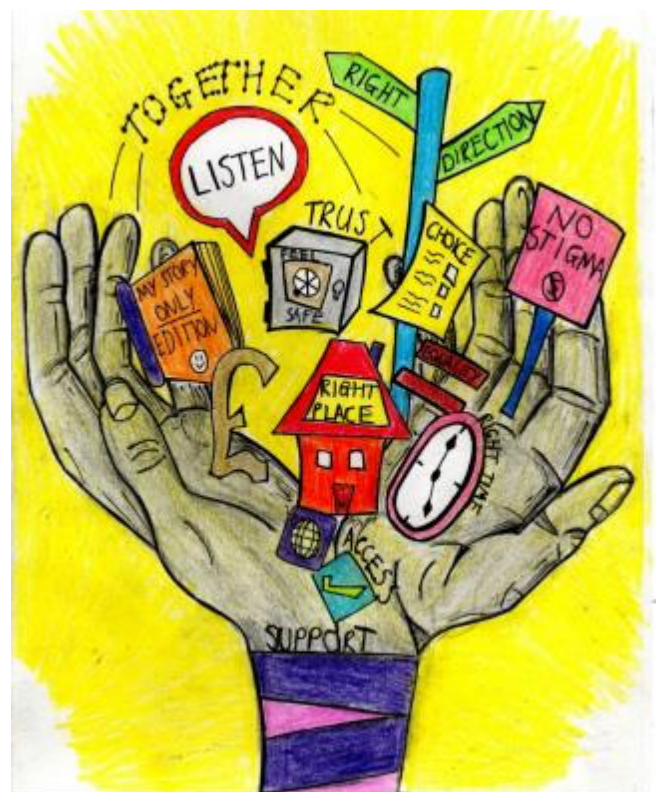


# Sefton Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing

2015-2020 *(May 2019 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 2018 Sefton Joint Strategic Needs Assessment (JSNA)

[https://sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-\(jsna\).aspx](https://sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx) :

- Approximately 41% of the population of Sefton is under the age of twenty.
- In total there are 2,607 children of nursery age attending a Sefton maintained nursery setting. Of these 7% were recorded as receiving free school meals and 5% had a first language other than English. 3% of the children stated their country of birth was outside of Great Britain (country of birth data was provided for 2,602 children). 7% of the students were registered as having Special Educational Needs or Disabilities (SEND) or requiring SEND support.
- In total there are 21,038 children attending a Sefton maintained primary school; of these 18% were recorded as receiving free school meals and 5% had a first language other than English. With 5% of the children being born in a country outside of Great Britain (country of birth data was provided for 20,302 children). 12% of the students were registered as having Special Educational Needs or Disabilities (SEND) or requiring SEND support.
- In total there are 14,609 children attending a Sefton maintained secondary school (Y7-11); of these 17% were recorded as receiving free school meals and 4% had a first language other than English, with 7% of pupils stating their country of birth was outside of Great Britain (country of birth data was provided for 5,509 children). 9% of the students were registered as having Special Educational Needs or Disabilities (SEND) or requiring SEND support.
- In total there are 1,890 children attending a Sefton maintained Further Education Setting/6th Form College. Of these 6% were recorded as receiving free school meals and 3% had a first language other than English; with 2% of pupils stating their country of birth was outside of Great Britain (598 children had country of birth the data provided). 2% of the students were registered as having Special Educational Needs or Disabilities (SEND) or requiring SEND support.
- Sefton % of School Aged Pupils with Learning Disabilities rates have seen slight fluctuations across the past four years (2017 3.6%), unlike England (2017 5.6%) which has seen a considerable rise in rates in 2015 and 2016, when it moved above the Borough rate, though this is likely to reflect a change in recording practice than demographic changes over the period.

