

Sefton Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing

2015-2020 *(April 2018 refresh)*



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Introduction and Background

Improving mental health alongside physical health has been identified as a major challenge for both NHS Southport and Formby CCG and NHS South Sefton CCG.

Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018 (Appendix 1) states Sefton's vision is

“to have good mental health and emotional wellbeing for children and young people in Sefton where the psychological development and emotional welfare of the child is paramount”

In August 2015 guidance was issued to CCGs about developing local transformation plans for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of *additional* money has been made available to flow via CCG's to support transformation programmes. Accessing this funding was dependent on demonstrating “strong local leadership and ownership at a local level through robust action planning and the development of publicly available Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.” These plans were based on the 2015 Department of Health and NHS England taskforce report 'Future in Mind'. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

Key objectives of the investment are:

- 1. Build capacity and capability across the system**
- 2. Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)**
- 3. Develop evidence based community Eating Disorder services for children and young people**
- 4. Improve perinatal care.**

The original Local Transformation Plan was agreed and published in 2015. This version has been refreshed in April 2018 to include progress and the most current action plan.

Local Needs Analysis

The following is the key findings from CHIMAT (Child and Maternal Health Observatory <http://www.chimat.org.uk/profiles>) 2014 and the 2014 Sefton Strategic Needs Assessment ([https://www.sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-\(ssna\).aspx](https://www.sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-(ssna).aspx)):

- Approximately 22% of the population of Sefton is under the age of twenty.
- Almost six percent of school children are from a black or minority ethnic group.
- The health and well-being of children in Sefton is generally similar to the England average.
- Infant mortality rates are similar to the England average. However the rate of child mortality (1-17 years) is significantly lower than the England average.
- The level of child poverty is similar to the England average with 20.9% of children aged under 16 years of age living in poverty.
- The rate of family homelessness is significantly lower than the England average.
- Children in Sefton have average levels of obesity. Approximately ten percent of children aged 4-5 years and 20% of children aged 10-11 years are classified as obese.
- 59.3% of children participate in at least three hours of sport a week which is significantly better than the England average.
- The teenage pregnancy rate is lower than the England average.
- The rate of young people under 18 who are admitted to hospital because of alcohol specific conditions, such as alcohol overdose, has declined in the period 2010-13 when compared with the period 2006-09. However, overall rates of admission in the period 2010-13 are significantly higher than the England average.
- The rate of young people under 18 who are admitted to hospital as a result of self-harm has increased in 2011/12 when compared with figures from 2009/10. Overall rates of admission in 2011/12 are significantly higher than the England average. In this period, the rate of self harm hospital admissions was 171.2 per 100,000 young people aged 0-17. Nationally, levels of self-harm are higher among young women than young men. This is the same in Sefton.
- The rate of Sefton CYP admitted to hospital as a result of a mental health problem in 2012/13 was 98.5 per 100,000 young people aged 0-17. This is similar to the England average.
- Sefton is ranked 92 out of 326 authorities in the 2010 Index of Deprivation (1 is most deprived). Approximately 18% of Sefton's residents live within the most deprived 10% of areas within England and Wales .

- The level of child poverty in Sefton in 2011 was 20.9%, which was 0.3% higher than the England average. The difference is not significant. Approximately 9,300 children in Sefton live in poverty.
- 15.5% of school children in Sefton receive free school meals, significantly lower than the England average of 16%.
- The percentage of children achieving a good level of development at age 5 in Sefton is 51% which is line with the national averages for 2012/13 (EYS first statistical release)
- In 2013, approximately 6% of 16-18 year olds were not in education, employment or training (NEET). This figure reduced when compared with previous years and the rate for Sefton is now similar to the England average.

Suicide Reports provide data on a 3 year rolling basis so trends can be identified. The 2011/13 Sefton figures have no suicides recorded for those under 18. Suspected suicide deaths are reported to the coroner, who will consider the needs of bereaved families and may return a narrative, open or misadventure verdict. The Child Death and Overview Panel (CDOP) can provide reports on trends, risks and safeguarding issues (Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018).

Self-harm is considered a risk factor for suicide; however self-harm is a sign of serious emotional distress in its own right. Looked after children and care leavers are between four and five times more likely to self-harm. There is a high prevalence of CYP presenting at A&E where the recorded secondary use services is relating to drug, alcohol and other stimulants and most of the Young People are in their teens. In comparison with the 2006-09 periods, the rate of young people under 18 who are admitted to hospital as a result of self-harm has increased in the 2009-12 period (Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018).

The Children and Young people who are on the edge of care and those under child protection plans are likely to have poor mental health. In 2012/13, the rate of Looked After Children in Sefton was 78 per 10,000 children (420 children). This has been increasing year on year since 2008. Approximately 64% of Looked After Children are placed in foster care and a further 11% are placed in children's homes or secure units. In respect of the age profile the biggest percentage is between 10 and 15 which equates to 161 and for those aged 16-17, the figure is 66 young people (Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018).

The Mental Health Foundation report *Treating Children Well* (Kurtz, 1996) provides an estimate of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4. For the population of Sefton this would equate over the year to:

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

Clinical Commissioning Group Local Area	Tier 1 (2014) <i>Non specialist primary care support needed e.g. common problems of childhood such as sleeping difficulties or feeding problems</i>	Tier 2 (2014) <i>Targeted support needed e.g. assessment and services such as family work, bereavement, parenting groups, substance misuse support and counselling.</i>	Tier 3 (2014) <i>Specialist multi disciplinary team support needed such as Child & Adolescent Mental Health Teams based in a local clinic to support e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis</i>	Tier 4 (2014) <i>Specialised day and inpatient units support needed for patients with more severe mental health problems.</i>
NHS Southport and Formby	3,300	1,540	410	20
NHS South Sefton	4,510	2,105	560	25
TOTAL Sefton MBC	7,810	3,645	970	45

Current Situation

The diagram below illustrates the current commissioned tiered service model for emotional health & wellbeing services in Sefton.

