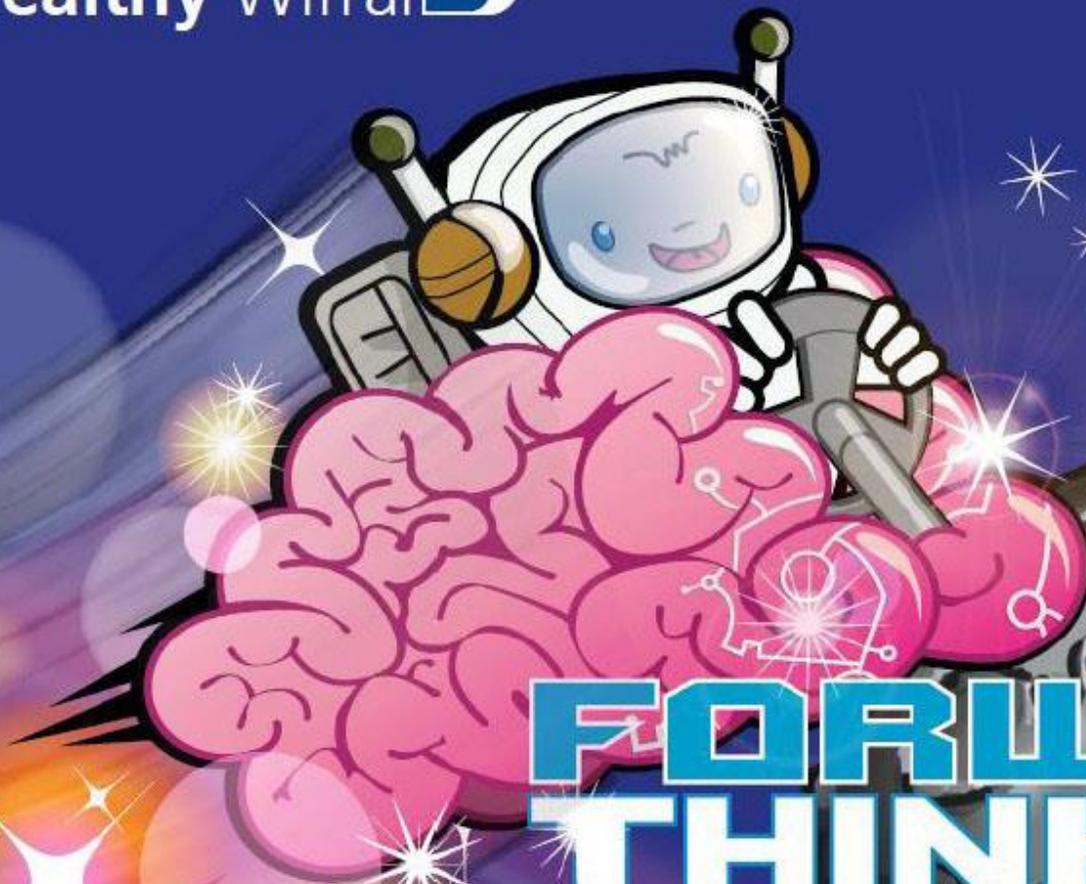


Healthy Wirral 



# FORWARD THINKING

Children and Young People's Mental Health and Wellbeing

TRANSFORMATION PLAN  
**2017**

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## EXECUTIVE SUMMARY

The Future in Mind (FiM) plan for Wirral was originally developed and submitted to NHS England in October 2015, and published in January 2016. The refreshed 2017/18 plan outlines the journey so far and our commitments and priorities to further transform emotional health and wellbeing services for children and young people on Wirral.

Since its initial publication, significant investment and progress has been made on the journey to transform services for children and young people's emotional health and wellbeing on Wirral, to achieve the national Future in Mind ambitions.

Following the first two years of progress, and the publication of the Five Year Forward View for Mental Health, Wirral partners have updated this local Future in Mind plan, to ensure it provides the most up-to-date information, and provides details of progress made to date.

The vision remains unchanged, as does the detail of the commissioning landscape prior to the Future in Mind plan. However, we have ensured that services are being transformed to deliver emotional health and wellbeing services to children and young people. We are pleased with the progress made in such a short span of time, however, are aware that there is still much to do. We will continue to actively engage with our partners, and our children and young people, to turn our vision into a reality.

We are delighted that our partners across Health, Social care, Education and the Voluntary Sector continue to work with us to deliver transformed services.



## INTRODUCTION

Wirral believes that the emotional well-being and mental health of children and young people is everyone's business and that we all have a part to play. This plan sets out how commissioning organisations and its partners will transform local services to improve outcomes for children, young people and their families, meeting the aspirations set out by the Government in their national strategy for children and young people's mental health: Future in Mind, the Healthy Wirral Plan and the Vision 2020.

It is a high level plan that sets out how we will work with our stakeholders to bring about change until 2020/21.

It is essential that children and young people are supported to develop resilience and skills for life to ensure that they are ready for school and adulthood.

Nationally there has been recognition that improvements were required to the delivery of children's emotional health and wellbeing. In response to these challenges, the Government produced 'Future in Mind',<sup>1</sup> setting out five key themes to create a system that will support the emotional wellbeing and mental health of children and young people:

- **Promoting resilience, prevention and early intervention**
- **Improving access to effective support – a system without tiers**
- **Care for the most vulnerable**
- **Developing the workforce**
- **Accountability and Transparency**

This transformation plan replicates the commitments outlined within the national guidance and is structured around four areas with accountability and transparency a thread running throughout.

Wirral's aim is to be accountable and transparent by aiming to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people, families/carers and value from our investment.

We will do this by:

- ✓ Working together as commissioners to identify areas where we can jointly commission services in order to realise efficiencies and reduce duplication.
- ✓ Working with children, young people, carers and professionals to develop a set of outcomes that will tell us how well our plan is working, and whether we are getting value for the resources invested.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

- ✓ Embedding routine outcome collection in service delivery.
- ✓ Requiring transparency from our providers, so that we can understand how investment is used to directly impact change and improvement in service delivery.
- ✓ Developing robust monitoring processes to ensure delivery of the commitments outlined within the delivery plan.

It is a joint plan in line with our commitment to integrate commissioning across health, education and social care partners, and supports the following pledges from the Wirral 2020 plan:

- ❖ *Children will be ready for school.*
- ❖ *Young people will be ready for work and adulthood.*
- ❖ *Vulnerable children will achieve their full potential.*

## OUR VISION 2016 – 2021

### ***Happy, Safe, Achieving - only the best for our children***

Without the right support, feeling unhappy or having poor mental wellbeing can have a life-long effect.

Therefore, we believe:

- The emotional well-being and mental health of children and young people is everyone's business;
- Needs should be met in a joined-up, seamless manner;
- Listening and responding to the needs of children, young people and their families is paramount.

### **We commit to realising our vision through 4 themes:-**

- Promote resilience, prevention and early intervention:
  - By providing an Advice & Consultation telephone line and by delivering training to many groups including teachers, nurses, social workers and carers.
- Improve access to effective support:
  - By ensuring that resources are realigned to the right part of the pathway.
- Care for the most vulnerable:
  - By targeting specialist and intensive interventions to those who need them most.
  - By reducing the number of vulnerable children that are looked after.
- Develop our workforce:
  - By ensuring the workforce is trained to meet the needs of children and young people's emotional health and mental wellbeing.

We will ensure that we are transparent and accountable by commissioning services to meet the needs of children, young people and their families regardless of existing organisation barriers. We will measure what matters most to those young people and their families who use our services and report outcomes in a meaningful way.

## CONTEXT AND KEY LOCAL ISSUES

There has been universal acknowledgment in national policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing.

1 in 10 aged 5 – 16 will have a diagnosable Mental Health condition

50% lifetime mental illness (except dementia) begins by age of 14, and 75% by 18

Young people not in education, employment or training report particularly low levels of happiness and self-esteem

### Local need

The health and social care system on Wirral is currently facing unprecedented financial challenge, and we are seeing demand and expectation for services continuing to grow.

Whilst we have been fortunate to be able to invest additional resource in emotional health and wellbeing support for children, when we started this journey, it was clear that it was no longer possible to deliver services that will meet the growing demand, within shrinking resources, without working in a significantly different way. Over the last couple of years we have made significant progress as partners to co-commission and deliver support for children and young people in a co-ordinated way to deliver transformational change as a whole system approach. Appendix 1 provides further local information.



## CHILDREN'S MENTAL HEALTH IN 2015 – THE PICTURE 'BEFORE'

Before the publication of Future in Mind, and the clear direction of travel for transformation, the CCG commissioned a Tiered CAMHS service from Cheshire and Wirral Partnership Trust (CWP), along with an LD (Learning Disability) CAMHS service. Within tier 3, there were multiple teams and pathways, and rising referrals to specialist services, with children not necessarily needing to see a specialist.

Both during 2015, and in 2016, the Local Authority (LA) also commissioned a CAMHS service from CWP, primarily for Looked after Children and Public Health for specialist support for substance misuse. The LA service provided is early intervention for families in need (level 4 on the continuum of need, including those on the edge of care) as well as providing early assessment in line with the court timescales. Paramount to this service is to ensure stabilising placements for children and young people who are looked after and timely permanence planning and adoption support. Under this contract it also provides appropriate and timely CAMHS provision for children with disabilities.

The CCG commissions a Community Paediatric service from Wirral University Teaching Hospital (WUTH), which provides a range of services to support those with challenging behaviour and complex needs (ADHD, ASD), including the Designated Medical Officer role, supporting adoption and fostering panels, and providing input into Education, Health and Care plans.

Public Health, within the Local Authority, commissions a 0–19 'Healthy Child Programme', improving children and young people's health and wellbeing from birth, with responsibility for health visiting, school nursing and health improvement. There are a range of organisations that contribute to this agenda, including the 3<sup>rd</sup> sector.

Organisations work together to deliver care, for example, Wirral 0-19 provide the pre-diagnostic part of the ADHD pathway and WUTH support the diagnosis and post diagnostic support.

More specialist services are commissioned by NHS England, namely:

- Specialist Eating Disorder Services
- Tier 4 CAMHS (inpatient) service

Total expenditure by each of these commissioners, for services specifically delivering mental health and behavioural interventions, in 2014/15, was as follows:

<b>Commissioner</b>	<b>Service</b>	<b>Total Spend</b>
Wirral CCG	Parenting and Prevention	£150,000
	MST	£175,000
	CAMHS (including LD CAMHS)	£3,940,343
	Community Paediatrics	£1,700,000
Local Authority – children’s department	CAMHS	£530,000
	Response	£197,800
	MST	£175,000
	Counselling within schools	£118,813
Local Authority – Public Health	Kooth – online counselling	£101,320
<b>Total Spend by Local Commissioners</b>		<b>£7,088,476</b>
NHS England	(All services for 14/15)	£1,300,471
<b>Total Spend in 2014/15</b>		<b>£8,388,947</b>

## CHILDREN'S MENTAL HEALTH IN 2017- TWO YEARS ON

It is almost two years since the launch of the Wirral Future in Mind plan. Following investment of an additional £804,000 dedicated to mental health in 2016/17, the CCG was able to significantly invest in its CAMHS service in order to achieve a number of improvements.

Significant achievements:

- ✓ Enabling self-referrals to the Child & Adolescent Mental Health Services (CAMHS).
- ✓ Establishment of an Advice & Duty phone line that lets professionals and parents discuss concerns with a child or young person's mental health or emotional wellbeing.
- ✓ Further development of the MyMind website to provide online resources for children, young people and professionals.
- ✓ Each school has a named Primary Mental Health worker to support staff in managing mild to moderate mental health needs.
- ✓ The Primary Mental Health Team is featured in Cheshire & Wirral Partnership NHS Foundation Trust's "Big Book of Best Practice" in autumn 2017.
- ✓ The Primary Mental Health Team was shortlisted and "highly commended" at the national Positive Practice in Mental Health Collaborative Awards for their partnership between primary and secondary care.
- ✓ The Primary Mental Health Team won a national Positive Practice in Mental Health Collaborative award for their links between Primary Mental Health and Education in October 2017.
- ✓ Training delivered to schools on various aspects of emotional wellbeing and mental health; this will be extended to parents, other professionals and the voluntary sector in the coming months.
- ✓ Roll-out of 300 licences for Next Step Cards to school staff, social workers, and other professionals including the voluntary sector to help them discuss emotional wellbeing and mental health with children and young people and facilitate the setting of personal goals for children.
- ✓ Employment of a parenting coordinator to support the development and coordination of services and support to parents. Understanding of the parenting offer and streamlining data and outcomes.
- ✓ Introduction of parenting skills for ASD and ADHD.
- ✓ Commenced the review of the pathways for ADHD and ASD assessment and intervention.
- ✓ Improved waiting times for community paediatric services and waiting times for CAMHS from initial referral to assessment as well as assessment to treatment.
- ✓ Development of a single integrated commissioning service specification for CAMHS.
- ✓ Held a Future in Mind transformation event with all partners and stakeholders.
- ✓ Better understanding of local need through the revision of the JSNA section on Young People emotional health and wellbeing.

- ✓ Undertaken a further schools survey.
- ✓ Engaged with the youth parliament.
- ✓ Scoping of all emotional and health and wellbeing support provided on Wirral.
- ✓ Youth connect 5 training delivered as part of train the trainer to Multi-disciplinary teams.
- ✓ Forged positive relationships across stakeholders and providers through the FIM steering group.

These achievements are described at more length later in this Transformation Plan.

For 2016/17, the total investment in Children and Young People’s mental health / neurodevelopment by Wirral commissioning partners has been as follows:

<b>Commissioner</b>	<b>Service</b>	<b>Total Spend</b>
Wirral CCG	Parenting & Prevention	£54,000
	CAMHS (including LD CAMHS	£4,472,348
	Community Paediatrics	£2,422,207
Local Authority children’s department	CAMHS	£333,737
	Response counselling service	£64,000 (this includes a £12,000 commission from Wirral South Constituency Committee)
Local Authority Public Health (subject to council budget setting process)	Health services in schools	£159,000
	GIRLs Project	£80,000
	Young People's support service - sexual health and mental wellbeing	£135,600
	Kooth – online counselling	£101,320
	Preventative and early intervention secondary school based service	£111,002
	Young people substance misuse programme’	£204,467
<b>Total Spend by Local Commissioners</b>		<b>8,137,681</b>

Total Planned spend by NHS England for 2016/17	1,400,000
<b>Total Spend</b>	<b>9,537,681</b>

Investment by the CCG has enabled an increase in the CAMHS workforce including:

- 1 X Future in Mind Project Manager,
- 1 x Parenting Lead
- 1 x Primary Mental Health Team Manager
- 4 x Primary Mental Health Workers (total of 6)
- 2 x Eating Disorder practitioners
- 3 x Clerical staff

Further information on the CAMHS workforce and wider workforce can be found below in the section “Workforce”.