- The rate of children with autism (per 1,000 pupils) known to schools within Sefton has increased over last three years, a pattern which is mirrored both nationally and regionally. Sefton (2017 15.5%) continually has rates higher than those of England (2017 12.5%) and the North West.
- It is estimated that 1 in 10 children are affected by mental health problems such as depression, anxiety and conduct disorder. Mental health problems can impact widely on a child's future, influencing their success in school, work, relationships and community life.
- After previous decreases, Sefton's rate of hospital admission for mental health conditions in under 18s has increased to 97.5 per 100,000, a considerable reduction from the previous years. However, it is still higher than the England average.
- Sefton's rate of hospital admission for self-harm amongst 10-24 year olds has also increased in recent years, and is now higher than the national rate. Nationally self-harm admissions have been found to be higher for young women than young men.
- The income deprivation affecting children index shows Sefton is ranked 99th out of the 326 English LAs. However, the deprivation varies significantly across the Borough, with four of its Lower Super Output Areas (LSOA) in the top 1% nationally, and a further 14 in the top 5% (all in the South); with parts, particularly in Central and Northern Sefton, being in the least affected deprived areas, seven LSOAs are in the 5% least affected areas nationally.
- Children Living in Low Income Families (CLIF) is defined as: Children living in families in receipt of either out of work or tax credits whose reported income is less than 60 per cent of the median income and is a proxy measure for child poverty. CLIF is a snapshot in time of people within the area. Percentages of CLIF across Sefton have fluctuated across the past five years, yet the Borough has continually been slightly above the rates seen nationally. Sefton has seen an overall reduction in percentage when comparing 2011 to 2015, similar to England.

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).

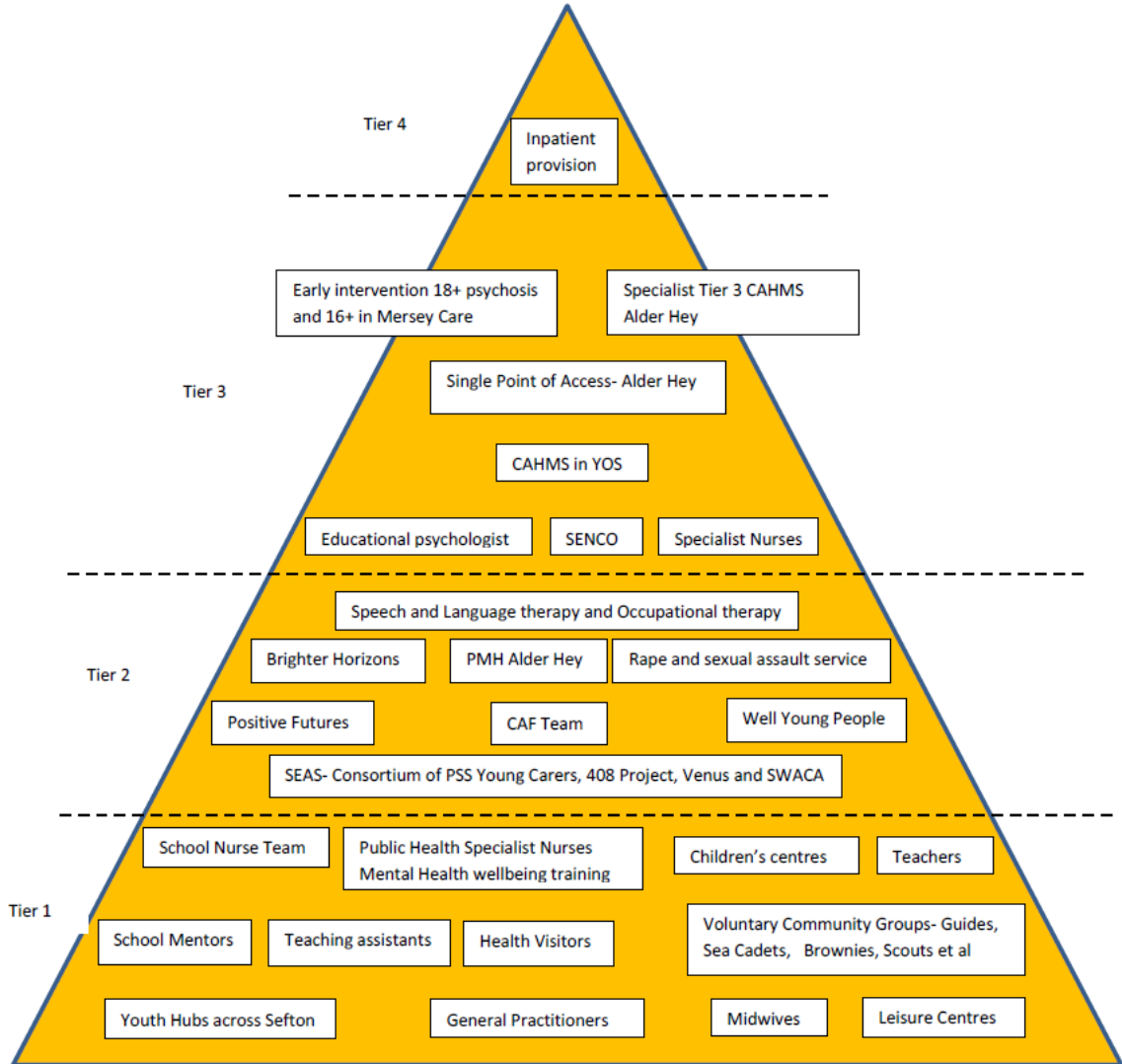
The Mental Health Foundation report *Treating Children Well* (Kurtz, 1996) provides an estimate of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4. For the population of Sefton this would equate over the year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

