/2019

Total Staff – 22

Total NHS Staff – 11

Total VCS Staff – 11

Age range of staff 26 – 39



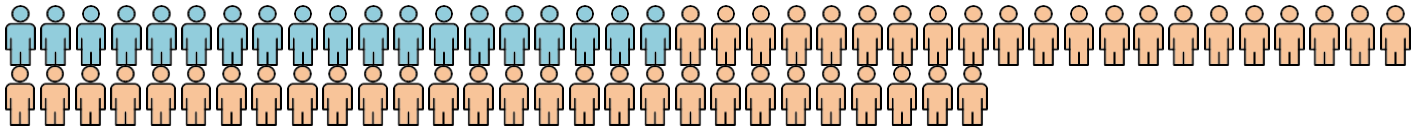
2018/2019

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



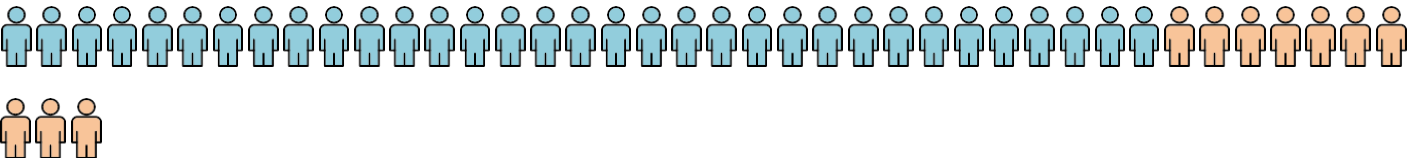
2018/2019

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

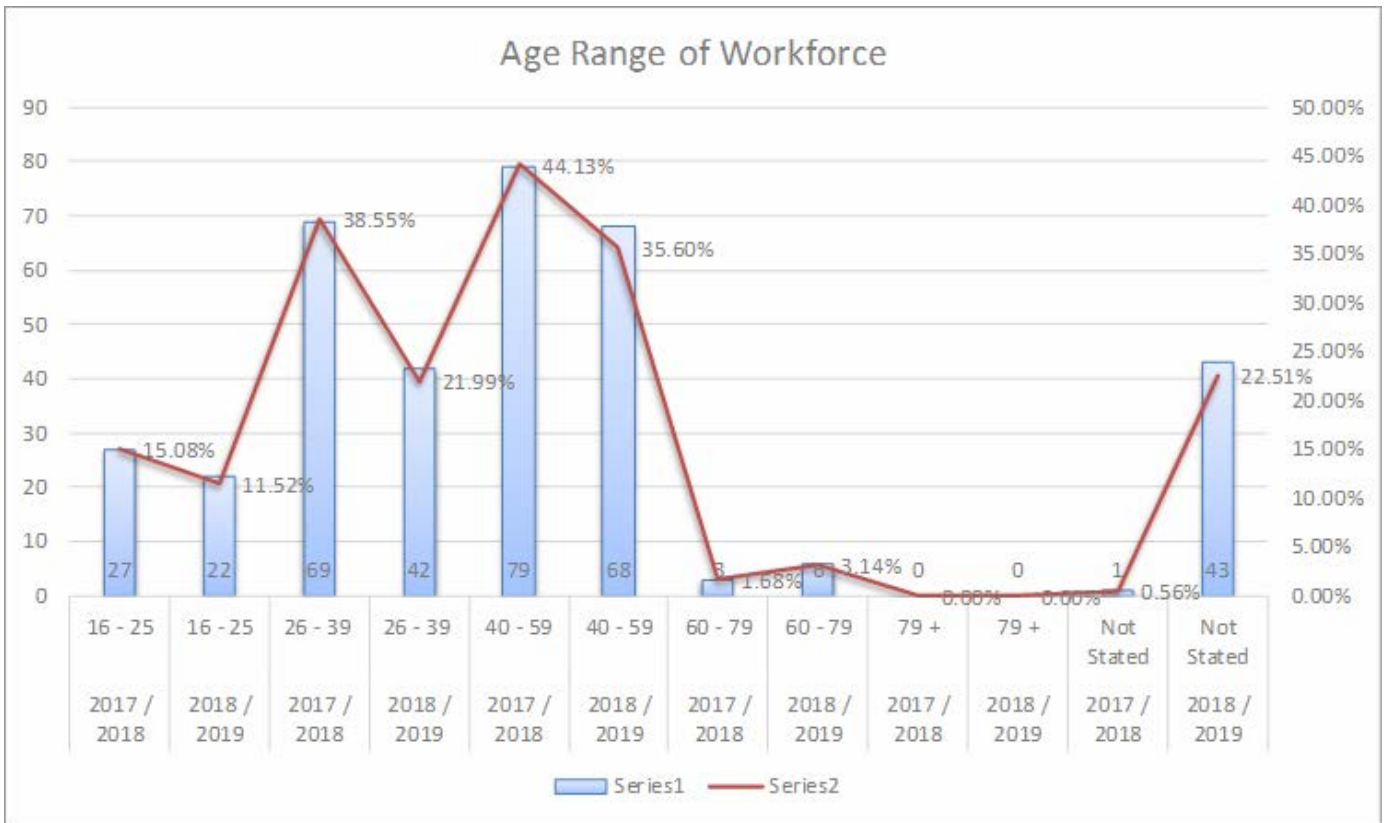


NHS Staff



VCS Staff

Age range of Workforce



Main Areas of Work

Advice and Support



2018 / 2019 Total Staff – 11

Administrative



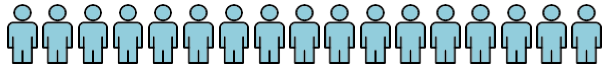
2018 / 2019 Total Staff – 30

Key Worker



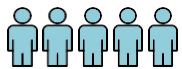
2018 / 2019 Total Staff – 2

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



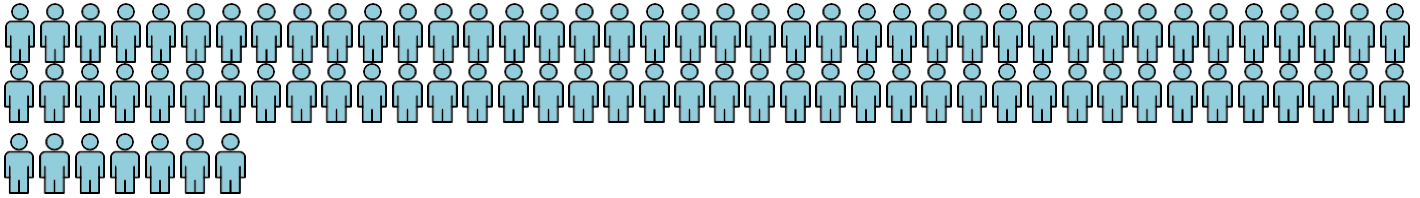
2018 / 2019 Total Staff – 3

Supervision



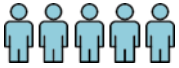
2018 / 2019 Total Staff – 1

Therapeutic



2018 / 2019 Total Staff – 87

Training



2018 / 2019 Total Staff – 5

Other



2018 / 2019 Total Staff – 15

Not Stated