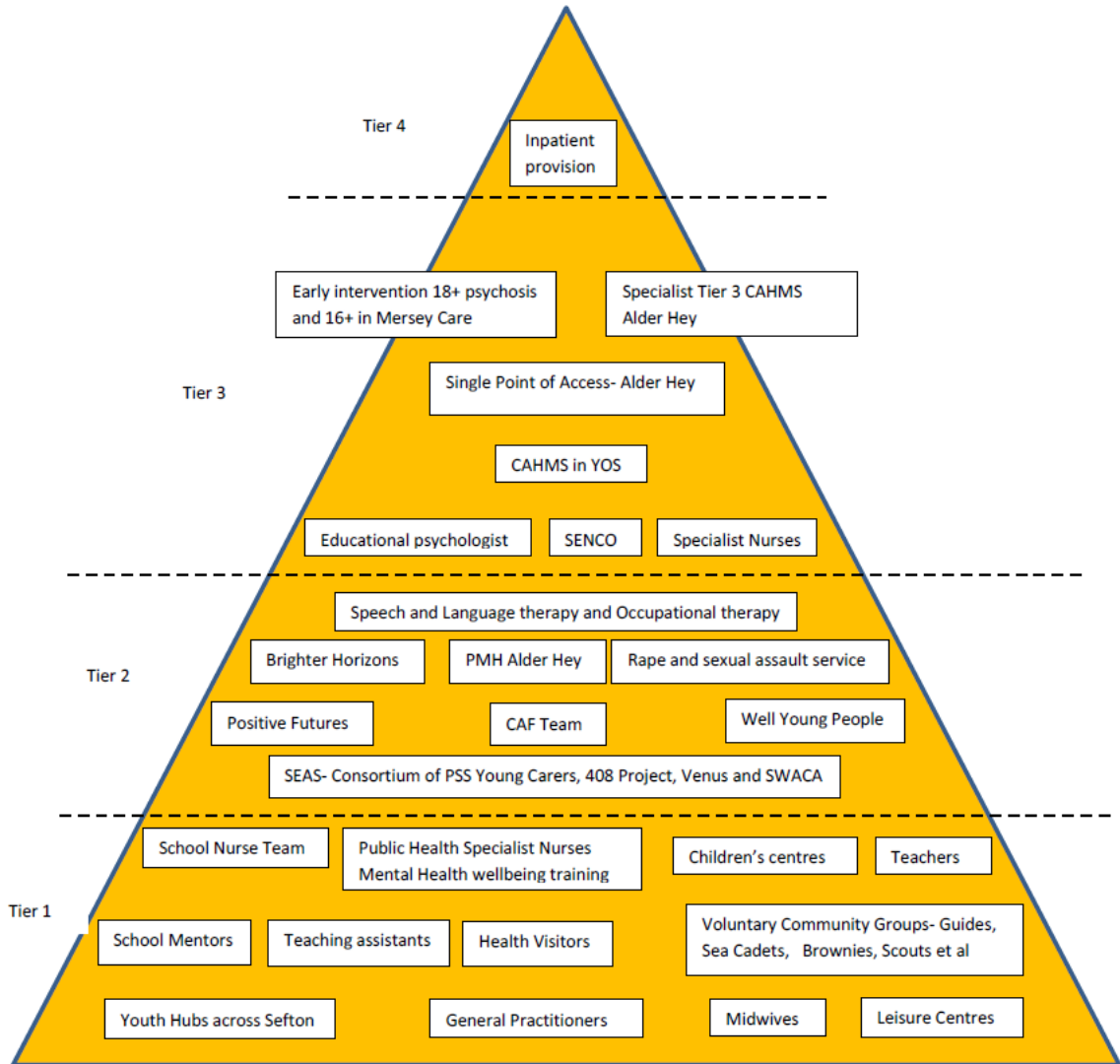


Fig 1: Sefton CAMHS Tiers

It has been identified locally that there is no unifying dataset or information system that provides a whole or adequate picture of service delivery. However, the following information is available in terms performance and investment:

Baseline when LTP published (2015)

CAMHS (2014/15) (CCG £2.6m):

- 1510 referrals made to CAMHS.
- Inappropriate referrals <10%
- 8 subsequently referred onto Tier 4.
- 100% Emergency Referrals seen and assessed within 24 hours
- 82% Urgent referrals seen and assessed within 2 weeks
- Average waiting time from referral to treatment 17 weeks
- 44 LAC referrals – 100% referral to consultation with 6 weeks.
- DNA 11.9% but 7% for LAC.

14-18 Early Intervention Psychosis (2014/15) (CCG – unable to disaggregate from main EIP service):

- 17 referrals

TOTAL REFERRALS TO CCG COMMISSIONED SERVICES/PATHWAYS 2014/15: 1527

Tier 2 interventions (Local Authority £156.5k):

- 8 peer mentoring projects involving 145 children to support anti-bullying
- 72 children learning restorative practice skills to enable them to de-escalate issues within their social groupings
- 405 children to increase their self-esteem, friendship groups and decrease their anxiety, a further 153 children have been supported individually.
- Clinical supervision concerning 30 families which has enabled Early Help practitioners to successfully support casework re:
 - Managing anxiety
 - School refusal
 - Sexually inappropriate behaviour
 - Managing difficult behaviours in school
 - 3 children have subsequently been referred to and are receiving CAMHS support

Tier 4 expenditure 2014/15 £1.3m (NHS England)

2017/18 Position

CAMHS (2017/18) (CCG £2.9m):

Numbers of referrals to CAMHS	1626
Inappropriate referrals	<10%
Subsequent referral to T4	Validated data not available at time of refresh
Emergency referrals seen and assessed within 24hrs	Validated data not available at time of refresh
Urgent referrals seen and assessed within 2 weeks	83.70%
Average waiting time from referral to treatment	22 weeks
Average waiting time from referral to choice	8 weeks
Waiting time for primary mental health	Different delivery model, so n/a
Waiting time from choice to partnership	14 weeks
LAC referrals	Validated data not available at time of refresh
LAC referrals : ref to consultation within 6 weeks	Validated data not available at time of refresh
DNA rate	15%
DNA rate for LAC	Validated data not available at time of refresh

Eating Disorders (2017/18) (CCG £173k): Co-commissioned with Liverpool CCG, data for whole service. 18/19 data will be disaggregated per CCG.