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

<b>Clinical Commissioning Group Local Area</b>	<b>Tier 1 (2014)</b> <i>Non specialist primary care support needed e.g. common problems of childhood such as sleeping difficulties or feeding problems</i>	<b>Tier 2 (2014)</b> <i>Targeted support needed e.g. assessment and services such as family work, bereavement, parenting groups, substance misuse support and counselling.</i>	<b>Tier 3 (2014)</b> <i>Specialist multi disciplinary team support needed such as Child &amp; Adolescent Mental Health Teams based in a local clinic to support e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis</i>	<b>Tier 4 (2014)</b> <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
<b>TOTAL Sefton MBC</b>	<b>7,810</b>	<b>3,645</b>	<b>970</b>	<b>45</b>

## 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



## 2018/19 Position

### **CAMHS (CCG 2019/2020 £3.07m)**

Numbers of referrals to CAMHS	1463
% accepted	57.1%
Average waiting time from referral to choice (URGENT)	3.44weeks
Average waiting time from referral to choice (ROUTINE)	8.6 weeks
Average waiting time from referral to treatment (ROUTINE)	25.63 weeks
LAC referrals	79
LAC average waiting time from referral to choice	6.03 weeks
Was not brought rate	14.2%
Was not brought rate LAC	15.5%

### **Eating Disorders (CCG £173k)**

- 66 referrals
- 53% of urgent referrals seen with 1 week
- 87% of routine referrals seen within 4 weeks

### **Transformation activities (CCG £272k – further details in workstream updates)**

- 333 children and young people being seen at VCF community hub
- 30+ children and young people attended school workshops
- Further 8 young people trained as wellbeing champions
- Key VCF provider of commissioned activity funded to implement new IT system to support delivery and flow data to MHSDS.
- 4 CYPIAPT trainees
- 8 schools involved in transitions pilot
- Since July 2018 1000+ children and young people have contacted the Crisis Care Team, currently averaging 150+ per month.
- Sefton wide CYP Access rate has increased from 25.6% in 2017/18 to 32.7% in 2018/19 i.e % of CYP estimated to have diagnosable mental health problem being supported by NHS commissioned services.
- Implementation of enhanced assessment and support for young people on out of court disposal orders.