The investment plan for 2017/18 remains the same with no planned change at this stage from 2016/17.

## HOW DOES THIS PLAN FIT WITH NATIONAL PRIORITIES FOR CHILDREN AND YOUNG PEOPLE?

The national Future in Mind strategy gave a very clear picture of the key priority areas for local areas to focus on, and this was reflected in the first iteration of the Wirral Future in Mind plan. This included:-

- Developing a system without tiers
- Improving access, including improving waiting times
- Supporting vulnerable children and young people
- Developing the workforce
- Improving accountability and transparency

Since the publication of Future in Mind in 2015, the publication of the NHS Five Year Forward View for Mental Health has highlighted the following as clear deliverables for Children and Young People's Mental Health:

- ✓ By 2020/21, at least 35% of children and young people with a diagnosable MH condition receive treatment from an NHS-funded community MH service.
- ✓ By 2020/21, nationally 70,000 additional children and young people will be treated over the 2014/15 baseline.
- ✓ In 2016/17, all localities will baseline current performance against the new access and waiting time standard, and plan for improvement against the standard beginning from 2017/18.
- ✓ Use of Specialist in-patient beds for children and young people with an eating disorder should reduce substantially.
- ✓ By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, and will have the minimum possible length of stay, and will be as close to home as possible. By 2020/21, inappropriate use of beds in paediatric and adult wards will be eliminated completely.
- ✓ By 2020/21, in-patient units will be commissioned on a 'place-basis'.
- ✓ Develop the workforce to better meet the needs of children and young people.
- ✓ All CCGs will have collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016.

The NHS England and Health Education England publication of July 2017 "Stepping forward to 2020/21: The mental health workforce plan for England" shows that, nationally by 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet additional demand. Wirral will therefore need to consider how many additional posts are required locally and how this can be funded.

Wirral will continue to work closely with the North West Cost Strategic Clinical Network and their children and young people's Expert Reference Group.

Their regional priorities for 2017/18 (as recorded in their Business Plan) are:-

- Successful implementation of children and young people's community eating disorder services.
- Support transformation in services and improve access to effective support for children and young people and their families via a system without tiers.
- Improving urgent and emergency care services for children and young people's mental health across the North West Coast.
- Using data to reduce variation within the region and improve the quality of service provision and outcomes.
- Support the development of local system-wide workforce strategies, in order to support increased capacity and capability.
- Support CAMHS transformation partners to promote mental health wellbeing, emotional resilience and provide early intervention support to pupils at risk and / or experiencing difficulties in partnership with schools.
- Enhance quality of referrals and improve the access and experience of children and young people engaged in Health and Justice services' across the North West Coast footprint.
- Enhance quality of referrals and improve the access and experience of children and young people engaged in Tier 4 services across the North West Coast footprint.
- Supporting improvements for vulnerable children and young people.

Wirral intends to meet the new national standard for waiting times for crisis care once these are published. The CCG will work with its partners to ensure local delivery of these national targets.

## HOW DOES THIS PLAN FIT WITH THE SUSTAINABILITY AND TRANSFORMATION PLAN?

The majority of work for children's mental health will be delivered on a local footprint, in people's neighbourhoods. However, where it makes sense, we will work with our fellow commissioners as part of the Sustainability and Transformation Plan (STP) and have established mechanisms to meet regularly to share best practice. As partners, we are linked to a number of strategic clinical networks and wider discussions across the Cheshire and Merseyside STP footprint, specifically linking in with our colleagues in our Local Delivery System across Cheshire and Wirral.

The key areas where we expect to work with our commissioners in Cheshire and Merseyside are:

- ✓ Children and young peoples' eating disorder service.
- ✓ Commissioning pathways for acute care and forensic services.
- ✓ Children and young people's crisis care.
- ✓ Early Intervention in Psychosis standards.

## ENGAGEMENT WITH CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES/CARERS AND COMMUNICATION PLAN

We are fully committed to engaging with children, young people, families and carers on issues affecting them. With this in mind we ensure that we regularly discuss service delivery, provision and developments with this important group of stakeholders.



On 21 June 2017 the Future in Mind Steering Group hosted a transformation workshop for professionals across Wirral. A wide range of agencies attended the event, which included representatives from the CCG, CAMHS, the Local Authority, Public Health and many voluntary agencies. The event aimed to highlight the level of engagement across all agencies and included presentations on each of the Future in Mind themes to show progress to date and plan future work on each theme. There were also presentations from six local groups who each highlighted how their projects supported the emotional wellbeing of children and young people. Feedback from the event will be used as a basis for a Wirral wide mapping exercise which will build on co-design and collaboration across the partnership to inform future service delivery and provision. We will continue to actively engage and communicate with children and young people and the wider workforce supporting them.

Following on from our 2016 Youth Voice Conference which focused on mental wellbeing, we held our 2017 annual Youth Voice Conference in October around the theme of education and mental health. The theme was identified by the Youth Voice Group who planned and

delivered the conference. The conference aimed to provide young people with the opportunity to:

- Explore how mental health issues affects young people in education.
- Improve understanding of issues around education and mental health.
- Question council officers, councillors and officers from partner organisations on policy matters and to influence service provision related to young people's mental health.

Over 115 young people from 16 secondary schools and youth groups attended the event. Feedback from young people included:

- *More time in the curriculum to discuss mental health and well-being across a whole range of issues and beyond depression and anxiety.*
- *Less testing and consequently less exam stress. Value us beyond academic achievement and celebrate success in other skills and talents outside of maths and English.*
- *The curriculum to be more relevant to a technological life of the future.*

Young people's feedback from the event and the associated Youth Parliament will be sent to senior officers across Wirral for their comments and feedback.

In the future, to ensure a co-ordinated approach to engaging with young people, the Youth Voice Group will act as a single reference group. This group has strong existing links to other young people's groups and will build links with the CAMHS Listen Up group.

We will use the NHS Friends and Family test as a feedback mechanism for NHS provided services and consider the most appropriate mechanism to engage with families on a wider spectrum.

**We said we would** discuss delivery plans with young people:

- ✓ A young people's group "The Youth Reference Group" has been established to represent the views of young people. The Youth Reference Group consists of representatives from other engagement groups such as the "Children in Care Council" and the "Youth Voice Group".

**We said we would** develop a new set of outcome measures with our commissioned stakeholders that include capturing the voice of children and young people:

- ✓ The Local Authority has discussed developing outcome measures based on the views of children and young people and all service specifications for commissioned

providers contain expectations that they will capture the voice of children and young people.

**Key Deliverables:-**

- *Ensure that the engagement of children and young people is at the heart of our services and co-ordinate this work through existing engagement group.*
- *Engage with young people when developing services.*
- *Ensure we provide feedback to young people by engaging with them so that they can influence service delivery and provision.*
- *Continue to actively engage and communicate with children and young people and the wider workforce supporting them.*
- *Identify a group of young people to take part in discussions on outcome measures for Future in Mind.*
- *Continue to use the opportunities through engagement groups to provide meaningful consultation on delivery plans including the Future in Mind Transformation Plan 2017/18.*
- *Use feedback from the 2017 Youth Voice Conference on Education and mental health to inform FiM outcome measures.*
- *Ensure the mapping exercise includes engagement with children, young people and their families to ensure that future clinical pathways meet the needs of young people and provide the 'right service at the right time' for them.*
- *Review engagement opportunities for families and carers to give feedback and design future services.*
- *Support the FIM steering group to develop a robust communication strategy to ensure understanding of the key achievements and deliverables of the Future in Mind transformation plan.*



## THEME 1: PROMOTING RESILIENCE, PREVENTION AND EARLY INTERVENTION

### Aims

Where possible, we aim to prevent mental health problems by increasing the resilience of children, young people and families.

Our vision is that young people on Wirral will be able to access the right help for their emotional wellbeing, at the right time, in the place that is right for them. We aim to improve the emotional wellbeing of young people on Wirral by empowering and containing their first line of support.

The objectives of this theme are:

- To increase early identification and intervention of difficulties in the area of emotional health and wellbeing.
- To raise awareness of mental health issues and reduce the stigma that comes with them.
- To improve access to specialist expertise in mental health.
- To reduce the impact on specialist mental health services.
- To raise the skill level in the children and young people's workforce to enable all professionals working with young people to feel confident in supporting their emotional wellbeing.
- To support parents and carers to also feel the same confidence in supporting their children's emotional wellbeing

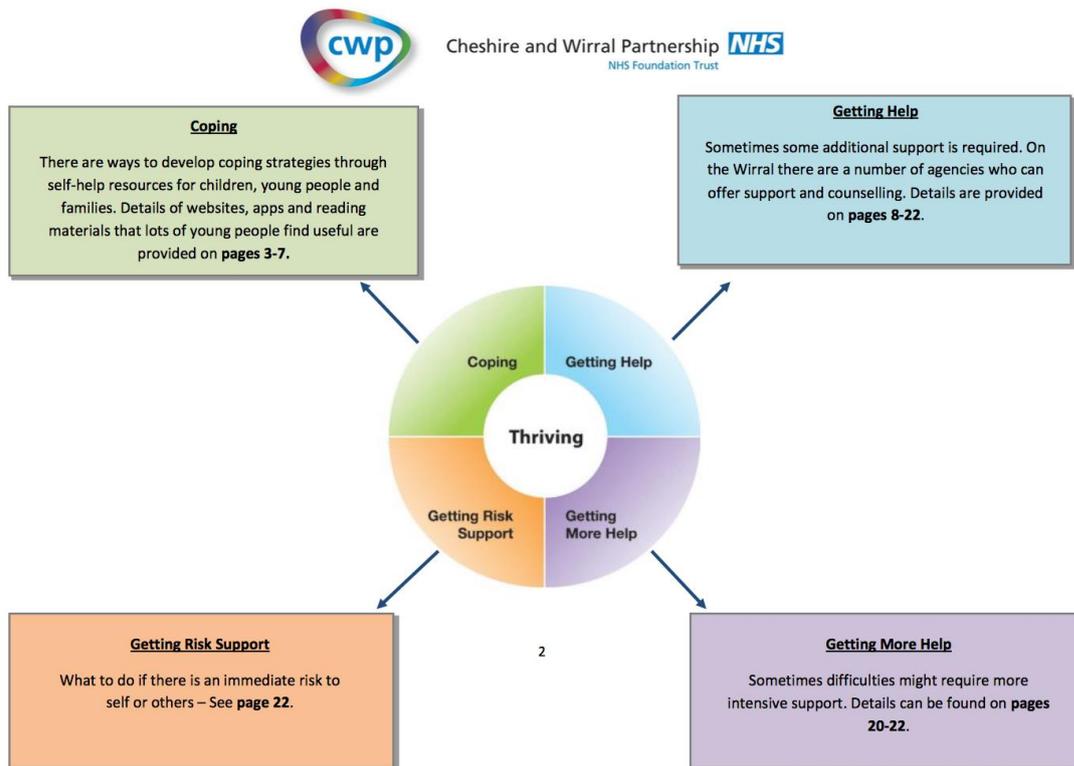
### Sign-posting and self-management

We want children and young people to be empowered to seek self-help resources wherever possible. To this end we are currently working to improve online resources available for children, parents and professionals in the area of emotional wellbeing. In the past 12 months there have been 33,000 visits to MyMind website, 20,000 downloads of self-help resources and 170,000 views of 'Beautiful Day' animation. A downloadable resource pack has also been made available via the MyMind website.

Wirral's philosophy is based on the THRIVE model. The THRIVE model fully fits with the principles of Future in Mind. THRIVE places the young person at the heart of what we do and in so doing overcomes the risk of working in silos which is inherent in a tier-based model of delivery. Instead of working in tiers, THRIVE sees the young person as having different levels of need:-

- Coping
- Getting help
- Getting more help
- Getting risk support

This is shown in more detail in the diagram below from the CWP directory of services:



The website includes self-help materials and links to websites, as well as organisations for children, young people and families that exist in the area. It also contains the CAMHS Advice Line number, the CAMHS referral criteria and where to seek risk support. We are currently working on integrating this with all the other help directories available on Wirral.

We will do a piece of work to understand the current picture of the voluntary, community and faith sector. The first stages of this work are planned to take place between October 2017 and March 2018. Initially we will be working with commissioned organisations to map out what they currently provide. Then, in early 2018, we will hold an event to map out what is offered by the wider voluntary and community sectors. A survey has been sent out to begin this work and the first mapping event is scheduled for 14<sup>th</sup> December 2017.

## Transforming the Primary Mental Health service

We want professionals to have fast access to information to help those that they are supporting. In October 2016, we launched a new way of delivering services for children and young people with mild to moderate mental health issues.

Young people told us they thought very carefully about who they trust when they are worried about their emotional health, but too often the person they spoke to passed them on to someone 'more qualified'. Young people said they want to get the support they needed straight away, from the person they trusted, in a place they were familiar with. This has helped us to design a new kind of primary mental health service. The service aims to support the people supporting young people, by giving them access to professional advice to enable them to support young people without passing the young person on as would have previously happened.

Every school now has a named mental health worker, who is the first point of contact for any concerns regarding issues such as anxiety, stress and mild depression, in addition each school has identified an emotional wellbeing lead, who will champion emotional well-being in the school and link with the named mental health worker.

From the initial meetings between health and education, it was identified that schools had four main needs:

- Access to immediate advice from CAMHS.
- Training in regards to specific areas of mental health.
- Resources.
- Signposting advice.