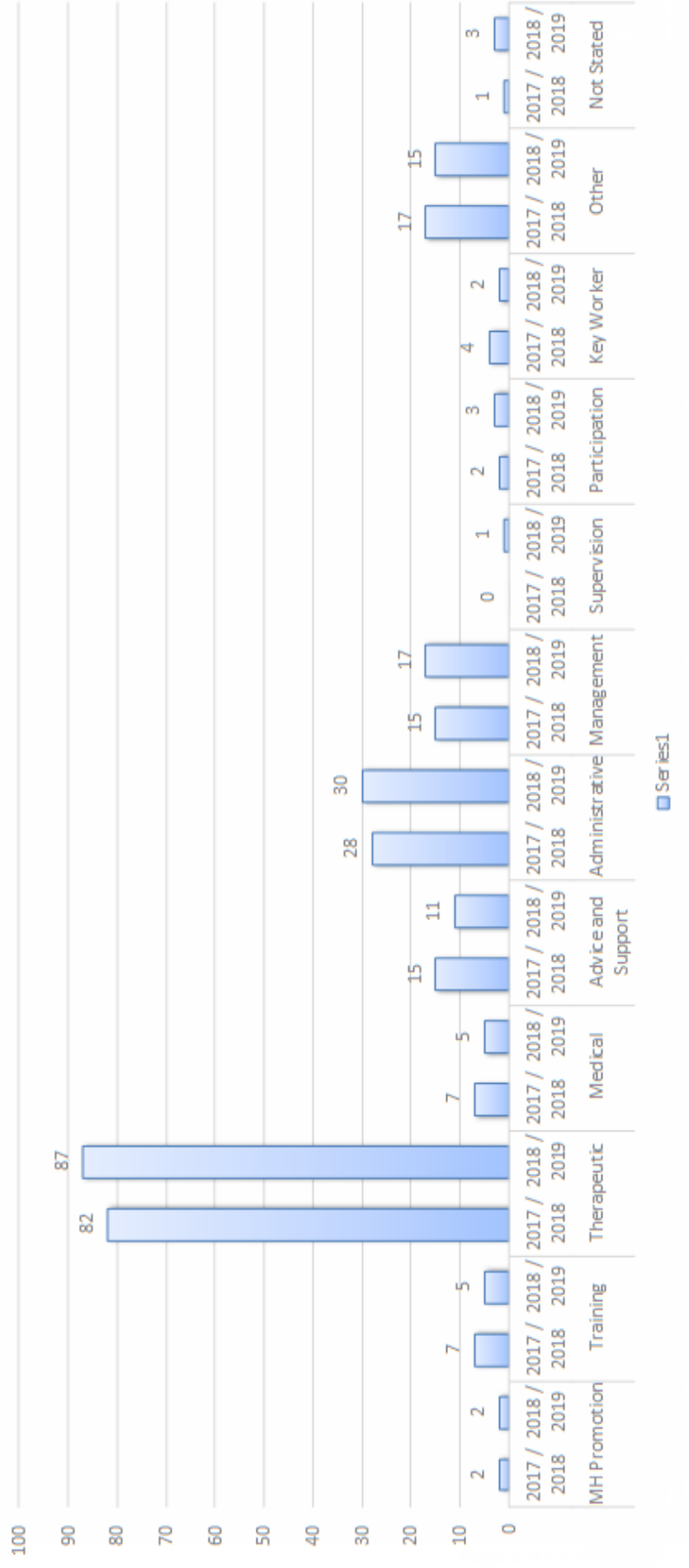
2018 / 2019 Total Staff – 3

Legend:



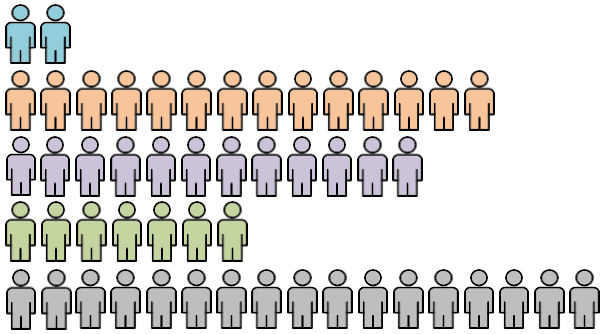
1 person = 1 Staff member

Main Area of Work



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
3	2014 / 2015	£295,000
4	2015 / 2016	£150,000
5	2016 / 2017	£405,000
6	2017 / 2018	£169,833
7	2018 / 2019	£132,000
8	2019 / 2020	£160,000
	Total	£1,321,833

Legend

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



CAMHS Workforce Collaborative Progress

Financial Year	2017/2018	2016/2017
Learning Collaborative / Partnership	Liverpool	Liverpool
Total Number of Service Providers	6	6
Participation	2017/2018	2016/2017
% met by the service provider/organisation	88.54%	90.00%
Staff use feedback and outcome tools in their practice as a matter of routine, this is shared with C&YP and their Parents/Carers	2017/2018	2016/2017
<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%
Feedback and Outcomes information is brought to and used in supervision	2017/2018	2016/2017
% met by the service provider/organisation	95.83%	93.75%
% of clients with paired outcome measures that are normed?	2017/2018	2016/2017
<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%
% of cases with Outcome (PROMS), Feedback (PREMS) and Goals (GBOs) data for C&YP and families where an intervention is offered?	2017/2018	2016/2017
% PROMS	38.73%	86.00%
% PREMS	26.35%	84.00%
% GBOs	23.42%	89.25%
Are children and young people receiving evidence based interventions for the following	2017/2018	2016/2017
% met by the service provider/organisation	67.50%	76.25%
Governance	2017/2018	2016/2017
% met by the service provider/organisation	92.26%	94.75%
Monitor the access to and acceptability of services in terms of access through self-referral, times, settings, methods of treatment	2017/2018	2016/2017
% met by the service provider/organisation	95.83%	100.00%



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Liverpool's Voice of the Child, Young Person and Parent/Carer 2018-19

Appendix 10



What is working well?