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

- 36 referrals

### **TOTAL REFERRALS TO CCG COMMISSIONED SERVICES/PATHWAYS: 1836**

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

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

\*LA restructured towards locality delivery model, budgets to be realigned against LTP during 2019/2020

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
<b>Sefton's Children &amp; Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018</b>	<ul style="list-style-type: none"> <li>• An improvement in the mental health and psychological wellbeing of all children and young people in Sefton.</li> <li>• 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.</li> <li>• 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)</li> <li>• Particular attention paid to what young people are telling us in this area (CYPP)</li> <li>• 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.</li> <li>• 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.</li> <li>• A roll out of five to thrive across the early years sector.</li> </ul>
<b>Sefton Mental Health Task Group Report 2015</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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</li> </ul>

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

**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:

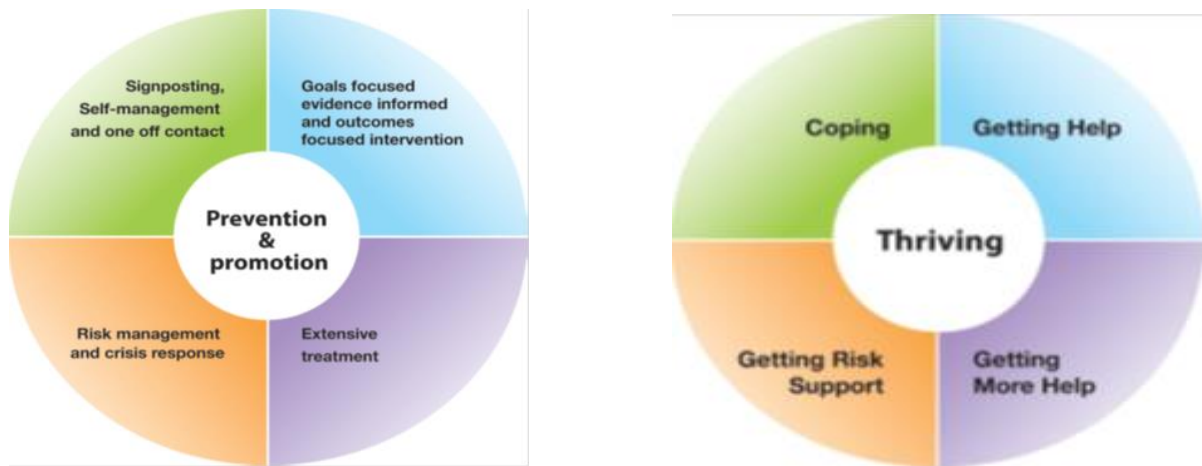
1. Specialist Community Eating Disorder Service.
2. Improve perinatal mental health care.
3. To improve and increase the availability of support to children and young people before tier 3 (reduce demand):
  - This will include responding to key recommendations of Future in Mind i.e. liaison with schools & 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.

Since 2016 the service has seen year on year increases in referrals which is having a significant impact on the ability to achieve the required waiting time standard and at the same time, ensure high quality services are delivered.

In Sefton the number of accepted referrals for 2018/19 is exceeding capacity by about 75%. At the end of 2018/19 a business case was submitted to the CCG to increase capacity to meet this demand.

#### 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 was piloted via our local Mental Health Trusts.



In 2019/20 the service is being commissioned on the same footprint with Warrington CCG acting as co-ordinating commissioner.

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

### **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 have been delivered/planned in 8 schools. The workshops are delivered at no cost to the school and aimed to provide children the opportunity to feel confident and secure in their transition. Local VCF partners who are actively involved in emotional health and wellbeing services deliver the sessions.

Four one-hour workshops are delivered in the primary schools looking at developing resilience, coping techniques, recognising anxiety and creating a sense of self-assurance. We use 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. Young people report 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.

## **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.

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 e.g. Deputy Head teacher agreeing for more pupils to be trained as champions and run further school events.

The project increases awareness of mental health and everyday techniques to support it; Young people at the forefront of improving mental wellbeing in their community.