- 123 Referrals – 105 accepted
- 93% of urgent referrals seen with 1 week
- 86% of routine referrals seen within 4 weeks

Transformation activities (2017/18) (CCG £322k – further details in workstream updates)

- Average of 45 children and young people being seen at VCF community hub
- 180 children and young people accessed subsidised VCF school counselling support
- 3 schools involved in transition pilot
- 42 young people trained as wellbeing champions

14-18 Early Intervention Psychosis (2017/8) (CCG funded – unable to disaggregate investment from main all age EIP service):

- 35 referrals

TOTAL REFERRALS TO CCG COMMISSIONED SERVICES/PATHWAYS 2017/18: 1990
(30% increase on 2014/15)

Tier 1 & 2 interventions (Local Authority £351k):

- Young Carers
- Bullybusting
- Social Work input (CAS, LAC)
- Home Based Support

Tier 4 expenditure 2017/18 Not finalised/validated at time of refresh (NHS England)

Sefton is currently part of a CYP IAPT collaborative which involves NHS and voluntary sector providers. In addition, the CCGs have supported a DH Co-commissioning /delivery pilot that was led by the local CVS and has informed the pilot schemes for new ways of working being resourced via this Plan.

All the strategies that have been used to develop the Plan are fully committed to whole systems approaches and that therefore is embedded as a core principle underpinning the Local Transformation Plan. This includes aligning and providing clear synergy with current improvement initiatives e.g. Crisis Care Concordat, CYP IAPT, MH resilience funding, All-age MH Liaison and Co-commissioning.

The Plan is based on delivering evidence based practice, including what is known to work locally. Where no explicit evidence exists it may be necessary to pilot new ways of working in order to fully be transformative, but these will be fully monitored and not mainstreamed until an appropriate improvement in outcomes can be evidenced.

Developing and Refreshing the Local Transformation Plan

The development and refresh of the plan has been led by the CCG but requires the full engagement and support of all local partners, including the local authority and the Health & Wellbeing Board.

Discussion and dialogue on children's emotional health & wellbeing has been ongoing for the last couple of years, channelled through Sefton's Children and Young people's Emotional Health & Wellbeing Steering Group (Appendix 2). This Steering Group produced Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018 and updated with a new Strategy 2016-2021 (Appendix 1a) which had already, and continues to set, the strategic direction for local CAMHS development. This strategy is directly linked to and completely in line with both the Sefton Mental Health Task Group Report, 2015 (Appendix 3) and Living Well in Sefton – Sefton's Health & Wellbeing Strategy 2014-2020 (Appendix 4).

Reviewing the existing strategies (see table below) some broad themes were identified by Sefton's Children and Young People's Emotional Health & Wellbeing Steering Group to inform the original Plan. These broad themes were discussed and explored further with relevant members of the Steering Group, including Local Authority, Providers, Voluntary Sector and Young People (Appendix 5). When providing information on Tier 4 provision, NHS England Specialised Commissioning provided direct comments and suggestions (Appendix 6) that have been fully considered as part of developing the original plan.

Improved and more effective CAMHS will have a positive impact on all those who come into contact with it. However, locally it is clear from evidence and feedback that there are a number of specific vulnerable groups that should be the focus of the Plan:

- Looked After Children
- Children placed out of area
- Self Harm
- Crisis
- Child Sexual Exploitation

All aspects of inequalities will be kept under review and if necessary the Plan will be adjusted if new priorities in this regard emerge during the life of the Plan.

The following table highlights the published key objectives or priorities of those documents:

Document/Plan	Key Objectives/Priorities
<p>Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018</p>	<ul style="list-style-type: none"> • An improvement in the mental health and psychological wellbeing of all children and young people in Sefton. • All the agencies working together and making a contribution to the needs of all children and young people in Sefton, whether with regard to emotional resilience, early intervention at a local level, or in meeting the needs of children and young people with the most complex needs. • A more complete picture of local need across all the possible dimensions of young people's mental health which will give better information about what services are needed, are successfully delivered and how they are making a difference. (CYPP) • Particular attention paid to what young people are telling us in this area (CYPP) • All members of the children's workforce in Sefton being trained in the developmental, emotional and mental health needs of children and young people. Where children require care for mental or psychological disturbance, this will be provided by staff with a range of skills and competencies that meet their needs. • Both specialist CAMHS treatments and tier 1 interventions with children and young people with mental health problems being based on the best available evidence, using NICE guidelines and other well researched methodologies. • A roll out of five to thrive across the early years sector.
<p>Sefton Mental Health Task Group Report 2015</p>	<ul style="list-style-type: none"> • The creation of clearer service and support pathways for children and young people through the establishment of partnership agreements, referral processes, marketing and better working relationships between partnership agencies in order to improve youth access to services across Tiers 1-4. • Increase knowledge, experience and understanding across the commissioning arrangements about how to most effectively utilise pathways and measure the impacts and outcomes achieved as a result of practitioners and beneficiaries using them. • Build on professional development through IAPT learning and in applying thresholds to planning, coordinating and delivering support at the right time and place for children, young people and families. This will involve trialling routine outcome measures and using the voluntary sector to embed self-referral models in partnership with local NHS providers across tiers 1-2/3. • The input of children, young people and families to design, develop and review the emotional wellbeing care and support they receive at different pathway points in order to inform ongoing improvement cycles as part of commissioning arrangements moving forward. • Develop a model of best practice which maximises use of local assets, meets the needs of local young people and encourages CCG, Social Care and Education commissioners to provide ongoing collaborative