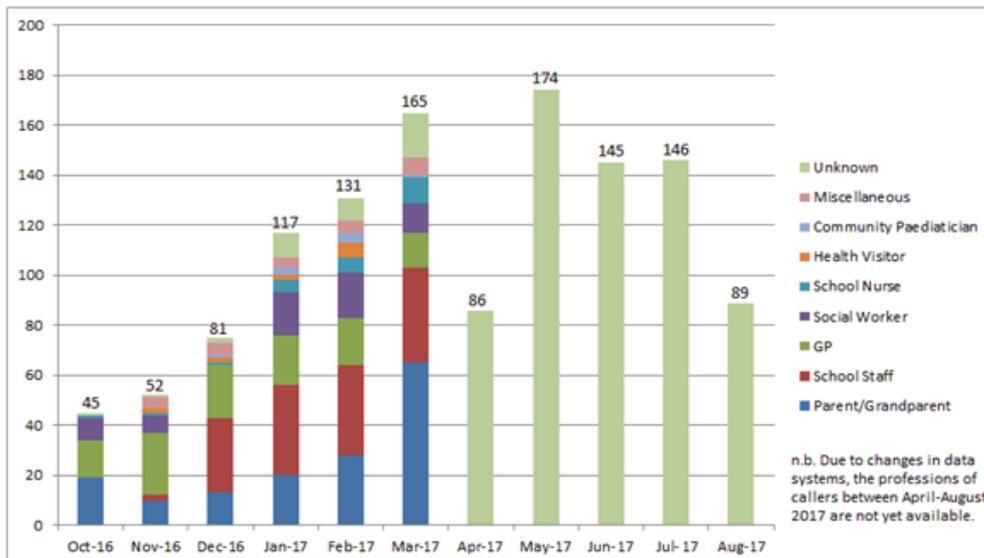
As part of the Primary Mental Health team, in November 2016, we launched a telephone Advice and Consultation Line, which runs Monday – Friday, 9-4.30pm. It is staffed by 2 Primary Mental Health Workers and a duty clinician from within Specialist CAMHS. This can be used for a consultation by parents, school staff, social workers, GPs and any other organisation with concerns in regards to children and young people's mental health. The outcome for each call results in either advice and resources being given, further work to be completed by a Primary Mental Health Worker via school, or if appropriate, a referral into Specialist CAMHS. The line receives on average 34 calls per week, and so far it has taken over 1,000 calls. Feedback on the line is overwhelmingly positive. 48% of callers agreed to give feedback and 100% of those callers felt the call had been helpful. Since the introduction of the line, there has been a slight reduction in the numbers of young people referred to specialist mental health services (whereas the year-on-year trend prior was showing increasing referrals) and a significant reduction (40%) in young people being assessed at A & E following deliberate self-harm.

*I have found the Advice line extremely useful on the number of occasions I have used it. I have always quickly and efficiently been transferred through to a member of staff who has given me plenty of information, and then even furthered some information on via email for me to pass onto parents. I have also been able to give the number of the Advice line to a parent who wanted some direct advice about her daughter, which has been a quick and efficient way of them getting the information they also need*

- Deputy Head

*'Having this service is invaluable for the wellbeing of pupils*

- Teacher



The graph above shows the type of people accessing the advice line. Currently the largest group using the line is parents and carers, closely followed by schools, and the line is busiest at the beginning and end of the school terms.

There is now a rolling training programme in place that can be accessed by anyone working in Education. Teachers, special needs co-ordinators, learning mentors and all those within school coming into contact with children and young people can book onto these courses to gain an understanding of and ability to deal with mild to moderate concerns.

The training topics are based on the needs identified by schools on their initial meeting with their named mental health worker. The training currently includes:-

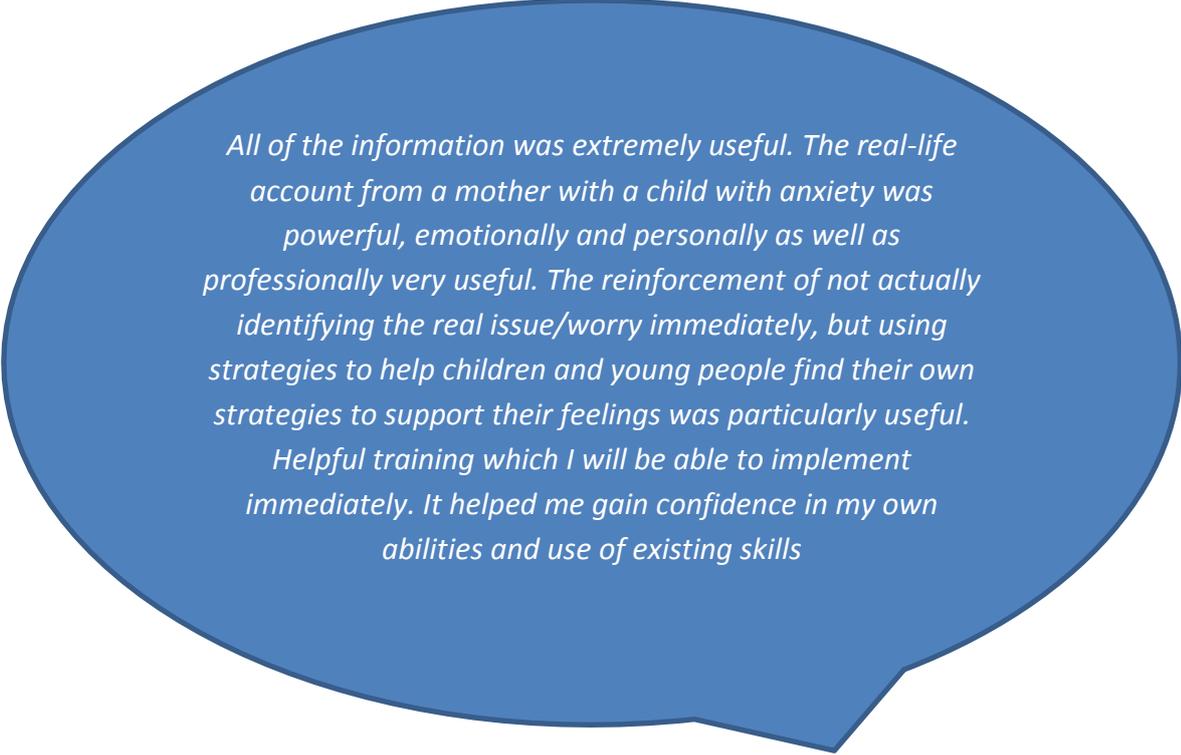
- Mental Health Awareness & Resilience Building.
- Low Mood, Self-Harm & Suicide.
- The Impact of Parental Mental Health Problems.
- Attachment.
- Managing Anxiety & Worry.
- Challenging Behaviour.
- Mindfulness.
- Mental Health & Learning Disability.

With a focus on early intervention, we also ran a Responding to Trauma training day following the New Ferry Explosion in Wirral and the Manchester Terror Attack.

We will have offered over 1,000 training places by July 2018 (50 places per training day) and evaluations of the training so far are overwhelmingly positive, as shown in the table below:

Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
79%	18%	2%	1%

We want to bring together schools to cascade best practice in emotional well-being. 11 'Accelerator schools' have been identified in Wirral from every school cluster and across primary, secondary and special needs settings. These schools will be working alongside the Primary Mental Health Team to influence all the schools on Wirral to make emotional health and mental health everybody's business.



*All of the information was extremely useful. The real-life account from a mother with a child with anxiety was powerful, emotionally and personally as well as professionally very useful. The reinforcement of not actually identifying the real issue/worry immediately, but using strategies to help children and young people find their own strategies to support their feelings was particularly useful. Helpful training which I will be able to implement immediately. It helped me gain confidence in my own abilities and use of existing skills*

*- Teacher attending training*

### **Peer Education Project-Mental Health First Aid Training**

The Primary Mental health team also continues to run the 'Peer Education Project', initially set up after young people told us that, if they had experienced more education from other young people in school about mental health, it would have helped them identify their own mental health needs earlier and would have helped them to understand where and how to get support. It is a classroom project in secondary schools and focuses on increasing mental health awareness, reducing stigma and building resilience. Once schools have signed up to the project, a staff member from the Primary Mental Health Team delivers two days Mental Health First Aid training to two year 12s and school staff. The year 12s then create bespoke training to deliver to the whole of year 9 in PHSE lessons.

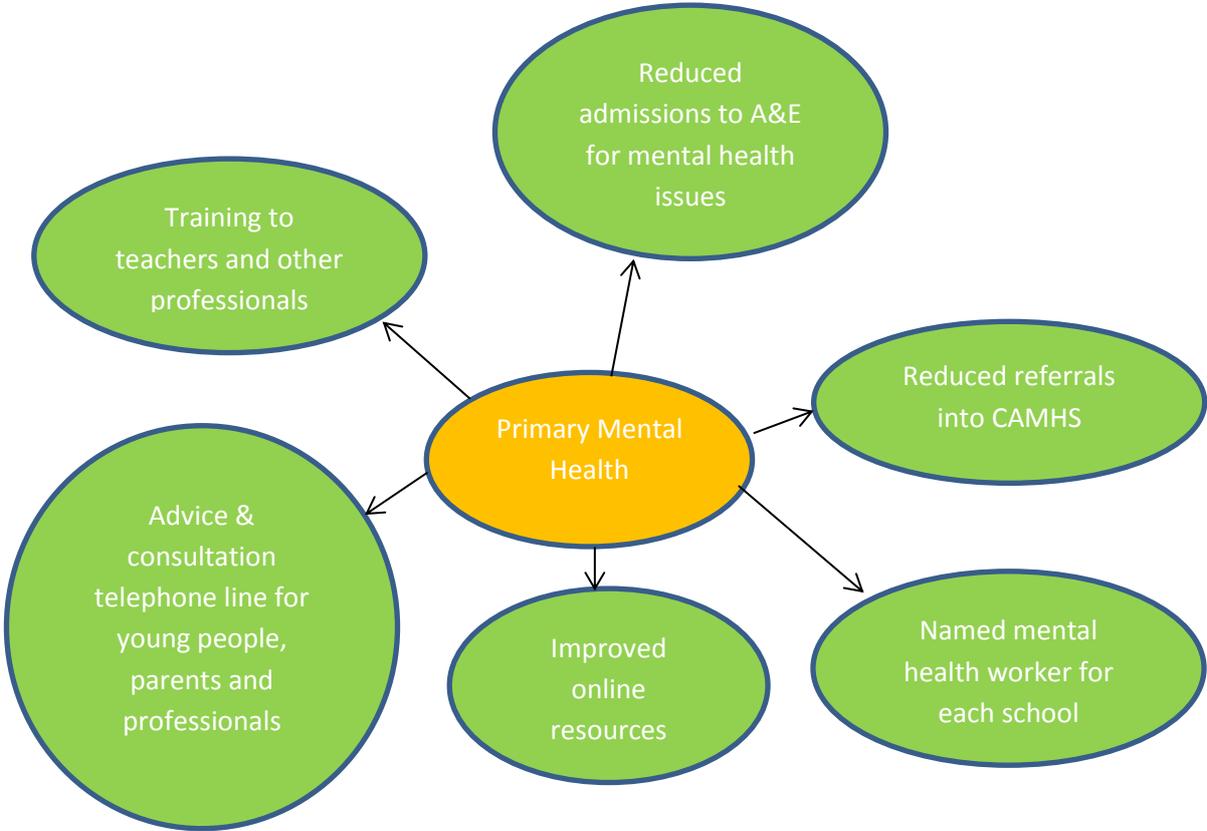
In 2015-2016 training was delivered to 6 secondary schools, and in 2016-2017: 9 secondary schools (which included 24 students and 12 school staff) with a hope to train more this coming academic year.

As there has been a lot of interest regarding the project from other services and schools out of our area, we are in the process of sharing best practice by setting up an online digital toolkit assisted by the Health Foundation, so that other schools and services around the country can run similar projects. A launch event was held for on 10<sup>th</sup> October, World Mental Health Day, in collaboration with the Youth Voice Conference (a conference run by young people for young people) where this year's theme is Mental Health in Education.

*We are from an all-boys school, where there is a stigma attached for lads to talk about mental health. Mental health isn't something that gets spoken about as lots of lads keep their feelings in. We think the Peer Education Project could help us to change that*

- Peer educator

**Benefits of the Primary Mental Health Team**



**The Hive**

Wirral’s Youth Zone, The Hive, opened its doors on 8<sup>th</sup> April 2017. Over 5,000 young people are already signed up as members. The Hive provides a wide range of activities for young people aged 8 plus, including sports, arts, life skills and employability. The Hive is working in close partnership with local voluntary and statutory organisations to provide an attractive venue for young people to have ‘something to do, somewhere to go and someone to talk to’.



### Next Step Cards

The 'Next Step Cards' are a tool (a set of cards and app) co-produced with children and young people. It helps them to have conversations with teachers, school nurses and other professionals to understand and improve their mental health and wellbeing.

300 licenses for the Next Step Cards were distributed to schools and organisations working with children, young people and families. Training events have been held across Wirral and 146 individuals have been trained and become Next Step practitioners. The remaining people will be offered courses in late 2017 or early 2018.

### Youth Connect 5

Youth Connect 5 is a programme to support parents and carers to build upon their knowledge, empathy and attributes to enable them to promote and strengthen children and young people's resilience and emotional wellbeing and to enhance relationships that parents/carers have with their children. The training also ensures that parents and carers are familiar with how to access information, support and services. To date, 45 professionals in Wirral have been trained to deliver Youth Connect 5, including, Learning Mentors, school pastoral staff, youth worker, youth offending, family support workers and foster carers. These trainers have delivered 19 parent/carer courses so far with excellent feedback from participants.

**We said we would** enable children and young people to be able to find information to help themselves wherever possible:

- ✓ A downloadable resource pack has been made available via the MyMind website. This includes self-help materials and websites, as well as details of organisations for children, young people and families that exist in the area.
- ✓ In the past 12 months there have been 33,000 visits to MyMind website, 20,000 downloads of self-help resources and 170,000 views of 'Beautiful Day' animation.

**We said we would** help the people supporting young people's emotional well-being to feel confident, by having fast access to information to help those that they are supporting:

- ✓ We launched a telephone advice and consultation line in November 2016, and over 1,000 calls have been taken so far.
- ✓ We launched a rolling training programme in January 2017; over 1,000 places have been booked and over 700 professionals have been trained so far in various aspects of mental health.
- ✓ 15 secondary schools now run the Peer Education project and have staff trained in Mental Health First Aid.
- ✓ 146 professionals have been trained in using the 'Next Step Cards' tool, which helps young people and adults to talk about and improve their mental health.

**We said we would** do a piece of work to understand the current picture of the voluntary, community and faith sector.

- ✓ A survey was sent out to collate information from the commissioned organisations in August and an event is planned late 2017. This will bring stakeholders together to map out current provision and pathways.

**We said we would** expand the use of goal-based outcomes and personalised care planning:

- ✓ The CCG purchased 300 licences for Next Step Cards. These are being allocated across Wirral including to schools, 3 NHS providers, the local authority and the voluntary sector.

**Key deliverables:-**

- *We will hold a series of events to map out what is offered by the commissioned services, wider voluntary and community sectors.*
- *We will further improve online resources available for children, parents and professionals in the area of emotional wellbeing.*
- *We will integrate the directories into one clear place for signposting help.*
- *We will continue to offer high quality advice on the telephone.*
- *We will continue to offer high quality training and will develop a plan for extending this support to parents and carers.*

- *We will increase the number of secondary schools offering peer education.*
- *We will increase the number of professionals trained in the 'Next Step' tool.*
- *We will extend the support offered to professionals to the under-fives workforce and to social care workforce.*

## Parenting Support

Our aim is: Children, young people and families are well supported by the right services at the right time, which will lead to happier and more resilient families, less pressure on targeted/ specialist services and a shift from crisis care and reactive service delivery to prevention and early help.