For 2019/2020 the focus is to be continuing to support staff and young people to launch and measure impact of their wellbeing initiatives in their settings; planning sessions in community sessions in the summer; developing printed resources, designing a training legacy for schools and informing any Mental Health Support Team Trailblazer implementation (if successful).

## **Sefton Mental Resilience in Young People – Stage 2**

The Public Health Institute at Liverpool John Moores University was commissioned by Sefton Council to provide an overview and evaluation of programmes that support young people's emotional health and well-being (mental resilience) in Sefton.

An interim report was published in September 2018 (Appendix 8). A Sefton Children & Young People Mental Well-being Conference was organised. As part of this event, researchers from Liverpool John Moores University facilitated a session relating to the second stage of the Sefton Mental Resilience in Young People project. Discussing what types of data would be most useful for the planned survey with young people to measure their emotional health and well-being, and the practicalities of implementing the survey within schools. They also discussed the different activities carried out in schools that relate to: children and young people's emotional health and well-being; the outcomes/intended outcomes of these activities and if you collect and monitor data relating to the emotional health and well-being of their students.

### **Online Counselling**

In March 2018, following a review of current Local Authority commissioned mental wellbeing services, Public Health were tasked by the Children's Integrated Commissioning Group (CICG) to identify activities aimed at improving the emotional health and wellbeing of children and young people in Sefton. Following a period of consultation by Public Health the activity identified was to commission online counselling via Kooth.

Public Health facilitated three workshops between April and June 2018 which included representatives from schools, youth services, CCG's, social care, schools nursing, CVS providers to identify further potential investment. The most consistent request throughout the consultation was the need for a flexible, easily accessible service that can support the various individual needs of CYP within Sefton at a time of their choosing.

Studies show that young people value the anonymity and confidentiality afforded by online counselling and are more likely to open up online. Young people have also been found to appreciate the control they have over the online interface, such as the ability to log-off or to delete a draft response. The accessibility of online services outside of the working day was also seen as beneficial.

Developed by XenZone Ltd, Kooth is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and is free at the point of use. It was established in 2001 to make it easy and safe for all generations to access mental health and well-being services as and when it is needed.

Kooth is an early intervention resource which targets improvements in young people's emotional and mental wellbeing. It ensures a timely and appropriate response to service requests from a range of individuals and agencies and ensures information about the service is widely available.

The service provides structured 1:1 counselling service to young people in need which draw on relevant NICE guidelines and provides a secure online counselling and support to young people via the Kooth.com web platform.

### **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. 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 service contributes to the delivery of the CYP access target with a specific focus on increasing access in South Sefton, which has lower access rates than Southport and Formby.

They have submitted data to MHSDS to date via the manual SDCS collection process. During 2018/19 working with NHSE, the CCG and the local CAMHS provider a new IT system that would allow data to flow to MHSDS has been explored. A new system was identified (IAPTUS) that also provided added value in terms of operational management of the service and aligns with decisions by VCF organisations in the North Mersey footprint e.g. YPAS. The initial and ongoing costs of this have been funded by the CCG.

2019/2020 will focus on effective implementation of this system. In addition, there will be further discussions with the service about increased capacity to further address the difference in access being seen in South Sefton.

The Centre has supported i.e been seen at least twice, over 330 children and young people with a range of issues.

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.

### **Five to Thrive (5TT)**

5TT has been rolled out to 480+ staff across Sefton Services, including Health, Fostering, Schools, Private and Voluntary Nurseries and Early Years staff in the first wave and across Youth Offending.

It also complements ACE's (Adverse Childhood Experiences) the LA Locality teams are developing. We have developed a Sefton programme for parents and children 'Playing to Learn' using 5TT principles, which has achieved the Sefton Badge of Excellence.