<p>Living Well in Sefton – Sefton’s Health & Wellbeing Strategy 2014-2020</p>	<ul style="list-style-type: none"> • Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles • Children and young people will be safe • Parents will have the skills, support and infrastructure to enjoy being parents • Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review • There will be effective prevention and early intervention with people being empowered to determine their own outcomes through the experience of quality services • There will be improved health and wellbeing against the wider factors that lead to poor health and wellbeing • There will be system wide improvements across social care and care pathways, supported with access to information about early diagnosis and prevention • There will be access to information about early diagnosis and prevention services • The infrastructure will be place so that all people can access information, preventative and treatment services • The mental health services that are commissioned will be fit for purpose • We will have stronger communities involved in their own wellbeing and wider community’s mental health services • The appropriate infrastructure is in place to improve opportunity, maintain health and wellbeing and the quality of life for all • Increase the physical and emotional health and wellbeing of all residents
<p>Future in Mind (DH, NHSE 2015)</p>	<ul style="list-style-type: none"> • Promoting resilience, prevention and early intervention • Improving access to effective support • Caring for the most vulnerable • Accountability and transparency • Developing the workforce • Build capacity and capability across the system • Roll-out the Children and Young People’s Improving Access to Psychological Therapies programmes (CYP IAPT) • Develop evidence based community Eating Disorder services for children and young people • Improve perinatal care.

**Five Year Forward View for
Mental Health (NHSE 2016)**

- 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.
- Change in the way services are commissioned, placing greater emphasis on prevention, early identification and evidence-based care
- Complete the roll-out of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across England by 2018.

The process undertaken as part of developing the original Plan identified a number of key workstreams for the Transformation Plan:

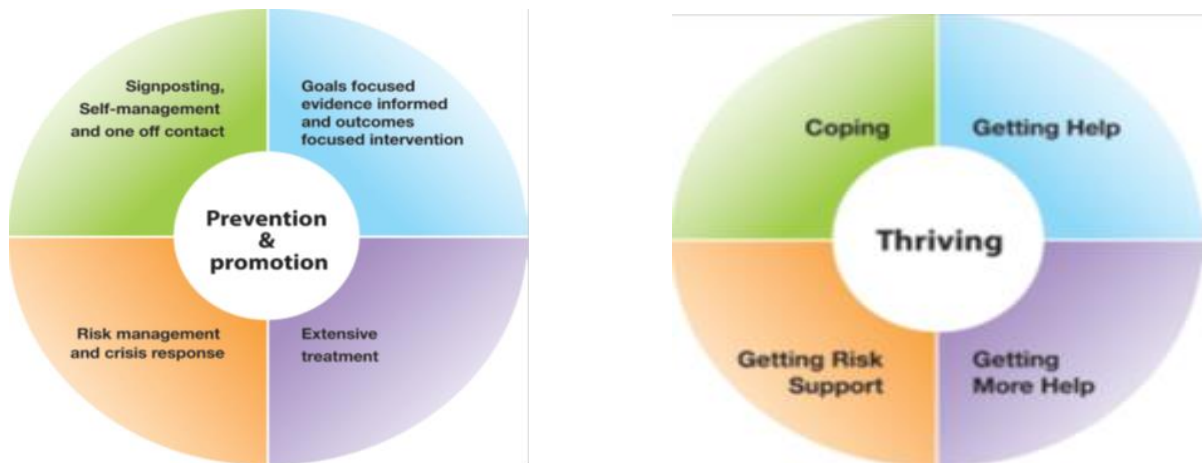
1. Specialist Community Eating Disorder Service.
2. Improve perinatal mental health care.
3. To improve and increase the availability of support to children and young people before tier 3 (reduce demand):
 - This will include responding to key recommendations of Future in Mind i.e. liaison with schools & GPs.
 - Will 'mainstream' the most effective elements of the current co-commissioning pilot work being led by the CCG and CVS. In addition, there may be some services funded but formally commissioned that may warrant consideration of being 'mainstreamed'.
 - Taking forward elements of CYP-IAPT.
4. To improve and increase the support available for children and young people in tier 3, with a specific focus on the most complex and demanding cases (improve outcomes). This may include increase in resources available at tier 3, but will include investigating and developing a more flexible model of supporting more challenging cases.
5. Increase capacity to improve services

The local Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018, and 2016-2021 is committed to moving away from a pathway with tiers.

This new pathway will be informed by the Thrive Model (<https://www.thriveapproach.co.uk/approach/info/underlying-models>) . This model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by Children and Young People themselves.

The, developing, model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area. It's not a tried and tested model and will be refined and developed over time.

Thrive Model



Workstream Updates:

1. Specialist Community Eating Disorder Service.

Commissioning guidance on access and waiting times for eating disorders for children & young people was released in July 2015. There are very clear expectations of what the service should provide; specifically, that it should operate over an area with a minimum population of 500,000 and that it works between tiers 3 and 4 i.e. beyond specialist outpatient but before in-patient treatment. Given the population and the fact that Sefton shares the same tier 3 and 4 providers as NHS Liverpool CCG this service has been developed in partnership. Sefton currently commissions a compliant Specialist Community Eating Disorder Service which during 2017/18 saw a large rise in referrals and has been able to see 93% of urgent referrals in 1 week.

The increase in referrals and the difficulty in replacing consultant psychiatric input are the current primary focus for this service/workstream to ensure that access and quality standards can be maintained.

2. Improve perinatal mental health care.

For perinatal care, allocation and implementation of this has been driven by NHSE. In the first instance the number and location of Mother & Baby Units has been reviewed and agreed. On a sub-regional basis (Cheshire & Merseyside) a new specialist community perinatal mental health service is being piloted via our local Mental Health Trusts. Despite this, locally we have provided new resource to our Childrens Centres to support the introduction of Theraplay and Nurture Programmes. The key focus for this workstream during 2018/19 will be for the CCG (in collaboration with other local CCGs) to understand and plan for the specialist community perinatal mental health service being mainstreamed after the NHSE led pilots have ended.