A Parenting Coordinator has been in post since October 2016 and has been identifying current parenting provision across all services including health, local authority and voluntary organisations. Provision and initial gaps have been fed back to commissioners and a data collection template has been developed and disseminated to organisations providing parenting support, this will provide evidence of capacity and demand within and across organisations.

We are working on developing parenting support that is based on the THRIVE model, offering parents access to advice and support at any level of need, ranging from self-help resources in the early stages over access to universal services and multi-agency support all the way through to risk support.

The parenting coordinator works closely with local authority and health, ensuring parenting is included in strategies, policies and changes to services. Parenting is also included in the pledges from the Wirral Plan 2020 for 'Children ready for School' and 'Young People ready for Work and Adulthood'.

Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) parenting support has been funded by the CCG and new pathways have been in place since the beginning of this year. Feedback for both services has been positive, giving parents much needed support either whilst children are going through the process of being diagnosed (ADHD) or after receiving a diagnosis (ASD).

Teen parents (aged up to 19 at time of pregnancy) are offered intensive 1-1 support throughout pregnancy and the first two years of their first child's life through the 'Family Nurse Partnership', providing an evidence-based programme of support based on the needs of individual families.

**We said we would** develop and publicise a parenting strategy

- ✓ Rather than develop a standalone strategy, the parenting commitment is included within this Transformation Plan.

- ✓ We have mapped current providers of parenting programmes and created an information dashboard to commence the collation of performance data.
- ✓ We have included parenting as a priority in relevant Wirral 20/20 pledges

**We said we would** provide support for parents around particular issues such as ADHD, ASD and conduct disorder

- ✓ Parenting support for ASD and ADHD has been commissioned by the CCG; new pathways have been implemented since the beginning of 2017.

**Key deliverables:-**

- *We will commence the collation of data on a quarterly basis to develop a clear picture of capacity, demand and gaps in parenting provision.*
- *We will collate data and feed information to commissioners, based on an information sharing agreement*
- *We will collate qualitative data on a quarterly/six monthly basis for both commissioned services to evaluate and monitor impact of support provided, including 3-6 month follow-up.*
- *We will agree a parenting pathway with commissioners and stakeholders, taking into consideration demand and training needs.*

**Early Years and Early Intervention**

Good emotional health and mental health is important right from birth, both from the perspective of the parent, and of the child. One in five women experience mental health problems during pregnancy or in the first year after birth.

Over the last year, a lot of work has been done on developing a service providing mental health assessment and support for women experiencing moderate to severe mental health issues during this time across Cheshire and Merseyside. The specialist teams also provide consultation and advice to professionals providing perinatal care. The service was formally launched on the 30<sup>th</sup> June 2017.

The Wirral 2020 plan outlines the commitments for the future for Wirral and commits to a number of pledges, the pledges include a Children and Young People Strategy which includes a priority area, ‘children are ready for school’. The aim is that every child will have the emotional, social and developmental skills to be ready to start school and learn. This has focussed over the last couple of years on three areas – maternity and health visiting, support for parenting and early years. This year, a fourth priority has been added which is multi-agency working to safeguard and protect the youngest children.

Key activities within the early years include:

- During the antenatal period, information is given on depression and anxiety.
- ‘Parents-to-be’ sessions include developing parents’ confidence and promoting positive relationships during the transition to becoming a family.
- A specialist health visitor provides support directly to mothers, or supports staff in supporting mothers with more complex issues.
- Young parents are offered intensive 1-1 support during pregnancy and the first two years of their first child’s life through specialist family nurses in the Family Nurse Partnership team.
- Health visitors receive training in supporting and promoting maternal mental health.
- Solihull parenting programmes are provided across the Wirral, and support parents to better manage their children’s behaviour, and enjoy the parenting experience. Healthy child clinics are provided across Wirral each week day, and staff are trained to observe and address signs and symptoms of maternal anxiety and depression, or distress.

**We said we would** promote mental health in the perinatal period:

- ✓ We have set up a specialist perinatal service for women with moderate to severe mental health problems.

**We said we would** support attachment and bonding:

- ✓ Family Nurses educate parents about attachment and a strategy to promote attachment during pregnancy and until the child is 2 years old. This is also included in 'parent to be classes' facilitated by Health Visitors, and in postnatal visits.

**We said we would** support people in the transition to parenthood:

- ✓ Family Nurses work with teenage parents throughout their pregnancy and beyond on transition to parenthood with 1-to-1 programme. Health Visitors and midwives offer an antenatal visit which includes preparation for parenthood. Health Visitors lead “Parents to be” sessions over a 3 week rolling programme.

**We said we would** support maternal mental health

- ✓ During the antenatal period, information is given on depression and anxiety. Health Visitors and Family Nurses receive training in supporting and promoting maternal mental health and promoting attachment and bonding. Health Visitors assess mental health of mothers when anxiety/ depression is suspected. Family Nurses routinely assess mental health during the antenatal period and 6 weeks post-natal.

**We said we would** support positive parenting:

- ✓ Solihull parenting programmes are provided across the Wirral, supporting parents to confidently manage their children's behaviour, and enjoy parenting.

**We said we would** support the involvement of fathers in early childhood/ pregnancy:

- ✓ Fathers are considered in all services developed across Early Childhood Services.

## Sleep

Poor sleep leads to poor outcomes, whatever the age. However, in a child's development, it can significantly impact upon behaviour, attainment, and the relationship within the home.

In addition, on Wirral, there are a high number of children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Both of those conditions often mean that children suffer from poor sleep, which affects them as well as their families.

We want to intervene as early as possible with non-medical interventions, to support parents in understanding the benefits of sleep, and how to create an environment that supports this. Work has been carried out by the parenting coordinator to look at best practice in other areas and it has been agreed to compare data from neighbouring areas to establish the impact that early sleep support has on prescribing levels for sleep medication as well as demand on specialist services.

Scope has been awarded a contract across Merseyside to deliver sleep support on a 1-1 basis as well as through combined workshops for parents and professionals working with children and families. The service has been in place since the beginning of this year, it is available to families of children who have a diagnosed disability or are in the process of being diagnosed.

**We said we would** offer non-medical interventions as early as possible, to support parents in understanding the benefits of sleep, and how to create an environment that supports this and gather best practice:

- ✓ Health Visitors and Family Nurses offer 1 to 1 support and interventions for parents of children who struggle to sleep. These are based on Solihull Parenting approach. Scope are providing 1-1 and group sleep to parents and professionals for children with disabilities or in the process of being diagnosed across Merseyside

### **Key deliverables:-**

- *Research support and good practice in other areas and current cost of sleep medication on Wirral to reduce the reliance on medical intervention.*

## THEME 2: ACCESS TO EFFECTIVE SUPPORT: A SYSTEM WITHOUT TIERS

In developing our aims set out below, we have been informed by the 2016 School Survey. Key findings were that schools felt:-

- Access into CAMHS was an issue.
- The service delivered by CAMHS was good once a child or young person was being seen.
- Liaison with CAMHS was an issue.

We have therefore focussed on improving access into CAMHS (e.g. reducing waiting times) and improved liaison with CAMHS (e.g. by establishing an advice and consultation line).

Our aspiration is that all services and communities in Wirral work together to create the conditions to enable our children and young people to thrive emotionally, physically and socially. When extra support is needed, we want to ensure that young people's goals and preferences are sought and prioritised, enabling them to access the right level of support from the right service at the right time. In order to do this, services and communities will work together to break down barriers to ensure that there is no wrong door for young people and the adults that support them.

Once children do require additional help, we want clear pathways that are easy for children, families and professionals to understand. We will commission based on need, and not criteria, so that children cannot fall through the gaps.

Historically, it has taken children too long to receive help, and we are aware that children and young people are waiting too long without support.

We want children to wait no longer than 6 weeks for a CAMHS assessment, and then no more than a further 6 weeks to start treatment. When children do receive support, this should be at a time and place that suits their needs. We will make use of technology that fits in with young people's lives, such as online counselling and information.

By focussing on early intervention, we hope that we can free up our clinical services to see those that need their support the most, and in a timely way to achieve our aim for assessment and treatment in a timely manner.

Access to services has been improved through a combination of factors outlined in our earlier section Theme 1: Promoting resilience, prevention and early intervention -

- Reduced waiting times for CAMHS and paediatric care at WUTH (see above: Two Years On).
- Provision of an advice and consultation telephone line

- Access to improved online resources
- Additional training to teachers and other professionals through training on Next Step Cards and through the training being delivered by the Primary Mental Health team

**We said we would** develop clear pathways that are easy for children and professionals to understand:

- ✓ We implemented a CAMHS advice and duty line for support for anyone seeking a referral to CAMHS or needing advice about a young person. Together with an extensive training programme for schools, CAMHS staff are clearly communicating pathways to professionals.
- ✓ Young people are supported to understand pathways and self-referral through the MyMind website.
- ✓ We have started to map services across Wirral. A survey was run August-September 2017 and an initial workshop scheduled for late 2017.

**We said we would** commission based on need, and not criteria, so that children cannot fall through the gaps.

- ✓ We have worked collaboratively across commissioning and provider organisations to develop service specifications based on the needs of our population.

**We said we would** enable children to wait no longer than 6 weeks for a CAMHS assessment and no longer than a further 6 weeks to commence treatment:

- ✓ Through the implementation of the CAMHS advice and duty line we have reduced the number of overall referrals into the service. Together with a focus on improving efficiency in the single point of access clinic for CAMHS, the number of young people waiting for a CAMHS appointment and the length of time they are waiting has significantly reduced.

**We said we would** make use of technology that fits in with young people's lives, such as online counselling and information:-

- ✓ We invested in improvements in the MyMind website and continue to offer online counselling through Kooth.com

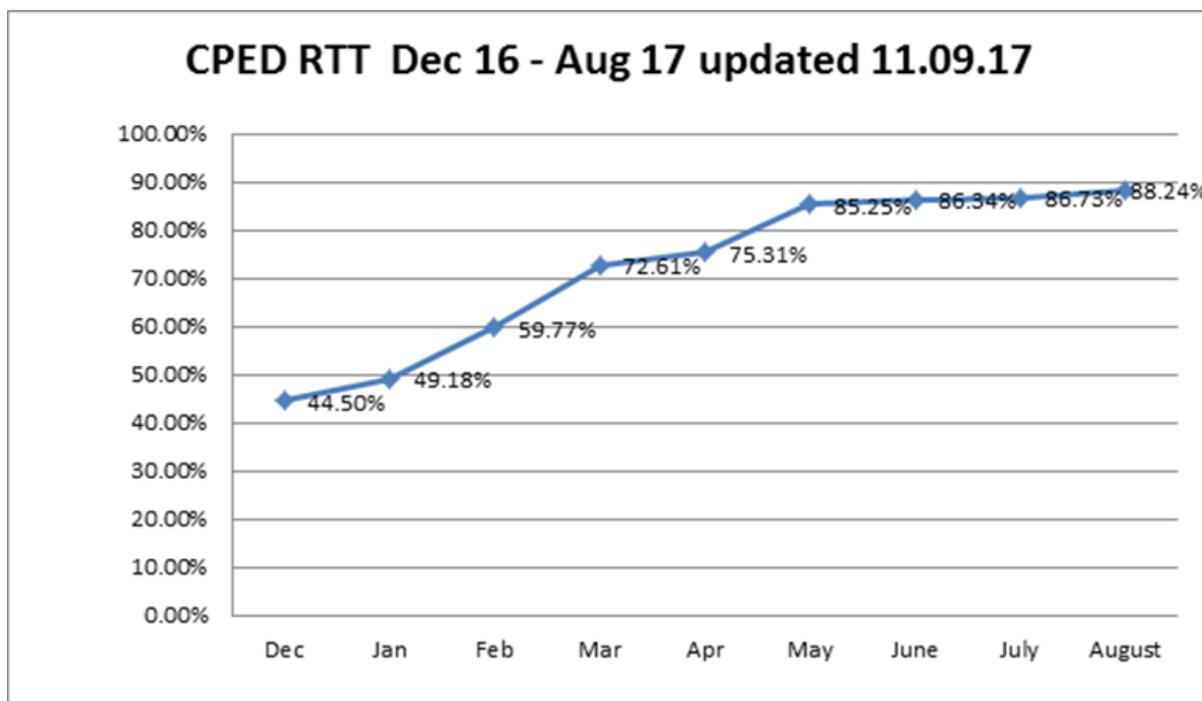
**Key deliverables:-**

- *Through the mapping workshops we will identify any gaps in current service provision and consider how we can shape and design services to ensure children cannot fall through the gaps.*
- *We will widen the training programme delivered by Primary Mental Health Workers to include all professionals in the children's workforce and parents and carers in Wirral (covered in Theme 1).*

- *Improve the look and feel of the MyMind website following feedback from young people and families (covered in Theme 1).*
- *We will continue to work on improving flow within CAMHS to ensure that the service is as efficient as it can be. We will also work with schools and other communities and services to ensure that there are clear pathways of emotional health and wellbeing support outside of specialist CAMHS services.*

### Access to Services - Community Paediatrics

Access to Community Paediatric services has steadily improved over the last 18 months which has enabled the target to reach the 18-week trajectory 88.24% by August 2017. The improvement is shown in the table below.



Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
52.41%	56.74%	55.15%	55.18%	59.61%	68.45%	76.65%	80.83%	75.65%

**We said we would** monitor waiting times for community paediatrics: when a review was published in January 2016, performance against the 18-week Referral to Treatment standard of 92% was 52.41%; by September 2016 it had improved to 75.65%.

- ✓ We have implemented an Action Plan which has further improved the performance to 88.24% by August 2017.

## Access to Services - CAMHS

Waiting times for initial assessment by CAMHS has fluctuated over the previous 18 months. Our target is that 75% of children are able to have an assessment within 6 weeks, but we still have some way to go to achieve this goal.

In 2017, waiting times have been addressed and reduced in three ways:-

- Primary Mental Health team (pre-referral)
- Choice Waiting List (referral and first appointment)
- Partnership Waiting List Initiative (first appointment to treatment)

The Primary Mental Health work has included training of teachers in supporting the mental health and emotional wellbeing of children and young people and the establishment of an Advice & Consultation phone line for professionals, parents and carers. These are described in more detail below (see “Theme 1: Promoting resilience, prevention and early intervention”).

A number of quality improvement initiatives were undertaken to improve the flow of access in to services, these changes have enabled the service to currently have a 5-month wait - a reduction of 13 months. We are hoping that by the end of 2017 the service waiting times will have reduced to 8 weeks with a reduction in waiting numbers to 200 clients from a peak of 814 in February 2017.

NHS England, via the CCG, provided additional funding to support a Partnership Waiting List Initiative from January 2017. This enabled existing staff to work additional hours to see more clients. By October 2017 this had enabled an additional 120 people to be seen over 773 appointments.