### **Mental Health Support Teams**

During the summer of 2018 Sefton as a partnership of the CCGs, CAMHS, VCF, 0-19 Service, Public Health and LA colleagues submitted an application to become a Trailblazer area for the implementation of Mental Health Support Teams. This application was unsuccessful.

Following feedback and further local discussion a subsequent application for consideration for further waves in July 2019 and January 2020 was submitted.

The proposal aims to provide a new prevention offer to work with existing services in Sefton to support the emotional health and wellbeing needs of Sefton's children and young people.

It is a 'blended' model that includes the principles of the Thrive Model and we want to do more in the Coping & Getting Help sections by using new Mental Health Support Teams (MHST). It works with existing services, pathways, partnerships and make sure good practice happens with more people across Sefton. A copy of the submission is attached as appendix 9.

Building on the work by Public Health on supporting schools in Sefton with emotional health & wellbeing and to help make progress towards MHSTs before and after any funding became available locally, a key aim during 2019/2020 is to establish a more robust partnership with schools.

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, CETRs 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.

Our 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.

Sefton wide CYP Access rate has increased from below 26% in 2017/18 to ~32% in 2018/19 i.e % of CYP estimated to have diagnosable mental health problem being supported by NHS commissioned services. This is progress and broadly in line with national targets.

Further developments in 2019/2020, in particular introduction of online counselling via Kooth will see rates improve further.

As mentioned this LTP covers the area of Sefton and CAMHS services are commissioned across the same footprint. However, access rates are monitored and reported for Southport & Formby CCG and South Sefton CCGs separately. There is a higher access rate in Southport & Formby than South Sefton. It should be acknowledged that they are demographically different and the statistical neighbours for each are different. Work continues with CAMHS to identify if there is a service delivery issue that could be contributing to different access rates – as promotion and eligibility are the same across Sefton.

During 2018/19 a new Crisis Care Team offer was implemented to ensure that children and young people experiencing a mental health crisis are able to access the support they need, which enabled the delivery of :-

- 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

Since July 2018 the service has taken over 1000+ calls and currently receives over 150+ calls per month. In addition to providing access to advice and support in crisis the service contributes to reducing the need for emergency admissions and helps reduce length of stay. During 2019/2020 there will be a focus on evaluating the impact of the service.

The current service does not have the capacity to deliver a phone line beyond 8pm weekdays and 10:00 – 4:00pm weekends/bank holiday. During 2019/20 consideration will be given to the next stage of development/growth for this provision and the increase in capacity required. This is part of the move towards reviewing how children experiencing a crisis receive support 24 hours a day, 7 days a week.

Emerging learning from local community CETRs has identified the need for increased capacity within CAMHS around expertise around ND and ASD. During 2019/2020 a discussions will be held with CAMHS and other stakeholders as to the most effective approach to introducing new this new capacity.

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.



During 2018/2019 the CCG funded 2 wte new staff for CAMHS to increase their capacity. Internally CAMHS also provided additional capacity to help with the resilience of the service.

Demand has been monitored during 2018/2019 and the referral rate has not significantly increased. However, we are seeing a pattern that is seeing more young people being seen by CAMHS and for longer. In 2019/20 a more detailed service review will be required rather than a capacity/demand review.

In a parallel development during 2018/19 the CCG provided significant new investment to increase the capacity and redesign of the ND assessment & diagnostic pathway. This will have positive impact on emotional health and wellbeing.

### **Health & Justice**

In partnership with Liverpool CCG and NHSE Liaison & Diversion a new pilot was initiated during 2018/2019. It has been recognised across Liverpool and Sefton that a gap exists for those CYP requiring early help, specifically those coming through the Out of Court Disposal (OoCD) route as they don't always go through custody or court where Liaison & Diversion (L&D) are based. Many of these CYP are assessed as needing lower level mental health interventions by the L&D team however are unable to access quick and timely support that meets their level of need in addition to challenges with on-going engagement. If identified that support is required following assessment then a referral will be made to Venus our local VCF CYPIAPT partner for support. In 2019/20 focus will be on full implementation of this pilot and subsequent evaluation.