3. To improve and increase the availability of support to children and young people before tier 3 (reduce demand):

During 2017/18 Sefton CVS in partnership with SEAS (Sefton Emotional Achievement Service) and Sefton Council's Well Young Person Team trialled a range of programmes focussing on increasing the level of mental health support for school age children within their schools, by resilience-building activities and therapeutic support:

Subsidised delivery of therapeutic support within school settings

Falling within the 'Getting help' section of the Thrive Model. Schools identify pupils needing support and contact the service, with a commitment to financing half of the cost of support provided. In total, 180 children and young people from 18 schools have received support under this programme.

Delivery of individual therapeutic support was conducted by qualified child therapists using a range of styles including CBT, play therapy and systemic family practice, and a variety of CORC-recognised Outcome Measures. On average, initial assessments were conducted within 20 days of consultation with the school, with therapy starting 17 days later and lasting for 9-10 sessions. Outcome measures used have shown an average 3-point improvement in scores at the end of therapy.

Group support was tailored to suit the children and young people involved and the needs identified by the schools and therapists. Average waiting times between assessment and delivery was 20 days and programmes were delivered over 4-5 sessions. Evaluations have shown that the children have generally enjoyed the sessions and have developed a greater understanding of their feelings and behaviours.

Transition to High School workshops

This programme was developed following strong anecdotal evidence from partners that an increasing number of teenagers receiving therapeutic support identified the start of their issues being at the transition to high school stage of their lives. Although some anxieties are identified in Year 6, it was felt that some children could fall 'under the radar', so a whole-class workshop was developed. Falling within the Coping/Getting Advice strand of the Thrive Model, workshops were piloted at 2 primary schools (56 Year 6 children) and 1 secondary school (58 Year 7

children), with another booked in to deliver at a further primary school in May. The workshops were delivered at no cost to the school and aimed to provide children the opportunity to feel confident and secure in their transition.

Four one-hour workshops were delivered in the primary schools looking at developing resilience, coping techniques, recognising anxiety and creating a sense of self-assurance. We used a mixture of interactive delivery styles and brought some young people to one of the sessions to talk about their Year 7 experiences, with the opportunity for the children to ask the young people questions. Feedback was positive, with young people reporting how they felt more confident and prepared. We also delivered a session to parents prior to the start of the programme to explain what it was about and answer any queries they had.

The secondary programme was over three 1-hour sessions run on consecutive days and focussed on peer pressure, relationships and fitting in. A few of the participants had attended the sessions in their primary school and it was pleasing to see that they still carried the 'positive message to myself' cards with them to help improve their mood when needed. Young people reported that they found the sessions useful and felt more confident to deal with situations and friends.

One school reported that they had asked their Year 6 to write 'a year in review' about their whole Year 6 experience and the vast majority of them mentioned the training, how much they enjoyed it and how it had made them feel more confident.

Peer mentoring/support programme – Wellbeing Champions

Falling within 'Coping/Getting Advice', this programme is aimed at equipping young people with the awareness and understanding of stigma, mental wellbeing and the ways in which they can support and promote their own wellbeing. During the training, the champions developed their understanding of ways to maintain their mental health, knowledge about routes to help, and confidence in supporting their peers. The programme was developed by a Cognitive Behavioural Therapist and Youth Participation Worker and the use of routine outcome measures were introduced to measure the impact on the participants involved in the programme.

Young people were invited to apply for the training which consisted of 2 full days. A member of school/centre staff was required to be available for some of the training to ensure the young

people were provided with ongoing support and opportunities to discuss concerns. Going forward, the staff member will be asked to continue to coordinate the Wellbeing Champions to ensure they are provided with the opportunities to develop their roles within the school/ local community. In total, 42 young people and 4 staff members were trained in 2 secondary schools and one community group.

At the end of the training, Champions were asked to 'make a pledge,' a commitment to taking forward some of the ideas discussed in the training. The teams are asked to identify a project within their school to help raise awareness and reduce stigma, and they are supported to deliver the project. For example, one team are developing regular articles on emotional health and wellbeing for their student newsletter.

One School Learning Mentor commented:

"This project to get a small group of our pupils thinking about how important mental wellbeing is and how they can promote it to the rest of the school may help start the conversation about mental health in our school community and how we can support each other. It is exciting to see what the pupils will come up with and what an impact it will have. They may start small but it has the potential to grow and they can potentially provide feedback to our wider society on the mental health pressures that young people experience today. As we are only a pilot school it is exciting to be involved and I can see the potential if this project continues in other schools and the community. We need these new and inventive ways of talking about mental health"

The trial of some of these programmes continues into 2018/2019. During which time they will be evaluated, the learning of which will be shared with schools and will in part inform subsequent implementation of the outcome of the Government's recent Green Paper re: Mental Health in Schools.

Mental Health Resilience in Schools: Trials

During the summer of 2016, Sefton Young Advisors in collaboration with Sefton Community, Voluntary Services (CVS) Youth Engagement and Participation Lead explored the broader concept of emotional health and wellbeing with children and young people living in Sefton. Two of the four priority areas identified for action focused on early intervention and prevention:

- Help Children and Young People better understand emotional health.
- Help to build Children and young People's resilience.

Further to this, consultation as part of the Sefton 0-19 Service Review captured the views of young people in the borough. Participants were a mix of boys and girls, aged between 11 and 19 and took in over 130 responses. 73% said that having 'good mental health' was important to them; it was the second most important theme overall.

Other consultation carried out by Liverpool Community Health (LCH) with Year 6 pupils transitioning in to high school highlighted issues that were important to them at that time. Worry about a family member and bullying were priorities. All of which have a direct or indirect link to the personal mental resilience of an individual and likelihood they may have issues around drugs, alcohol, bullying or smoking.