Average waiting times for CAMHS are shown in the table below.

CAMHS Waiting Times	2016/7	2016/7	2017/8	2017/8
	Q3	Q4	Q1	Q2
% patients receiving a choice appointment within 6 weeks	52.5%	44.5%	51.0%	83.9%
Average Choice appointment wait days	92.3	71.1	46.0	23.4
% patients receiving a partnership appointment within 6 weeks	65.2%	73.3%	65.6%	67.7%
Average Partnership appointment wait days	148.4	138.2	97.4	67.2

**We said we would** monitor waiting times for CAMHS: the target is for 75% of children to have an assessment within 6 weeks of referral; previous performance was 70% - Q1 2016/17 and 50% in Q2 2016/17:

- ✓ In Q2, 2017/18 - 84% of children received an assessment within 6 weeks of referral.
- ✓ The waiting List has reduced been from 13 months to 5 months by September 2017. We aim to further reduce the wait to 6 weeks by April 2018.

**We said we would**, for CAMHS, monitor the percentage of children accessing their first therapeutic intervention (Partnership) within 6 weeks of assessment at the Choice clinic; it was 81% in both Q1 and Q2 of 2016/17 however this was based on triage of urgent cases only:

- ✓ We have improved the throughput for all cases from choice to partnership, although this looks like a reduction in performance this shows a more accurate reflection of the flow through the whole service.
- ✓ The Partnership Waiting List Initiative launched in January 2017, which to date, enabled an additional 205 people to be seen. Appointments were prioritised towards those waiting the longest and with the highest clinical risk.

### Eating Disorder Services

In 2015, NHS England published new guidance around the detection and treatment of eating disorders in children aged 8 upwards<sup>2</sup>, and introduced the following new standard:

*The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.*

Wirral CCG has received additional national funding to implement this new guidance, and is working with our commissioning colleagues in West Cheshire, East Cheshire, South Cheshire and Vale Royal CCGs to deliver a new 'hub and spoke' model, in order that additional children may be seen in a timely manner. This new Wirral CAMHs eating disorder service is fully operational and 100% compliant with waiting time standards. Average wait time is 11.8 days and 49 assessments have been completed in the first year (June 2016 – June 2017). Criteria have been set to determine urgent versus routine appointments and the assessment process is fully integrated into the established CAMHs Choice Clinic system. Clinical treatment is delivered in line with NICE Guidelines and evidence based treatment and includes CBT and James Locke Family Based Treatment Model, both with dietetic input. A Paediatric Guideline for Management of Eating disorders requiring medical management has been formally adopted by Arrowe Park Paediatric Services and both services have

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

developed good links and the specialist team provide support during admissions. The service has received excellent feedback from families.



She was delighted to report that the care her daughter received has been outstanding and that she has achieved her target weight; she also praised the new dietician and the positive impact of early intervention.

*- Parent of Eating disorder patient.*

**We said we would** monitor the number of admissions to inpatient services for eating disorders:

- ✓ We have had one admission to the Priory hospital between March -October 2017. This was a very severe case and required immediate medical admission due to high risk. Admission to the generic CAMHS inpatient unit was not possible due to clinical need and bed capacity.

**We said we would** commission a new 'hub and spoke' model for Eating Disorders:

- ✓ The new service has been commissioned and is operational.

**We said we would** fully implement NICE guidance and access standard for eating disorders in children and young people:

- ✓ The new Wirral CAMHS eating disorder service is fully operational and 100% compliant with waiting time standards. Clinical treatment is delivered in line with NICE Guidelines and evidence based treatment. (For more information see above: Theme 2: Access to Effective Services, sub-section Eating Disorders).

**Key deliverables:-**

- *Ensuring early identification and referral for treatment to reduce risk of need for inpatient admission.*

**Support in a crisis**

As described in the earlier theme 1, Future in Mind funding has been used to set up an 'advice and duty line' telephone service for anyone in Wirral who has concerns about a young person's mental health. This was developed in consultation with young people and education and has been very positively received.

Since introducing this line there has been a 40% reduction in young people presenting at Arrowe Park Hospital following episodes of self-harm who require overnight stays on the paediatric ward. This is an excellent example of how the Future in Mind funding has been used to support the children's workforce to improve outcomes for young people in crisis.

There is currently a proposal to extend this service to offer telephone support out of hours and Assessments on acute paediatric wards will be provided on Saturdays and Sundays as required through a bid for national funding.

Evidence from Wirral and around the UK has shown that telephone support from specialist CAMHS clinicians can be effective in preventing and reducing the effect of crises for children and young people.

CAMHS have been working with social care, the hospitals, schools and voluntary agencies across Wirral to improve the initial crisis management, such as educating partner agencies in their understanding of behaviours that can be described as self-harm. Within CAMHS, training on the management of self-harm and suicidal behaviour is delivered to the entire CAMHS clinical workforce.

CAMHS runs a "Keep Safe, Stay Safe" group for young people and their parents to attend following an appearance at A&E. This is a crisis management group to help the families cope better should they face another crisis, thereby improving resilience and aid prevention of future crises.

For those young people who are most severely affected by suicidal or self-harm behaviour, CAMHS runs a full Dialectical Behavioural Therapy programme with the intention of helping them utilise more skilful and effective problem-solving behaviours.

It is recognised that Crisis support for children and young people on Wirral needs to be enhanced, specifically to address the forthcoming national standards to deliver a responsive, effective crisis response. Commissioners will be working collaboratively with Mental Health providers, the local Acute Trust and voluntary sector to develop services to meet this need.

**We said we would** collaborate with acute trusts, neighbouring CCGs and NHS England to ensure clear pathways for children in crisis.

- ✓ We work collaboratively through the Future in Mind Steering Group which includes representatives from acute trusts and the Strategic Clinical Network.

**Key deliverables:-**

- *We will support the services to meet the new national standards through bidding for innovation funds and reviewing commissioning funding.*

- *We will work with secure commissioning to develop an integrated pathway between community and inpatient services to meet the needs of children and young people who need an acute admission.*

## **Learning Disabilities**

Children and young people with Learning Disabilities have particular needs in-line with their life-long disabilities. Following current service delivery guidance these children are supported by a specialist multi-disciplinary team (LD CAMHS) and work in close partnership with multi-agency disability services such as Children with Disabilities Team (CYPD – Local Authority), special schools (Education), primary health services (previous services within the Child Development Centre) and voluntary services.

The team provides holistic child and family centred assessment and intervention working within Positive Behaviour Support (PBS) and Person Centred Planning (PCP) models of care.

**We said we would** further promote the role of Learning disability Champions within generic CAMHS Teams and increase skill:

- ✓ Learning disability clinicians work jointly with CAMHS clinicians where needed and when resources allow; a learning disability clinician is assigned as link to each CAMHS team for consultation and support. They have delivered training on Learning Disabilities, Autistic Spectrum Disorder, Challenging Behaviour and Mental Health.

### **Key deliverables:-**

- *Meet with commissioners to inform, design and develop an effective service model to meet the needs of children and young people with learning disabilities as part of Transforming Care Programme, Future in Mind and Wirral All Age Disability strategy.*
- *Ensure that the workforce of the Learning Disability CAMHS Team is compatible with Learning Disabilities service model delivery, supported by appropriate Key Performance Indicators.*
- *Introduce children and young people's dynamic support register.*
- *Work with commissioners, Local Authority and Special Educational Needs lead to identify children who are currently in expensive out of area placements (away from their family and community) to consider local service support.*
- *Ensure the right support is in place to reduce crisis, inappropriate hospital (incl. 36/52 week residential) placement breakdown.*
- *Work in partnership with commissioners and all age multi-agency services to ensure appropriate co-location.*
- *Support colleagues outside the Learning Disabilities team regarding Autism, Learning Disabilities and challenging behaviour.*
- *Identify a Learning Disability Champion in each CAMHS team.*

- *Ensure the right support, at the right time in the right place is available to children and young people who have a Learning Disability.*

### **Transforming Care Programme (TCP)**

CAMHS is developing a service to support implementation of the national service model for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

One of the main aims is to increase and enhance community capacity in the form of intensive support, with a step up and step down function.

The service model is to have enhanced/intensive support that provides the specialist skills and capacity needed to work intensively across smaller caseloads and involves undertaking a range of activities which aim to reduce the likelihood of behaviour that leads to long term restrictions of liberties, or future relapse. The service supports children and young people returning to community settings from inpatient settings or other out-of-area placements, such as residential schools.

The programme needs to meet the needs of the individual at the right time and in the right place via service redesign utilising the current resources in a way that addresses the programme aims.

**We said we would** work in partnership with commissioners and multi-agencies to embed the Transforming Care Agenda for children and young people:

- ✓ We will develop and deliver the service to fully meet the Transforming Care agenda.

#### **Key deliverable:**

- *Meet with other commissioners to ensure the right Key Performance Indicators and targets are in place to measure and evidence the service delivery model. (In line Transforming Care Programme, Future in Mind and Wirral All Age Disability agendas, such as 'number of contacts').*

### **Early Intervention in Psychosis (EIP)**

EIP services now provide care to all people between the ages of 14 and 65 who are experiencing a first episode of psychosis (FEP). EIP teams do not provide care for people experiencing organic psychoses, e.g. psychosis in the context of dementia.

Diagnoses in FEP are often unstable and interchangeable, particularly in the early stages, so acceptance by EIP teams is usually determined by the presence of significant psychotic symptoms. These include hallucinations, delusions, conceptual disorganisation and others, which should be of sufficient severity to cause distress or impairment of social or occupational function.

The use of standardised assessments, namely PANSS and CAARMS, to measure symptom severity and response to treatment is implemented.

Some people benefit from an extended assessment (usually for 3-6 months) to clarify whether they meet the criteria for FEP or At Risk Mental State (ARMS), or neither of these.

Comorbidities are extremely common, and should not preclude care from EIP services. If psychosis is not the primary problem that needs care, EIP teams may feel that it is appropriate to refer to another, more appropriate service, for example, drug and alcohol, autism, mother and baby or personality disorders services. In such cases, the EIP team should be able to remain involved to deliver interventions as necessary and appropriate.

The acceptance criteria are:

- First presentation of psychosis.
- Age 14-65.
- Not previously in receipt of a full three years of EIP treatment.
- Psychotic symptoms (hallucinations, delusions, catatonia, thought disorder present for one week and causing distress or impairment of function).

If psychosis is suspected, but does not meet the above criteria, assessment for an At Risk Mental State, using a validated ARMS assessment instrument such as the CAARMS is utilised.

### **At Risk Mental States (ARMS)**

In addition to providing care for people experiencing first episodes of psychosis, EIP teams assess and treat those deemed to be at-risk of developing psychosis. The aim of working with this group is to reduce the number of people making the transition, and developing psychotic illnesses.

As these services are intended to reduce future morbidity, they aim to see people who do not meet criteria for a first episode psychosis, yet show features which are predictive of risk of development of an episode of FEP.

These include:

- Distress.
- Young adulthood/adolescence (age 14-30).
- Recent (over past year) decline in social function.

Plus:

- Attenuated psychotic symptoms or

- Transient psychotic symptoms or
- Strong family history of psychotic illness or
- Increasing unexplained distress or agitation or
- Other risk indicators, e.g. schizotypal personality
- Assessment

EIP services will be expected to provide assessment for all people aged 14-65 with At Risk Mental States. Standardised, validated instruments, such as the Comprehensive Assessment of At Risk Mental States (CAARMS) are used in the assessment.

Particular emphasis will be placed on providing training and support for GP's and CAMHS teams to help identify cases that may be at high risk of developing psychosis and thus require 'At Risk Mental State' assessment.

Individuals accepted under Early Intervention Team as first episode psychosis or at risk mental state will receive NICE concordant care. EIP teams usually provide care for three years, to ensure that service users receive best practice treatment over the "critical period". On occasions, people may need longer care to achieve a stable personal recovery, while some make good progress earlier and feel that they no longer wish to be involved with services.

**Key deliverables:-**

- *We will ensure that CAMHS staff are trained in recognising the EIP symptoms (training will be provided by the EIP team) and are fully implementing the clinical pathway into EIP.*

**Transition to Adult Services**

CAMHS is working to improve the transition of clients to adult services. The Future in Mind policy recommends joint-working to aid transitions and Wirral CAMHS is looking for transitions to start to be planned at Year 9 (age 14) and to provide a key worker supporting young people across the transition. In conjunction with service users, Wirral CAMHS has developed a "My Moving Forward Plan" (transition to adult services) and a "My Recovery Plan" (discharging back to Primary Care). In order to improve joint planning and processes around transition, CAMHS have arranged a Wirral Transitions Internal Meeting between CAMHS and Adult Mental Health, meeting bi-monthly, and have incorporated a mental health transitions slot into the Transition Operational Group (TOG) attended by Local Authority, Education and Mental Health.

### THEME 3: CARE FOR THE MOST VULNERABLE

Vulnerable Children are those children most at risk of experiencing inequalities and poor life chances. In Wirral, the focus of this theme has been around children or young people who are unable or have difficulties accessing mental health services due to either personal or environmental issues. In reality this could be because a child or young person is placed out of borough and accessing a service is difficult or because they have experienced significant trauma and are not ready to address the source of their abuse or mental health condition. Difficulties in accessing provision could also be around how the service is commissioned; linking with services across borders and also the flexibility of the offer i.e. where it is delivered and at what times.

For the majority of young people accessing Children and Young Peoples services, the practical and emotional support of parents/ carers is essential in order for assessment and interventions to proceed. Frequently the parent/ carer involvement in the process is seen as essential to the progress and effectiveness of any intervention. When parents/ carers are unwilling for whatever reason, the input for the child / young person can be limited and causes a further barrier to effective interventions. This can link to their understanding of a complex system or their inability/ unwillingness to support the issue. Parent/ carer's own health conditions can sometimes further compound this barrier for children.

The most vulnerable children often have continued contact with services and as a result, both language and the approach used by professionals to offer support can turn children and young people away from accessing the support they need. Multiple service engagements and/or multiple professional engagements at the same time and over a period can lead to the child/ young person/ parent/ carer to become overwhelmed or reduce their belief that services can support to create effective change. The actions suggested below to address issues linked to this theme largely focus around core values that include choice, flexibility and promoting understanding right across the offer which promotes emotional wellbeing services to reduce the need for specialist services such as CAMHS.

Barriers which prevent effective engagement around emotional wellbeing and mental health are highly likely to be further compounded when children and young people are vulnerable due to other factors. As a result, the care of the most vulnerable theme identifies the groups below as those who we need to further focus on:

- Children and young people with Special Educational Needs and/or a Disability.
- Children and young people not attending school or not in education, employment or training.
- Children and young people open to social care – Children in Need, Child Protection and Children Looked After.
- Children Looked after who **live outside** Wirral.