### **Transforming care**

Sefton is engaged with the Transforming Care Partnership Board.

During 2018/2019 the CCG has continued to arrange and chair community CETRs with full involvement of independent experts. From April 2019 Sefton has adopted using the Cheshire & Merseyside developed tool and approach to assessing risk and maintaining a dynamic risk register. CAMHS have utilised this mechanism in identifying the need for full community CETRs.

In partnership with Liverpool CCG a bid for transformation funding from the TCP Board was made and confirmation of success was provided in June 2019. This funding will target long waits for ASD diagnosis piloting using external capacity specifically for those aged 10/11+. In addition, this will pilot some small-scale support to be provided by local VCF to support during and after the diagnostic process.

During 2019/2020 executive and strategic discussions will take place about implementing a more robust and NICE compliant pathway (beyond a focus on assessment and diagnosis).

#### 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 2018/2019 some additional capacity was introduced and a further restructure is planned for 2019/2020.

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 2018/19 Sefton CYPIAPT had 4 trainees. Locally CYPIAPT partners will review the best approach to workforce development during 2019/2020 recognising the increased cost to the local system of funding trainees.

CYPIAPT continues to be one of the primary drivers of local workforce development re: emotional health and wellbeing. CYPIAPT partners are currently completing The Self Assessed Skills Audit Tool (SASAT) which will inform workforce strategies at local and regional levels. Locally Sefton has expressed an interest in Recruit to Train posts and Children & Young Wellbeing Practitioner posts (CYWP).

The importance of data quality in terms of performance managing and understand the locally commissioned system has already been highlighted. A key action for 2018/2019 was 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.

There have been significant improvements to data quality as evidenced via MHSDS and NHSE Deep Dive visits. Our VCF commissioned provider did not have a MHSDHS compliant system. During 2018/19 working with NHSE, the CCG and the local CAMHS provider a new IT system that would allow data to flow to MHSDS has been explored. A new system was identified (IAPTUS) that also provided added value in terms of operational management of the service and aligns with decisions by VCF organisations in the North Mersey footprint e.g. YPAS. The initial and ongoing costs of this have been funded by the CCG.

CYIAPT NHS commissioned providers are very engaged in the use of outcomes and have been fully involved in the NHSE/SCN deep dive meetings.

## **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 2019 – March 2020)	Resource requirement	Investment
<b>Workstream 1: Specialist Community Eating Disorder Service.</b>			
Continue to provide a compliant specialist community eating disorder service	<ul style="list-style-type: none"> <li>Review capacity of service to meet actual current levels of demand to provide assurance that access and quality standards can be maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned service delivery.</li> <li>Commissioner oversight.</li> </ul>	£173k (CCG) – Current. Increase TBC
<b>Workstream 2: Perinatal Care.</b>			
Improve perinatal mental health care.	<ul style="list-style-type: none"> <li>Work with co-ordinating commissioner (Warrington CCG) on implementing local contract management and oversight.</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner engagement.</li> </ul>	<ul style="list-style-type: none"> <li>£421k.</li> </ul>
<b>Workstream 3: Reducing demand and early intervention.</b>			
Improve accessibility through better integration and exploration of locality based models.	<ul style="list-style-type: none"> <li>Commission Venus to deliver community hub emotional health and wellbeing services and explore increasing activity to address South Sefton Access rates.</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned service delivery</li> </ul>	<ul style="list-style-type: none"> <li>£80k (CCG)</li> <li>£40k increase for 2019/2020(CCG)</li> </ul>
Increase the support to schools in managing and responding to the mental health needs of their school population.	<ul style="list-style-type: none"> <li>Continue with, and evaluate, pilot programmes supporting schools: Transition, wellbeing champions, Public Health Programme.</li> <li>Engage with any successful Trailblazer programme (Mental Health in Schools Green Paper)</li> </ul>	<ul style="list-style-type: none"> <li>Pilot service delivery</li> <li>Service and commissioner engagement.</li> </ul>	<ul style="list-style-type: none"> <li>£50k (CCG)</li> <li>TBD (should be covered by Trailblazer funding)</li> </ul>
Increase the level of support offered by schools to their school population re: mental health	<ul style="list-style-type: none"> <li>Implement Online Counselling (Kooth)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned service delivery</li> </ul>	<ul style="list-style-type: none"> <li>£33.3k (LA)</li> <li>£20k (CCG)</li> <li>£20k (Public Health)</li> </ul>