Building on this during the early part of 2017/18 Public Health initiated an extensive range of engagement and consultation meetings with schools, Youth Parliament, Commissioners, providers and the VCF sector.

The key findings of these meetings are summarised below:

- The transition from Primary to Secondary Schools was identified as a pivotal time for young people, meaning a focus on Year 6 & 7 could support young people during this difficult time.
- A 'Whole Schools Approach' was needed, meaning not just focusing on pupils, but parents, teacher and the wider community. This should help to embed good practice resulting from any investment.
- Identification of key links within schools was **essential** to embed invest and ensure it was sustainable and could create 'a legacy'.
- Peer Mentoring was an essential component, as was some web-based content.
- A change of culture would be needed to ensure schools took up and actively used the investment beyond the funded period.
- Acceptance that this is a complex and long-term piece of work, which would require time to be adopted and integrated into schools.
- The most consistent viewpoint was that one approach will not work and that a 'suite of options' is required from which schools can choose one or two options that best fit.

Regardless of the consultation with children and young people, the need for individuals to be resilient and have methods of dealing with poor mental health have featured consistently.

Identifying some non-recurrent investment Public Health in partnership with other stakeholders agree to deliver a programme testing ways of providing early support in school to build resilience and improve wellbeing in young people.

The programme is intended to help equip children and young people to deal better with difficult circumstances in their lives, so as to prevent them experiencing common mental health problems.

Several approaches have been approved to proceed within Sefton in two stages, outlined and summarised below;

- Stage 1 – projects already underway – provide findings so far.
- Stage 2 – larger scale activities to begin in spring 2018.

Stage 1 Activity	Summary
Big Sista Project LINK	Big Love Sista social enterprise. Special project aimed at young women regarding growing up and changes to body and mind. Session-based and takes place within secondary schools.
Nurture & Thrive LINK	An approach that could cover the whole of Sefton, including Children's Centres and Primary Schools. Linking parents and pupils to support services provided by trained points of contact or within the community. An approach that has already begun with a number of local schools and will be used borough-wide.
Rainbow Leaders LINK	Existing approach from a Sefton primary school. Development of the Rainbow Leader approach with new badges for activities, achievement and attainment - could include badges linked to the values of the school. New curriculum written and being implemented.
Youth Connect 5 LINK	Youth Connect 5 is a free course that gives parents and carers across Cheshire and Merseyside the knowledge, skills and understanding to help children develop strong emotional wellbeing through resilience-building techniques.
Stage 2 Activity	Summary
Academic Resilience Approach LINK	A Whole School Approach (teacher, pupil, parent & community) based on lessons and activities regarding mental health. Has been adopted as an integral part of the Blackpool HeadStart activity. Could also be a useful replacement for the ageing SEAL resources still used by some schools. YoungMinds are to initially work with 24 schools in Sefton.
DEAL LINK	Developing Emotional Awareness and Listening (DEAL) is a free teaching resource aimed at students aged approximately 14 and over and inclusive of all abilities and learning styles. It has been developed by Samaritans in consultation with young people and schools across the UK. Being promoted to secondary schools.
Emotional Literacy LINK	Supporting the Capital Schools cluster with a mental wellbeing conference open to all schools. To be followed by 6 x training sessions to be attended by one member of staff from each school who works directly with the children, and 3 x session for senior leaders focusing on developing a whole school approach to better mental health. This will also contribute towards updating existing emotional health programmes and resources used within these schools. 44 x schools signed up.

Growth Mindsets
[LINK](#)

Research proposal regarding establishing Growth Mindsets in schools with teacher and with pupils. The term 'growth mindset' refers to a way of thinking, learning and taking on challenges. 2 x schools to pilot.

Two evaluation reports will be created are to inform policy, strategy, prioritisation and development of activities and services related to the mental resilience of children and young people in Sefton. In particular, subsequent implementation of the outcome of the Government's recent Green Paper re: Mental Health in Schools.

Community Hub

The Star Centre is a newly renovated welcoming and child-friendly venue offering emotional and mental wellbeing support to Sefton residents aged up to 18 years and their parents/carers. The service has been developed as part of Sefton's CYP IAPT Partnership to increase accessibility, self-referral and improve participation and over the 10 months since opening has become a busy, well-utilised community service that is in high demand. The current services on offer are:

- One to one therapies including Person Centred Counselling, CBT, Psychodynamic Therapy & Art Therapy
- Systemic Family Practice
- Dialectical Behaviour Therapy skills group
- Emotional well-being support & awareness group
- LGBTQ+ group
- Young people's participation group
- Parents' participation group
- Unwind your Mind Group (Anxiety and Low Mood)
- Mental Health Champion training
- Parent support drop-in
- Parent training courses including Connect 5 & Incredible Years
- Young person/family drop in for information, advice & guidance

Young people can be referred by any agency or self refer to these services via telephone, on-line or by attending a drop-in. Appointments are flexible to meet the needs of the family, being offered up until 7pm every weekday and some weekends and are not fixed within specified clinic times or days.

The Star Centre fits the Thrive model as it offers mental health support at a stage when first signs may be identified by a parent, teacher, young person themselves and referrals from CAMHS for those that do not meet their thresholds. Children and Young People can get advice or get help at a stage where a short intervention may be all that is needed and self help strategies can be put in place. This means that we are able to offer early intervention to young people and families who, if left, may feel unheard, uncontained and isolated, therefore, resulting in further deterioration of mental well-being.

In addition, the regular drop-ins mean the service can offer support to families immediately. This may be in the form of information giving, such as access to helpful websites and helplines, reassurance that they are not on their own and there is support available or simply a listening ear in a time of uncertainty.

The Centre has received 319 referrals since opening June 2017, with an average of 45 children and young people being seen each week being supported by 20 practitioners from different agencies using a range of approaches.