- Out of borough Children Looked after who **live in Wirral**.
- Care leavers.
- Children and young people open to the youth justice system.
- Children and young people with parents with physical and/ or mental health conditions.
- Young carers.
- Refugee or asylum seekers.
- Young people at risk of exploitation inclusive of sexual and criminal acts.
- Young people for whom substance/alcohol misuse is a concern.

A group of multi-agency professionals came together to work on the definition listed above and asked for children and young people to contribute. The group then devised actions that should be prioritised to bring about transformational change.

### **GIRLS Project**

Public Health commissions an innovative project called GIRLS, a targeted programme to support the most vulnerable and at risk young women aged 13-19 years across Wirral. The project offers an informal and educational 12 week personal development programme. The aims of the programme are to:

- Increase resilience around peer pressure and harmful relationships.
- Improve aspirations and opportunities, particularly regarding healthy lifestyles and making informed choices.
- Reduce risk taking behaviour, including drug and alcohol misuse.
- Reduce offending/re-offending and anti-social behaviour.

The outcomes of this project will be captured and used to inform our future approach with this vulnerable group, intervening early to prevent future risk-taking behaviour.

### **LADS Project**

The Youth Support Service delivers regular 'Lads' projects which work with vulnerable and at risk young men aged 13-19. The project addresses a number of issues relevant to young men in today's society, including: drug / alcohol misuse, harmful / exploitative relationships, criminality / anti-social behaviour and raising aspirations and developing resilience.

## Young People's Substance Misuse Programme

The Young People's Substance Misuse programme provides a multi-agency, multi-disciplinary approach to address substance misuse of young people. It ensures that the initiatives in place complement each other, ranging from engagement, prevention, screening, diversionary activities and access to specialist support. During 2016/17 a consultation exercise was undertaken with young people to inform service improvements. During 2017/18 it is intended that this will be further developed through stakeholder mapping across both the statutory and voluntary sectors.

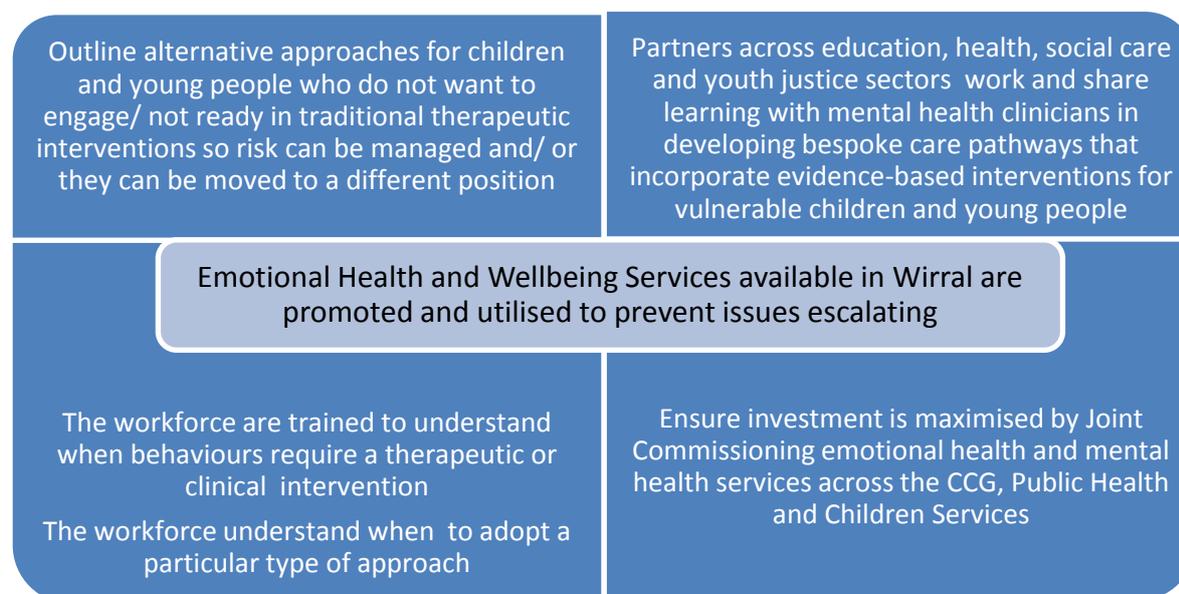
## Criminal Justice Liaison and Diversion (CJLD) team

Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

The priorities are as follows:



In understanding children and young people's needs for emotional wellbeing and mental health we need to ensure they are supported in accordance with their presenting issues rather than the vulnerable group they belong to. Offering a personalised approach which

builds on positive relationships that are already in place will also help to meet the needs of complex children and young people.

The golden thread of Future in Mind is that all the themes are interlinked and without transforming themes 1, 2 and 4, transforming care for the most vulnerable will be problematic.

**We said we would** make sure that Emotional Health and Wellbeing Services available in Wirral are promoted and utilised to prevent issues escalating:

- ✓ We undertook a mapping survey of emotional health and wellbeing services.
- ✓ We implemented a consultation line provided via the specialist CAMHS service which has been promoted and visible with professionals and parent/ carers.
- ✓ We offer children and young people signposting information when they are not currently eligible or on a waiting list for a specialist service.
- ✓ We deliver training for schools around introduction to emotional wellbeing and mindfulness to skill up professional's awareness of the topic.

**We said we would** outline alternative approaches for children and young people who do not want to engage/ not ready in traditional therapeutic interventions so risk can be managed and/ or they can be moved to a different position:

- ✓ Alternative approaches are outlined through early help and intervention by the Primary Mental health team, Peer education and voluntary sector to enable choice and risk management.

**We said we would** enable partners across education, health, social care, youth justice sectors and Voluntary Community Sector to share learning with mental health clinicians to offer interventions that are evidence based and link to best practice:

- ✓ Relationships have been developed across education, health and social care through the Primary mental health training, link worker for each school and attendance of key individuals at the FIM steering group.

**We said we would** ensure investment is maximised by Joint Commissioning emotional health and mental health services across the CCG, Public Health and Children Services:

- ✓ The CCG, LA Children Services and Public Health have combined their investment in 2017 to create an integrated specification which links to the FIM direction of travel and links to the themes of prevention and early help, improved access and care for the most vulnerable. Workforce development also facilitates this transformation.

**We said we would** train the workforce to understand when behaviours require a therapeutic or clinical intervention and they know when to seek advice:

- ✓ The wider workforce training plan identifies training needs for professionals across a number of areas such as challenging behaviour, learning disabilities etc. The plan supports the further development of workforce skills to provide clinical intervention and be able to signpost accordingly.

**Key deliverables:-**

- *Ensure that all online resources are aligned and that local services are promoted on Live Well in Wirral, Early Help site, CWP, Safeguarding, Local Offer and Right Side of Care.*
- *Combine a single all-age directory to bring all relevant information together and act as a gateway for all.*
- *Link criminal justice liaison service to wider emotional health and wellbeing mental health system where children are involved or at risk of offending behaviours.*
- *Develop a systematic approach around implementing the AMBIT model to work through professionals already engaging children and young people.<sup>3</sup>*
- *Promotion of therapies that link to specific pathways i.e. what works for depression, low mood, self-harm etc.*
- *Promote access to resources that are linked to an evidence base.*
- *Emotional wellbeing support services are fully promoted as an effective alternative to specialist mental health intervention across all professionals.*
- *Develop a fully integrated emotional wellbeing and mental health system that takes a holistic approach to intervening early to reduce the need for specialist services.*

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<sup>3</sup> \*AMBIT creates a shift in emphasis for when Team around the Family (TAF's) do not work. When the family does not consider 'help' useful, consider 'Team around the Worker'. In the centre is the multi modal worker with strong links to the young person / family. The worker has links to the other agencies involved / specific professionals. It may not be the right time for the other agencies to be directly involved , however the worker has links to consult with any and/ or 'warms' the client to required agencies. The multi modal worker would be someone with whom the young person or family have some degree of trust. Therefore it is about *privileging the relationship over the expertise*. The consultation needs to be akin to an appointment, i.e. at the same time each week/ month. This is an attachment approach, it's about providing a predictable relationship, it is about providing predictability as much as possible into an unpredictable environment – it is not just providing support. The predictability of appointment is more important than the length of time of the appointment.

## THEME 4: DEVELOPING THE WORKFORCE

Children and young people told us that they want to feel listened to, by people who understand about mental health. It is therefore important to look at the workforce mix, skills and training needs of not only the specialist CAMHS service but also of the wider workforce across children and young people services.

Our vision is to provide a workforce to support the emotional wellbeing and mental health of children and young people, including through prevention and easy access to services.

A strategic workforce development plan is set out at the end of this section.

### CAMHS Workforce

In summer 2017, CAMHS had a total of 68 staff (57 WTE) including 4 in the management team but excluding all administrative resources, this resource was broken down across 0-13 years (42% of overall workforce) and 14-18 years (58% of overall workforce) teams. The CAMHS Mental Health Practitioners consist of 36% of the workforce and are the most common job title within the workforce mix, these roles are the main type of resource delivering treatment; they are supported by other roles such as psychologist, psychotherapist and psychiatrist.

A daily analysis evidenced, that although there is slight variation, each team is sufficiently staffed across each day.

An analysis of staff confidence of working with clients on particular clinical pathways showed that staff confidence and skill level was at his highest around supporting the clinical pathways for Anxiety / Depression, Challenging Behaviour and Complex Care. This broadly matches demand for the clinical pathways and the primary reason for most referrals (based on open cases at 16<sup>th</sup> July 2017):-

- Anxiety = 309
- Behavioural Problems = 243
- Emotional Problems = 120

Collated, these three categories make up 57% of referrals.

A similar analysis was undertaken for interventions (type of treatment) which again showed that, broadly, the confidence in delivering interventions matched demand for that type of intervention.

Nationally the Future in Mind strategy highlighted that: “Skills and capabilities audits in the North West have shown... gender and age issues that need to be addressed. 48% of staff in the survey were found to be due to retire in the next 10 years, and 90% were female.” The review of the Wirral CAMHS workforce considered the age and gender. This showed that 85% of the CAMHS workforce (WTE) was female – broadly in line with the picture for the

North West but more balanced in Wirral. The age breakdown showed that 33% of the CAMHS workforce (WTE) was aged 50 or over (and therefore perhaps considering retirement in the next 10 years) compared to 48% being due to retire in the next ten years across the North West. The age profile was also analysed against these clinical pathways. This showed that no pathway faces a significant issue due to imminent retirement.

In July 2017 NHS England and Health Education England published “Stepping forward to 2020/21: The mental health workforce plan for England”. This outlined national expectations that the NHS is expected to increase the number of staff working in mental health. For example, by 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet additional demand and action needs to be taken to address this growth due to current challenges in attracting and retaining staff. Wirral will therefore need to consider how many additional posts are required locally and how this can be funded monitoring the number of vacant posts and the turnover of staff. Workforce will be a key focus of the delivery plan for 2018.

### CYPIAPT

CYPIAPT is a project that aims to improve access to psychological therapies (IAPT) for children, young people and families and is built on several principles:

- Using routine outcome monitoring (ROMs) to measure a person’s wellbeing, progress and improvement,
- To get more people accessing services for their mental wellbeing in a timely manner.
- Engaging children and young people, not just in their own treatment but also in service design.

CYPIAPT was established in 2011 and it aimed to get current staff trained in specific modalities of evidence based psychological interventions such as Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy for Adolescents and Eating disorders (IPT-A or IPT-ED), Autistic Spectrum Disorders and Learning Disabilities ASD&LD) as well as Systemic Family Practice (SFP), Parental Training (PT) and Infant Mental Health (0-5s). Training clinicians also required high quality supervision and therefore training was also offered for people to become supervisors in the above modalities including Leadership and Management for CYP-IAPT.

Wirral have given an ongoing commitment to support the workforce in accessing both the CYPIAPT course and leadership courses to enable safe and effective clinical practice and high quality supervision. We have expressed an interest in applying for the relevant courses. Collaboratively commissioners and the provider organisations are committed to supporting staff to access the wide offer of training including the newly introduced Children and Young Persons’ Well-being Practitioner (CYWP) which is a less intensive course and qualification but gives clinicians a good grounding in evidence based practices.

It is also envisaged that more partner organisations will access this training to skill up people involved in various parts of a child’s journey such as Local Authority, health visitors, teachers, teaching assistants or social workers.

### Wider Workforce Development

The skills of the wider workforce in supporting children and young people regarding their emotional wellbeing and mental health are being developed through training on Next Step Cards and training and support being delivered by the CAMHS Primary Mental Health team.

Next Step Cards are a way of facilitating conversations (including goal setting) with children and young people regarding emotional wellbeing and mental health. The CCG has purchased 300 licences for training on using Next Step Cards and these are being shared across the wider children and young people’s workforce including schools, NHS providers, the local authority and voluntary agencies. For further information see Theme 1: Promoting Resilience, Prevention and Early Intervention (above).

The CAMHS Primary Mental Health team is delivering courses to train the wider workforce in relation to emotional health and mental wellbeing each month. Commencing in September 2017, topics have included an introduction to emotional wellbeing, self-harm, attachment and anxiety, with the topics identified from consultation with the wider workforce. The topics also reflect the findings of the 2016 School Survey which showed that the main issues felt by schools as affecting their pupils are anxiety, self-esteem and self-image. In spring and summer 2017 these courses were open to schools and are now open to the wider children and young people’s workforce. The Primary Mental Health team also provide a link worker to each Wirral school whose remit includes the promotion of a whole-school approach to emotional health and mental wellbeing. For further information see Theme 1: Promoting Resilience, Prevention and Early Intervention (above).

### Education

Workforce figures from autumn 2017 indicate the following numbers of school teachers (including head teachers, deputy heads and assistant heads):

Number of teachers in Wirral	
Teachers in mainstream schools	1956
Teachers in academy schools	894
<b>TOTAL</b>	<b>2850</b>

Since January 2017 schools have been able to access the training being delivered by the CAMHS Primary mental health team, the content of the courses was developed following consultation with schools and further courses are offered based on demand.

All schools including special provision have been offered at least one training place to implement and use Next Step Cards.

### Wirral University Teaching Hospital - Paediatrics

The total number of paediatric staff at the Wirral University Teaching Hospital are set out in the table below; this includes a cohort of staff who are dedicated to provide a community paediatric service supporting ASD and ADHD assessments:

<b>Number of Staff</b>	<b>Total WTE in budget</b>
Paediatric Nurses - Trained	120.01
Paediatric Nurses - non trained	79.8
Consultants	18
Non Consultant Medical staff	34.2
AHP	8.77
Admin and Clerical	18.00
<b>TOTAL</b>	<b>278.78</b>

The Trust has mandatory training for all staff which includes Vulnerable People Training levels 1, 2 and 3.