- CAMHS Partnership and wide multi-agency offer
- Voluntary sector CAMHS Partners are easier to access and more approachable
- Support in school e.g. Dedicated staff in schools for MH support, MH workshops and peer mentoring
- Services up to the age of 25 years
- Services for vulnerable groups e.g. LAC, LGBTQ, ND 3rd Sector provision, Youth Offending Service
- Feedback sessions and forums for children, young people and parents to inform developments, be part of delivery and review
- Telephone line for crisis service
- Family/parent/carer open access groups across the Partnership
- Training and awareness raising offer
- NOW festival
- Specialist support in Children's Centres
- Drop-ins
- Services in community settings



What is not working well?

- Waiting times are too long for therapeutic support
- Not enough support in schools. MH support should be compulsory and part of school culture
- Not enough funding into Children and Young Peoples Mental Health
- Sometimes confusing of where to go. Need more accessible information
- Support for 16+ year olds. Often get lost in the system
- Not enough practical support about wider issues which could impact on mental health at the age of 16 e.g. housing, education, employment
- Not enough support for Children and Young People with neurodevelopmental conditions and their families especially for mental health, in crisis and during transition
- Support offered is too clinical at times and sometimes not approachable
- Not enough awareness on mental health to reduce stigma or promotion of what's available
- Communication is not always good when on waiting lists, need reminding about appointments and letters to inform us about appointments. They seem too negative.
- Too much paperwork to complete at appointments and for feedback about service.
- Not enough crisis support
- Better buildings
- Too many cancelled appointments



What could be improved?

- Services under one roof that could provide a range of support
- Quicker access to therapeutic support
- Services up to the age of 25 which are age appropriate
- Better use of digital technology for support, communication and information
- More specialist mental health support in schools
- Less clinical services and buildings. Need more young people friendly environments and workers
- More peer mentoring in schools
- More mental health support for Children and Young People with neurodevelopmental conditions and their families
- More funding
- Accessible and easy to read information
- Services to work closer together and close to communities
- More out of hours services including crisis services
- More support for parents/carers and families
- More training for the wider workforce



Urgent Care Review Mental Health Feedback Summary

Some Solutions:

- Improve GP access
 - People willing to access MH care through GP
 - Willing to see nurses, have telephone appts & GP triage – standardise appointment systems
 - Consistency in HCP where possible
- Separate 24 hour specialist MH care needed -- children and adults – local hubs – not A&E – for crisis and crisis prevention
- Reduce waiting times
- Consistent quality of service needed
- All urgent care staff need MH training – inc receptionists
- Holistic care needed - less reliance on medication - social prescribing – links to social issues e.g housing
- Follow up care to be improved
- Prevention/early intervention needs improvement
- Improve comorbidity & dual diagnosis care
- Improve communication between GP and pharmacists re MH care
- Improve communication with families
- Make contacts, appointments and care accessible to all and suitable for patient's needs
- MH SMS service – support people with anxiety/disability/privacy/transport issues

Ranked Priorities of all Public & Carer respondents

- 57% mental health specialist most important
- 68% short waiting times
- 76% alternative to A&E most important
- 86% same day appointment most important

“When it comes to mental health issues, especially for children & adolescents, it is impossible to be seen by anyone quickly - even when deemed urgent by GP, CAMHS will re-triage as non-urgent.” – NHS Worker, North Liverpool

“My son who is mentally disabled. I tried to get help many times, most times no-one is available. Especially at night and weekends, including his Mental Health Social Worker at Heald Street, Garston.” - Carer, South/Central Liverpool

“Mental Health Crisis never gets treated the same day. This is dangerous as people don't know if they can keep themselves safe and feel as though the NHS don't take our pleas for help seriously” -Student, North Liverpool

“GP surgeries need more training in mental health. My son visited our GP last year for help and was told that he was wasting [sic] the doctors time and that the doctor had other patients waiting that really were sick...” – South/Central Liverpool

“My son has needed mental health support. We have been pretty desperate and not known what to do or where to turn. We have been referred to CAHMS by the GP. The GP was very nice but not great [sic] to offer any practical support. He is talking about suicide but as he doesn't have a plan we have to wait about 5 months to be seen...” – Carer (child), South/Central Liverpool

“... There are no specialist mental health staff available out of hours so we usually either receive an emergency CAHMS appointment for the next day as policy or in times where we feel unable to keep my daughter safe at home she is admitted to a general ward with no mental health specialist to await CAHMS assessment. We are often given conflicting advice to either contain the problem at home by CAHMS or attend A&E by others!...” - South/Central



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