All services offered are monitored through the use of Routine Outcome Measures to inform therapists, young people and families of areas to focus on and distance travelled. Feedback to date has been extremely positive. Families and young people have reported on how the Centre feels welcoming and informal, they appreciate the flexibility around appointment times and value having a place where support can be accessed at the time when first needed.

This development will move towards being mainstreamed as part of the commissioned pathway during 2018/19. This service, by virtue of being a community hub, is geographically focussed (although they will accept and support individuals from the whole of Sefton). During 2018/19 discussions will undertaken with local VCF partners about creating similar provision in North Sefton – this may involve such an expansion being piloted and certainly will involve extensive partnership working.

4. To improve and increase the support available for children and young people in tier 3, with a specific focus on the most complex and demanding cases (improve outcomes).

This has proved challenging especially as the potential effect of new services e.g. Venus has yet to be fully felt and realised within the wider system. Organisational challenges have been

felt by the main provider e.g staff sickness, turnover, CETR's etc which has been compounded by more children being seen for longer and more often – this reduces the capacity to see new referrals. Since the original Plan the requirements of the Five Year Forward View has flowed through to NHS operational and business planning. For this workstream the current key focus is reviewing capacity and demand of specialist CAMHS and for the CCG to consider additional investment in the context of its funding and other priorities.

However, the main provider has been fully engaged in the wider transformation work and works positively with other CYPIAPT partners. In particular has worked closely with Venus on developing the community hub and ensuring opportunities for new ways of working and improving outcomes are explored.

During 2017/2018 the CCG successfully secured match funding to develop new provision around out of hours crisis support. This will see a new advice line with extended hours and increased support out of hours. The further development of this will be a key focus during 2018/19

As part of the national “New Models of Care” programme, again being led at a sub regional level by NHSE, different ways of providing support to individuals with complex needs i.e. crisis response and intensive home support are being piloted. Sefton is committed to engaging with this programme and considering how learning can be reflected in local care pathways, acknowledging that changes in how funding from inpatient care (tier 4) will be distributed across the care pathway.

5. Increase capacity to improve services

For the CCG, CAMHS is overseen by the Children, Young People & Maternity Commissioning Manager – this reflects how interconnected many aspects of children needs and health services and the overlap with the emotional health and wellbeing e.g. SEND, Learning Disabilities, Therapies, etc. The remit and workload for that post has evolved and expanded over the duration of the Plan. During 2017/2018 the CCG has agreed to add additional capacity to support this post and this will be implemented during 2018/19.

The Plan has seen the Sefton's CYPIAPT partnership become members of the Child Outcomes Research Consortium which requires data to be shared so that the areas performance can be benchmarked. It also provides access to specialist resources, training and information.

The CYPIAPT programme is an important element of creating a local system that is able to improve local services/provision. Primarily through increasing the percentage and number of local staff that are trained and skilled in a range of contemporary evidence based practices. In 2017/18 Sefton CYPIAPT had 10 trainees and the commitment in the Plan is to continue to support trainees.

During 2017/18 our CYPIAPT partnership was successful in securing funding for trialling and implementing new roles that will support different ways of providing services – Children & Young People Wellbeing Practitioners (CYWP). The focus will be how these new roles will be used to increase access particularly to lower intensity support.

The importance of data quality in terms of performance managing and understand the locally commissioned system has already been highlighted. In support of this a key action for 2018/2019 is for CYPIAPT partners, in particular the main CAMHS provider to engage with NHSI to improve data quality. In addition, the infrastructure requirements to support required data flow from the new and developing VCF providers will need to be reviewed and recommendations made.

Refreshed Objectives

As described previously objectives and actions have been developed by bringing together current strategies and priorities and through further discussion with stakeholders.

Based on progress and the ongoing commitment to transformation (including compliance with relevant policy drivers) the key objectives and workstreams for the LTP remain unchanged.

The previous section provides a summary of the key progress to date against these objectives and what actions for the short and medium term have been identified in order to continue with the required improvement and transformation.

For the purposes of this document the objectives and actions apply equally to NHS Southport & Formby CCG and NHS South Sefton CCG. The proportion split for each CCG is based on the percentages used in the NHS England allocation formula.

Objective	Actions for next 12 months (April 2018 – March 2019)	Resource requirement	Investment
Workstream 1: Specialist Community Eating Disorder Service.			
Continue to provide a compliant specialist community eating disorder service	<ul style="list-style-type: none"> Review service delivery model to provide assurance that access and quality standards can be maintained. 	<ul style="list-style-type: none"> Commissioned service delivery. Commissioner oversight. 	£173k (CCG)
Workstream 2: Perinatal Care.			
Improve perinatal mental health care.	<ul style="list-style-type: none"> Engage with NHSE and other local CCGs during 2018/2019 to plan for any required mainstreaming after the NHSE pilots end. Early Years Mellow Parenting Programme 	<ul style="list-style-type: none"> Commissioner engagement. 	<ul style="list-style-type: none"> None during 18/19. Post 19/20 finance to form part of discussions. £7k (CCG)
Workstream 3: Reducing demand and early intervention.			
Improve accessibility through better integration and exploration of locality based models.	<ul style="list-style-type: none"> Commission Venus to deliver community hub emotional health and wellbeing services. Identify and initiate expanding community hub emotional and wellbeing services to North Sefton area. Pilot use of CYWP to improve access. (Links to workstream 5) 	<ul style="list-style-type: none"> Commissioned service delivery Pilot service delivery CYWP posts and supervision. 	<ul style="list-style-type: none"> £80k (CCG) £40k (CCG) £25k (CYPIAPT)
Increase the support to schools in managing and responding to the mental health needs of their school population.	<ul style="list-style-type: none"> Continue with, and evaluate, pilot programmes supporting schools: Transition/resilience, peer mentoring, Public Health Programme. Engage with any successful Trailblazer programme (Mental Health in Schools Green Paper) 	<ul style="list-style-type: none"> Pilot service delivery Service and commissioner engagement. 	<ul style="list-style-type: none"> £55k (CCG) £62k (Public Health) TBD (should be covered by Trailblazer funding)
Increase the level of support offered by schools to their school population re: mental health			