There is additional training for Ward/ Paediatric Assessment Unit staff in terms of:-

- Paediatric Life Support.
- Advanced Paediatric Life Support.

Other training is linked to service need - e.g. Mental Health or High Dependency Care

Specialist nurses have additional training in nurse prescribing and local/national training to maintain skills in their specialist field.

Hospital@Home are supported to complete training towards a community practitioner degree. In addition, staff participate in multi-agency training delivered by Social Care.

### Wirral Community Trust - 0-19 Service

The Wirral 0-19 service is delivered by Wirral Community Trust and comprises the following:

<b>Number of WTEs in Wirral's 0-19 service</b>	
Health visitors	72.38
Band 5 community health nurse	12.79
School Nurses	28.80
Nursery nurses	11.87
<b>TOTAL</b>	<b>125.85</b>

As part of the 0-19 mandatory training requirements, all staff are trained in Solihull Approach (emotional health and wellbeing training); perinatal and infant mental Health (adapted depending on the role). Health visitors are trained in Motivational and promotional interviewing and School Nurses have been trained in Motivational training. Health Visitors are trained in NBO and NBAS. School nurses have been trained in next steps cards. The 0-19 services also accesses the training from the CAMHS Primary Mental Health team as appropriate.

### Local Authority Social Care

The local authority's Social Care service comprises the following (Actual staff numbers not WTE):

<b>Number of staff in LA Social Care Teams</b>	
Advanced Social Work Practitioner	22
Consultant Social Worker	1
Social workers (Newly Qualified, Standard and Experienced)	135
Managers	33
Family Support/Support Workers/Personal Advisors/Fieldwork Assistants	34
<b>TOTAL</b>	<b>225</b>

Workforce are based in social care teams across the following areas - Children in Need/Child Protection, Children Looked After or Fostering/Adoption across 3 districts (Wallasey, Birkenhead and South & West Wirral).

The social care service access the Next Step Card training and the training being delivered by the CAMHS Primary Mental Health Team.

### Local Authority Targeted Support Teams

The local authority's Targeted Support service comprises the following (Actual staff numbers- not WTE):

<b>Number of staff in LA Targeted Support Teams</b>	
Adolescent support workers and youth workers (many of whom are part-time, some with specialisms such as creative arts, counselling, substance misuse)	130
Family intervention workers	40
Early childhood workers	40
Social workers	10
Managers (first line, middle and above)	20
<b>TOTAL</b>	<b>240</b>

Staff work across five distinct service areas:

- a. Targeted Youth Support,
- b. Edge of Care services for adolescents,
- c. Family Intervention Service,
- d. Early Childhood Service,
- e. Early Help Team.

Many staff are already trained in the use of Next Step Cards and a bespoke course is being planned for others to attend from across service areas. Staff attend individual courses according to their role and training needs.

Future training needs for this group of staff are:-

- Training by primary mental health team to include tools/resources to use when working with children and young people.
- Next Step Cards.
- There is a need for a single basic course so that all professionals working with children and young people have the same message and approach.

Also worth noting that a large number of youth workers are part-time and only work evenings (some are only contracted for 3 or 6 hours per week) so rolling out training for this staff group can be a challenge and therefore we need to be flexible in any training offer and utilise alternative methods to delivery.

### **Key next steps: Service Mapping**

During summer 2017, Organisation's providing emotional health and wellbeing services were asked to partake in a survey providing further detail about their service offer, referral criteria, and location of services, workforce configuration and training provision. 62

organisations responded to the survey from a cross section of providers: NHS, Education, Local authority social care, Children’s centres and many voluntary organisations.

The survey provided an initial summary and we are now in the process on building from this work through a series of mapping workshops. The workshop attendees will include respondents from the survey alongside commissioning leads with the aim to produce a service map of the current offer of emotional health and wellbeing. Alongside children, young people and their families we will co-produce a future model of services required to meet the needs of our local population.

In relation to workforce, the findings of the initial survey include:-

- 76% of respondents said that their staff had received some training in the last 12 months on emotional health and mental wellbeing. 5% said they provide training to other organisations.
- The size of the workforce varied significantly from 1 WTE to over 200. Most had fewer than 15. (In part this will be because some people responded for their team rather than for their service as a whole).

The survey looked at the confidence levels of staff at supporting children and young people in their emotional wellbeing and mental health. 5% said this was a function they did not normally perform. 15% said their staff had limited confidence and 80% said their staff had “good” or “total” confidence at supporting the emotional wellbeing and mental health of children and young people.

The skills of the workforce were also analysed:



This shows that at least half of respondents felt their service had the skills to support children and young people in:-

- Behavioural problems.
- Attachment difficulties.
- Family relationship difficulties
- Low mood / depression.
- Anxiety.
- Bereavement / family breakdown.
- Minor self-harm.
- Emotional aspects of child protection.
- School related difficulties (not primarily learning problems).
- Development disorders including autistic spectrum disorders.

Future training needs identified by respondents included:-

- Introduction to mental health and emotional wellbeing.
- Attachment.
- Where they could signpost people to.
- Early identification.
- Brain development.
- Resilience.
- Behavioural problems.
- Next Step Cards.
- Gender identity issues.
- Self-harm and suicide prevention.
- Mental health first aid.
- Domestic abuse.
- Anxiety.
- Depression and low mood.
- Post-natal depression.
- Medical prescribing.
- Communicating with people with mental health problems.
- How to manage emotional wellbeing in the home.
- Eating disorders.
- Trauma.
- Therapeutic support to parents.
- Post-Traumatic Stress Disorder.

This shows the wide range of mental health affecting young people and the training needs in our workforce to meet the needs.

**We said we would** support providers in ensuring that staff receive evidence-based training that is appropriate to their role:

- ✓ Staff across commissioned services receive appropriate training however have highlighted future development needs.

**We said we would** design and implement a training plan for universal services, so that professionals such as practice nurses, school nurses and health visitors are able to identify and provide support with common mental health and wellbeing issues:

- ✓ We have initially focused training to school staff on mental health and emotional wellbeing (see above “Theme 1: Promoting resilience, prevention and early intervention).

**We said we would** ensure staff working in more targeted and specialist services have access to training that will enable them both to maintain core competencies, whilst also delivering the latest, evidence-based interventions:-

- ✓ CAMHS has a suite of mandatory training for all staff and training needs are reviewed annually via the appraisal process ensuring staff receive appropriate training based on specialist roles undertaken.

**We said we would** agree a training plan with each school:

- ✓ The CAMHS Primary Mental Health Team has agreed a training plan with schools (see above “Theme 1: Promoting resilience, prevention and early intervention).

**We said we would** expand the roll-out of the CYP IAPT programme:

- ✓ Cheshire & Wirral Partnership intend to send 2 people on the CYIAPT Leadership course in addition to 3 supervisors and 6 trainee therapists. It is envisaged that more partner organisations will access this training to skill up people involved in various parts of a child’s journey such as Local Authority social care staff, health visitors, teachers and teaching assistants.

**We said we would** make use of the NHS England training programme for commissioners:

- ✓ Our Local Authority Commissioning Lead has attended the training programme and learning has been shared across the Future in Mind Steering Group.

**We said we would** implement a ‘train the trainer’ approach wherever possible, for sustainable workforce development:

- ✓ We are exploring ways in which we can efficiently cascade learning across the workforce and currently ask training attendees to implement mental health focussed action plans in their work place after every training.

**We said we would** link the work of primary mental health workers to the delivery of the Early Help:

- ✓ The Primary Mental Health team has an agreed approach with the 0-19 team.

**We said we would** work with the voluntary, community sector to expand the offer beyond traditional health providers:

- ✓ The voluntary and community sector was invited to a workshop on 21 June and to take part in a mapping survey in August-September 2017. This will lead to a mapping of services that will facilitate increased involvement with this sector.

**Key deliverables:-**

- *Fully implement the Primary Mental health training programme to all services that provider emotional health and wellbeing for children and young people. (Covered in Theme 1).*
- *The community and voluntary sector will form part of a wider mapping workshop in late 2017 to identify further training needs. (Covered in Theme 1).*
- *Develop a fully integrated emotional wellbeing and mental health system that takes a holistic approach to intervening early to reduce the need for specialist services.*
- *CAMHS will monitor the number of vacant posts and the turnover of staff.*
- *All services to continue to monitor the demand and capacity to deliver emotional health and wellbeing for children and young people and meet national targets of 1,700 additional therapists and supervisors by 2020/21.*
- *Use the intelligence from the mapping survey and workshops to identify the workforce development requirements for staffing levels, skill mix and training needs and create a multi-agency workforce plan.*
- *Engage in the national opportunities for workforce development linked to the CYPIAPT programme.*
- *Further develop professional forums for workforce collaboration to share learning and best practice.*

## OUTCOMES AND KEY PERFORMANCE INDICATORS

Our on-going engagement with children, young people and their families will inform a set of outcomes that we will introduce with our stakeholders.

To support transparency and enhance governance we are committed to developing an outcomes framework to measure the effectiveness and outcomes of the Future in Mind Transformation plan. A key milestone is the design of an outcomes framework by January 2018. This will be facilitated by an identified senior responsible lead working across multiple stakeholders to co-design a series of outcomes that can be adopted.

In the development of an outcomes framework, consideration will be given to:

- waiting times to be seen
- Did the young person feel listened to?
- Did the young person feel better after they had been seen by the service, and how long did they feel better for?
- Experience of carers and families in the care that their family member received.

CWP already has a strong focus on setting goal-based outcomes for children and young people that are used by clinicians as part of the consultation to develop individualised goals based on what matters to the child, young person. This very much aligns with what children and young people told us is important to them. The ambition is to use patient reported outcomes and other data to help consider the impact of services. We would like to expand the goal-based outcomes approach to other professionals who work with children and young people, for instance school counsellors and nurses, so that we can achieve a truly person-centred approach.

Routine reporting will make data more accessible and transparent, allow benchmarking across services and help us to identify areas of good practice and demonstrate value for money, this will also help us to shadow monitor payments linked to outcomes for commissioned services. Over time the aim will be to share this data through the Future in Mind Steering Group enabling local services and commissioners to use data and intelligence to improve pathways and better meet the needs of local populations (as part of Joint Strategic Needs Assessments for example).

### Understanding Local Need and Data

We are in the process of gaining a better understanding of local need and health inequalities through identified service gaps as part of our service mapping. In order to better respond to preventable health inequalities (including those suffered by poorer socio economic groups, BME, travelling, asylum seekers, and LGBT communities) our FIM Plan includes plans to drill down into existing information and data (such as the Children's and Young People's Mental Health and Wellbeing Profile of Wirral and NHS and other Organisations data systems). Our plans include utilising existing analyst resource across the system to look at existing data

and information, and consider additional information requirements which we can include in commissioning plans as FIM and the wider STP develops. We will also review applicable studies from other areas through our regional and national forums to feed into our JSNA by March 2018. We will then use this information within our commissioning to ensure specific communities needs are addressed in all our key areas of work including awareness raising, parenting support, work in schools, crisis and intensive home support, eating disorder and our workforce development strategy and action plan.

We recognise the need to make best use of both national and locally based data sources to inform effective allocation of resources, monitoring and evaluation of impact. Our understanding of need is currently drawn from a range of data sources both local and national:

- The JSNA (mental health chapter), which points to the [CYP Mental Health and Wellbeing Profiling Tool](#), as well as discusses risks factors, prevalence etc.
- Local activity reports e.g. CAMHS, and the SEND and Vulnerable Young People's JSNAs.
- The NHS Atlas of Variation.
- The National Child & Maternal Health Intelligence Network Knowledge Hub ([ChiMat](#)).
- Local data, including the Wirral's Mental Health & Wellbeing is Everyone's Responsibility School Survey.

The individual data sources are triangulated to provide a holistic picture of progress and need across the footprint.

#### **Key deliverables:-**

- *Further improve data quality to support analysis and ability to identify issues relating to equity of access across Wirral.*
- *Deep dive into particular areas informed by our priorities. Additional work on this aspect will be carried out in conjunction with Public Health Intelligence analysts (Wirral Intelligence Service).*
- *Greater understanding of the current demand on services particularly around health inequalities for specific groups.*
- *Access to wider activity and performance data for all services that support children and young people services to enable a full understanding of current baselines and agree trajectories for improvement over the period 2018 – 2021.*

A data mapping exercise was carried out in 2017 with data collection in progress. By December 2018 we will have a detailed overview retrospectively and in real time of the exact numbers of children supported by multi agency teams and social care with associated mental health problems. We will be able to drill down to local ward level looking at the numbers of children in care, and their attainment and attendance levels at schools.

NHS providers have always been able to provide the data requested as evidence for the Future in Mind Programme. However, we recognise there is more we need to do to improve data collection processes and systems for data analysis. This is factored in as part of the data mapping exercise with discussions taking place as part of the outcomes framework development.

In order to support the development of the community and early help offers, commissioners need a better understanding of the profile and needs of children and young people's emotional health and wellbeing who present in school, voluntary organisations, early health and public health nursing services. Our challenge is that information is kept within services, not collated centrally or in a uniform format. Where possible we will require all providers commissioned to flow data as part of the National Mental Health Data set (MHSDS) or to maintain data in this format for comparison. This will also form part of our governance process.

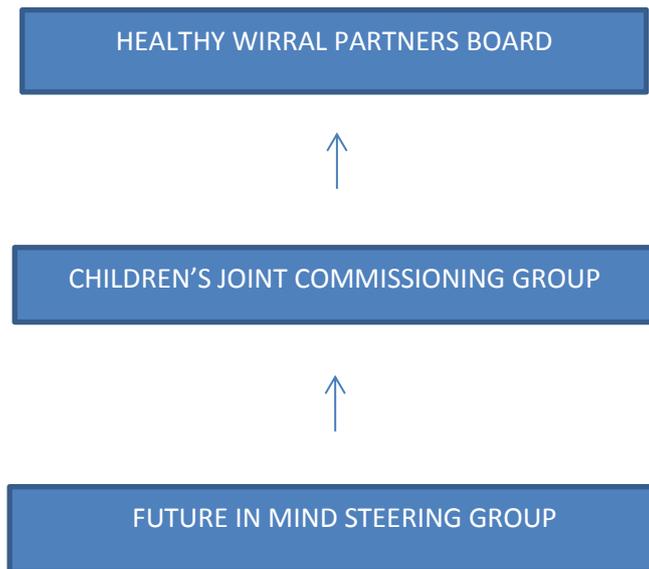
#### **Key Deliverables:-**

- *Collate non NHS data in a simple and uniform form aligned to the MHSDS.*
- *Identify key data analyst capacity for JSNA and managing Non NHS data.*
- *Collate needs as identified by the needs parents/carers have in supporting their children with mental health and behaviour difficulties.*
- *Produce a CYP MH JSNA to inform service delivery in 2018. We will produce a JSNA which predicts future demands for service focusing on children's mental health and emotional well-being. We will compare national and local data on the prevalence of mental health problems broken down by condition, age, gender and the likelihood of impact of delivery in each service area. Working with analysts from public health intelligence (Wirral Intelligence Service) we will ensure there is a detailed breakdown of current service performance including thresholds and waiting times, as part of our tracking and audit process for KPI's.*

## GOVERNANCE

It is essential that we monitor the progress of the priorities identified as part of this plan, the impact of the transformation actions and that there is a formal governance structure to ensure we can identify and manage any risks.