<b>Workstream 4: Increased and improved support for vulnerable individuals and complex cases.</b>			
Increase and improve the support provided to the most challenging cases and most vulnerable individuals.	<ul style="list-style-type: none"> <li>Engage with new models of care</li> </ul>	<ul style="list-style-type: none"> <li>Service and commissioner engagement</li> </ul>	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"> <li>Formal CAMHS Service review.</li> </ul>	<ul style="list-style-type: none"> <li>Additional financial investment</li> </ul>	TBD (subject to outcome of CCG consideration of business case)
Increase the range and availability of crisis support.	<ul style="list-style-type: none"> <li>Expand Crisis Care Team</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned service delivery</li> <li>Service and commissioner engagement.</li> </ul>	£82k (CCG) Increase TBC
Increase ND/ASD expertise within specialist CAMHS	<ul style="list-style-type: none"> <li>Agree additional ND/ASD capacity with specialist CAMHS</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned service delivery</li> <li>Service &amp; commissioner engagement.</li> </ul>	TBC (CCG)
Support for CYP on Out of Court Disposal orders.	<ul style="list-style-type: none"> <li>Fully implement the youth justice pilot.</li> </ul>	<ul style="list-style-type: none"> <li>Service and commissioner engagement</li> </ul>	£54k (NHSE)
<b>Workstream 5: Capacity to improve services</b>			
Improve data quality	<ul style="list-style-type: none"> <li>Local providers (CYPIAPT) to engage with NHSI led data quality improvement work</li> <li>VCF provider to implement new MHSDS compliant IT system</li> </ul>	<ul style="list-style-type: none"> <li>Service and commissioner engagement.</li> </ul>	£12k (CCG)
Support implementation of CYPIAPT Programme	<ul style="list-style-type: none"> <li>Fund trainees for 2019/20</li> </ul>	<ul style="list-style-type: none"> <li>Backfill costs</li> </ul>	TBC (CCG)
CCG Commissioning Capacity	<ul style="list-style-type: none"> <li>Restructure CYP commissioning structure</li> </ul>	<ul style="list-style-type: none"> <li>CCG infrastructure costs.</li> </ul>	TBC (CCG)

## **Monitoring and Implementing the Plan**

NHS Southport and Formby CCG and NHS South Sefton CCG together share the same footprint (Co-terminus) with Sefton Council. Service delivery, strategic planning and governance for the purposes of emotional health & wellbeing for children and young people is done collectively between both CCGs and the council across Sefton as a whole.

Combining the work being led by Public Health combined with the improvements in data collection and quality from NHS commissioned services 2019/2020 will bring forward more intelligence across the whole system re: emotional health & wellbeing to inform ongoing commissioning and redesign.

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 and the introduction of online counselling (Kooth). 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.

## **Sustainability**

The LTP was originally developed for the period 2015-2020. If there is no requirement to continue with a discrete LTP (as the LTP was generated through local needs and intrinsically linked to local strategies), work and progress driven through the LTP will continue via the local relevant strategy i.e. Emotional Health & Wellbeing Strategy or similar.



## **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

## APPENDIX 8: Supporting Young People's Emotional Health and Well-being in Sefton: Interim Report



Sefton Stage 1  
Final.pdf

## APPENDIX 9: MHST Bid



WAVE 1 CYP-GP-Site  
Application Part A- So