Workstream 4: Increased and improved support for vulnerable individuals and complex cases.			
Increase and improve the support provided to the most challenging cases and most vulnerable individuals.	<ul style="list-style-type: none"> Engage with new models of care 	<ul style="list-style-type: none"> Service and commissioner engagement 	TBD (awaiting national guidance)
Ensure necessary capacity with specialist CAMHS to meet address current waiting times and requirements of FYFV	<ul style="list-style-type: none"> CAMHS to complete capacity and demand review. Business case considered by CCG to address waiting times and meet requirements of FYFV 	<ul style="list-style-type: none"> Additional financial investment 	TBD (subject to outcome of CCG consideration of business case)
Increase the range and availability of crisis support.	<ul style="list-style-type: none"> Crisis, out of hours Engage with new models of care 	<ul style="list-style-type: none"> Commissioned service delivery Service and commissioner engagement. 	£82k (CCG)
Workstream 5: Capacity to improve services			
Increased commissioning capacity with LCCG to support implementation of transformational plan	<ul style="list-style-type: none"> CCG to establish additional Children, Young People & Maternity commissioning post to support transformation. 	<ul style="list-style-type: none"> New post 	£50k (CCG)
Improve data quality	<ul style="list-style-type: none"> Local providers (CYPIAPT) to engage with NHSI led data quality improvement work Review local infrastructure demand on VCF providers and make recommendations on how can be address. 	<ul style="list-style-type: none"> Service and commissioner engagement. Service and commissioner engagement. 	£3k (CCG)
Support implementation of CYPIAPT Programme	<ul style="list-style-type: none"> Fund trainees for 2018/19 	<ul style="list-style-type: none"> Backfill costs 	£56k (CCG)
Promote and celebrate good practice and achievement	<ul style="list-style-type: none"> Sponsor Sefton Youth Mental Health Award 	<ul style="list-style-type: none"> Event costs 	£5k (CCG)

Monitoring and Implementing the Plan

It has been recognised that to realise the ambition of the Plan it will be necessary to increase and improve commissioning capacity. Investment in increased capacity was included in the original Plan, but due to a range of organisational developments and discussions this has not been done to date – however, the CCG will be increasing its commissioning capacity in this regard during 2018/19. Alongside this there will be continued action to improve local systems and practices for collecting data and intelligence across the whole system re: emotional health & wellbeing. This will build upon new data and information requirements being currently implemented (Appendix 7) and the Sefton CCGs in partnership have already agreed to be involved in research and development in this field by the Evidence Based Practice Unit (EBPU) and Child Outcomes Research Consortium (CORC).

The Five Year Forward View has introduced new challenging targets around access to NHS Commissioned services and since the original Plan the Mental Health Services Data Set (MHSDS) has been implemented. MHSDS is the agreed and formal way that data is submitted nationally. The introduction of MHSDS has created new challenges to the system mainly about data quality. However, a specific issue that relates to Sefton's LTP relates to the capacity, capability and infrastructure requirements for new developments especially within the less intensive support being developed and introduced by our local Voluntary, Community and Faith Sector. The Plan has been refreshed to reflect these challenges and how Sefton partners will work collaboratively to ensure that local services can flow data in support of evidencing the requirements of the Five Year Forward View.

A number of years ago the Council and Partner agencies established a steering group to drive forward improvement to Sefton's Children and Young People emotional health and wellbeing. This group has been tasked with developing strategic approaches to transform systems and services to improve outcomes for Children and Young People's emotional health and wellbeing.

The purpose of the Sefton Children and Young People's Emotional Health and Wellbeing Steering Group is to:

- Develop and review the Children and Young People's Emotional Health and Wellbeing Strategy.
- Develop and implement the action plan.

- Define, collect and review a range of information including data (national, regional and local), feedback from Children and Young People and any other pertinent intelligence that will contribute towards the performance management, service prioritisation and improvement for emotional health and wellbeing services in Sefton.
- Provide assurance that all service pathways and delivery from entry to exit acknowledge the particular needs of all Children and Young People and requirements of safeguarding, quality, user/carer involvement, equalities, children in need, looked after children and children with disabilities.
- Have a focus on ensuring a successful transition from child to adult services for those young people in the 16-18 age groups who require transition.
- Maximise the 'partnership potential' of the Group to secure additional resource to improve service delivery and outcomes for Children and Young People.

This is the place where the Action Plan will be reviewed and any matters that need attention that are beyond the remit of the steering group can be escalated to the right place. This is equally relevant whether it be progress to be celebrated and noted along with any matters impeding progress. The specific place to escalate will depend upon the issue.

The Plan is considered a 'living' document and allows for it to be flexible in that it can build on what is seen as working and what is not. This approach also allows for more meaningful ongoing involvement of all stakeholders, especially young people.

Appendices

APPENDIX 1: Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018



Appx 1 Sefton CYP
MH EWB Strategy 20:

APPENDIX 1A: Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018



Children and Young
People's Emotional H

APPENDIX 2: Sefton's Children and Young people's Emotional Health & Wellbeing Steering Group – Terms of Reference



Appx 2 Sefton CYP
Emotional Health and

APPENDIX 3: Sefton Mental Health Task Group Report 2015



Appx 3 Sefton
Mental Health Task Gi

APPENDIX 4: Living Well in Sefton – Sefton's Health & Wellbeing Strategy 2014-2020



Appx 4 Living Well in
Sefton health-wellbei

APPENDIX 5: Young Persons Input into Plan



Appx 5 Young
Person Input to Plan.

APPENDIX 6: Specialised Commissioning Plan Input



Appx 6 Specialised
Commissioning Plan Ir

APPENDIX 7: Sefton CAMHS Contract Data Requirements 2015



Appx 7 Sefton
CAMHS Contract Data