The Future in Mind Steering Group, chaired by the Mental Health Lead commissioner from the CCG supported by the Future in Mind Project Manager, will monitor the progress of each theme against the Delivery Plan set out in Appendix 2. The governance process is detailed as follows:



In addition to the formal governance there will be a series of stakeholder groups that meet to discuss best practice, learning and innovation across areas such as outcomes, data and workforce.

## RISK LOG

The Risk Log summarises the probability and impact of things happening that might prevent the Delivery Plan from being delivered. The Delivery Plan is set out in the appendix 2.

Both “probability” and “impact” are scored 1-5 with 1 being minimal and 5 being high.

No	Date risk identified	Theme	Risk	Actions to reduce the risk
1	October 17	All	As a result of competing demands there is a risk that stakeholders do not deliver against the timescales in the Delivery Plan, which would cause a delay	A Future in Mind Steering Group meets monthly and tracks progress against the Delivery Plan; all stakeholders responsible for actions in the Delivery Plan are invited and any slippage to the timescales will be discussed and impact mitigated against.
2	October 17	All	There is a risk that key people might leave, which could result in delay or to changes in what they think should be delivered	The person leaving, and the organisation they work for, will be responsible for a robust handover; in doing so they will be supported by the Steering Group.
3	October 17	All	As a result of events or changes in policy or best practice there is a risk that the priorities of commissioners or providers might change, which could lead to a change in the what is wanted compared to what is set out in the Delivery Plan.	The Delivery Plan will be updated in response to changing needs.  Members of the Steering Group update each meeting on latest developments such as the Sustainability and Transformation Plan.
4	October 17	3. Care for the Vulnerable	Unable to develop single directory due to financial investment required.	Outline key benefits as part of business case proposal and positive impact on accessing services and reducing

				referrals. Alternatively ensure that all directories, sources of information interlink and are interoperable where possible.
5	October 17	4. Workforce	As a result of national difficulties with recruitment and retention there is a risk that Wirral will not be able to increase the workforce in line with national targets.	Each provider will work collaboratively to consider the requirements to meet the national workforce targets. Early identification of challenges will be reported to the Future in mind steering group and suggested resolution to mitigate.

## APPENDIX 1 – LOCAL INFORMATION –CURRENT PREVALENCE/POPULATION NEED

### Context and Local need



**Source:** Children and Young People's Mental Health and Wellbeing Profile, PHOF

 4 (3.7%) – Anxiety and Depression (Emotional disorders)

 6 (5.8%) – Conduct disorder

 2 (1.5%) – Hyperkinetic disorder

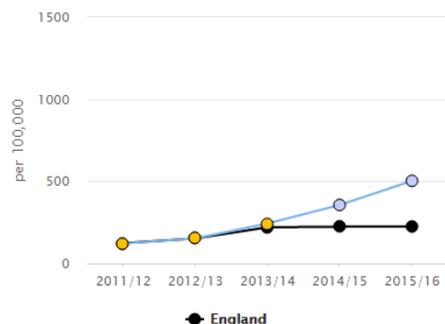
## Theme 2: Access to Effective services:

### Hospital admissions as a result of self harm: Crude rates per 100,000 (10-14 yrs)

Wirral

Crude rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	North West England
2011/12	23	121.9	77.2	182.9	-
2012/13	28	152.5	101.3	220.4	-
2013/14	44	244.0	177.3	327.5	-
2014/15	64	356.4	274.5	455.1	-
2015/16	90	503.1	404.6	618.4	-

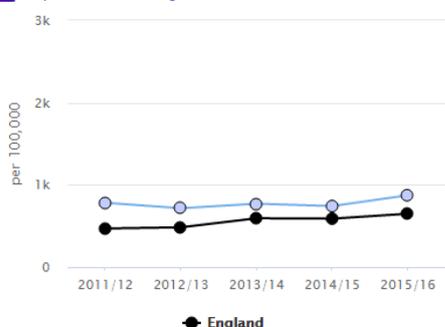
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

### Hospital admissions as a result of self harm: Crude rates per 100,000 (15-19 yrs)

Wirral

Crude rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: →

Period	Count	Value	Lower CI	Upper CI	North West England
2011/12	156	782.2	664.3	915.0	-
2012/13	139	715.2	601.3	844.5	-
2013/14	148	771.0	651.8	905.7	-
2014/15	140	741.8	624.0	875.4	-
2015/16	161	873.1	743.4	1,018.9	-

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

## Substance Misuse Services

### Concurrent contact with mental health services and substance misuse services for drug misuse

2015/16 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	16,942	22.1	21.8	22.3
North West region	-	2,968	21.7	21.0	22.4
Blackburn with Darwen	-	98	24.7	20.8	29.2
Blackpool	-	95	19.1	15.9	22.8
Bolton	-	115	20.0	17.0	23.5
Bury	-	52	16.8	13.1	21.4
Cheshire East	-	39	15.4	11.5	20.4
Cheshire West and Chester	-	53	22.8	17.9	28.7
Cumbria	-	50	6.5	5.0	8.5
Halton	-	40	15.9	11.9	21.0
Knowsley	-	42	23.6	18.0	30.3
Lancashire	-	314	18.6	16.8	20.6
Liverpool	-	452	24.7	22.8	26.8
Manchester	-	366	31.8	29.1	34.5
Oldham	-	43	10.1	7.6	13.4
Rochdale	-	120	22.8	19.4	26.5
Salford	-	137	24.7	21.3	28.4
Sefton	-	183	23.1	20.3	26.2
St. Helens	-	97	27.3	22.9	32.2
Stockport	-	72	21.2	17.2	25.9
Tameside	-	79	22.2	18.2	26.8
Trafford	-	52	15.3	11.9	19.6
Warrington	-	195	65.0	59.4	70.2
Wigan	-	133	16.2	13.9	18.9
Wirral	-	141	18.5	15.9	21.4

Source: National Drug Treatment Monitoring System

Concurrent contact with mental health services and substance misuse services for alcohol misuse ■ 2015/16

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	11,365	20.8	20.4	21.1
North West region	-	2,129	19.6	18.9	20.3
Blackburn with Darwen	-	47	20.3	15.7	26.0
Blackpool	-	41	11.8	8.8	15.6
Bolton	-	92	22.6	18.8	26.9
Bury	-	35	13.8	10.1	18.6
Cheshire East	-	38	14.8	11.0	19.6
Cheshire West and Chester	-	51	20.7	16.1	26.2
Cumbria	-	41	5.7	4.2	7.6
Halton	-	26	14.1	9.8	19.8
Knowsley	-	44	25.6	19.6	32.6
Lancashire	-	249	18.1	16.1	20.2
Liverpool	-	107	10.2	8.6	12.2
Manchester	-	316	35.9	32.8	39.2
Oldham	-	57	14.8	11.6	18.7
Rochdale	-	54	13.7	10.7	17.5
Salford	-	87	16.6	13.7	20.1
Sefton	-	140	25.0	21.6	28.8
St. Helens	-	78	23.1	19.0	27.9
Stockport	-	30	15.6	11.2	21.4
Tameside	-	81	22.1	18.2	26.7
Trafford	-	57	19.8	15.6	24.8
Warrington	-	255	66.1	61.2	70.6
Wigan	-	106	16.1	13.5	19.1
Wirral	-	97	14.6	12.1	17.5

Source: National Drug Treatment Monitoring System

## Theme 2: Learning Disabilities

Pupils with special educational needs (SEN): % of all school age pupils with special educational needs 2016

Crude rate - %

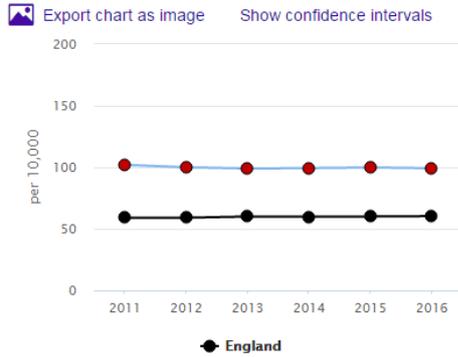
Area	Value	Lower CI	Upper CI
England	14.3	14.3	14.3
North West region	14.3	14.3	14.4
Knowsley	22.7	22.2	23.3
Salford	18.4	18.0	18.8
St. Helens	18.1	17.7	18.6
Liverpool	17.6	17.3	17.9
Wirral	16.9	16.5	17.2
Blackpool	16.2	15.7	16.7
Bury	16.0	15.6	16.4
Halton	15.7	15.2	16.3
Manchester	15.0	14.7	15.2
Wigan	14.7	14.4	15.0
Cumbria	14.4	14.2	14.7
Bolton	14.2	13.9	14.5
Warrington	14.2	13.8	14.5
Cheshire West and Chest...	14.1	13.8	14.4
Oldham	13.9	13.6	14.3
Stockport	13.5	13.2	13.9
Rochdale	13.4	13.0	13.8
Tameside	12.9	12.6	13.3
Trafford	12.9	12.6	13.2
Lancashire	11.7	11.6	11.9
Sefton	10.8	10.5	11.1
Cheshire East	9.0	8.8	9.3
Blackburn with Darwen	-	-	-

Source: Department for Education special educational needs statistics <https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013>

## Theme 3: Care for the most vulnerable

### Children in care Wirral

Crude rate - per 10,000



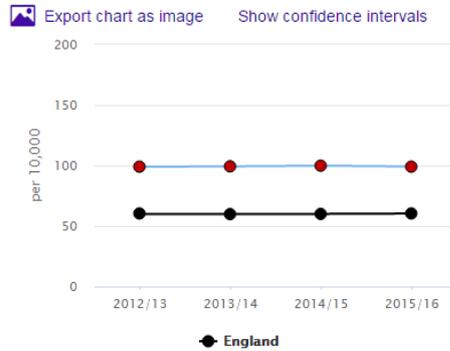
Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	North West England
2011	680	102	94	110	77 59
2012	675	100	93	108	76 59
2013	670	99	92	107	79 60
2014	670	99*	92	107	81* 60*
2015	675	100*	92	108	82* 60*
2016	670	99*	92	107	82* 60*

Source: Children looked after in England, Department for Education.

### Looked after children: rate per 10,000 <18 population Wirral

Crude rate - per 10,000



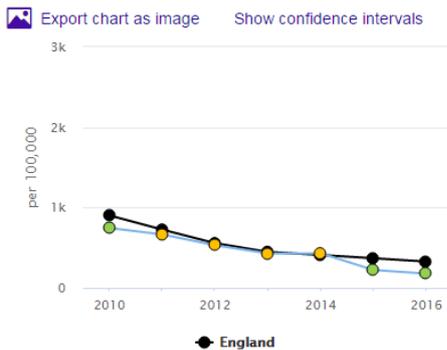
Recent trend: --

Period	Count	Value	Lower CI	Upper CI	North West England
2012/13	670	99.0	91.7	106.8	79.0 60.0
2013/14	670	99.3	91.9	107.1	81.3* 59.8
2014/15	675	99.9	92.5	107.7	82.4* 60.0
2015/16	670	99.2	99.1	99.4	82.5 60.3

Source: Department for Education

### First time entrants to the youth justice system Wirral

Crude rate - per 100,000



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	North West England
2010	241	745.0	652.5	843.7	944.4 901.8
2011	212	665.3	577.6	759.9	743.5 725.5
2012	166	530.8	451.8	616.5	559.6 556.4
2013	131	428.8	357.2	507.3	432.6 447.8
2014	129	429.9	357.5	509.1	392.5 409.1
2015	66	222.1	171.8	282.6	336.1 368.6
2016	52	176.9	132.1	232.0	293.7 327.1

Source:

Numerator - Police National Computer

Denominator - ONS population estimates

1.11 - Domestic abuse-related incidents and crimes - current method

Wirral

Crude rate - per 1000

 Export chart as image    [Show confidence intervals](#)



Recent trend: --

Period	Count	Value	Lower CI	Upper CI	North West England		
2015/16	0	-	26.2	25.9	26.5	23.5	22.1

Source: Office for National Statistics (ONS)

## APPENDIX 2: DELIVERY PLAN

Each year we will refresh this plan to set out the key priorities for the forthcoming year. The delivery of the 2017 plan has been restructured from the 11 work streams set out in the 2016 Transformation Plan to 5:

- Engagement and Communication
- FiM Theme 1: Promoting resilience, prevention and early intervention
- FiM Theme 2: Access to effective services.
- FiM Theme 3: Care for the most vulnerable.
- FiM Theme 4: Developing the workforce.

The fifth FiM theme Accountability and Transparency is progressed through the other themes.

The delivery plan and actions going forward are set out below and will be updated during the year.

Note: The “FiM Theme 4: Developing the workforce” theme is supported by the training and mapping work being delivered through “FiM Theme 1: Promoting resilience, prevention and early intervention”.

<b>FiM Theme</b>	<b>Sub Theme</b>	<b>Lead</b>	<b>Deliverable</b>	<b>Due date</b>
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Ensure that the engagement of children and young people is at the heart of our services and co-ordinate this work through existing engagement groups.	Ongoing
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Engage with young people when developing services.	Ongoing
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Ensure we feedback to young people by engaging with them so that they can influence service delivery and provision.	Ongoing
Engagement & Communication	Engagement & Communication	Senior Manager, Targeted Services (Integrated Youth Support)	Continue to actively engage and communicate with children and young people and the wider workforce supporting them.	Ongoing
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Identify a group of young people to take part in discussions on outcome measures for Future in Mind.	March 2018

		Support)		
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Continue to use the opportunities through engagement groups to provide meaningful consultation on delivery plans including the Future in Mind Transformation Plan 2017/18.	October 2018
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Use feedback from the 2017 Youth Voice Conference on Education and mental health to inform FiM outcome measures.	March 2018
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Ensure the mapping exercise includes engagement with children, young people and their families to ensure that future clinical pathways meet the needs of young people and provide the 'right service at the right time' for them.	June 2018
Engagement & Communication	Engagement	Senior Manager, Targeted Services (Integrated Youth Support)	Review engagement opportunities for families and carers to give feedback and design future services.	March 2018
Engagement & Communication	Communication	Project Manager for Future in Mind	Support the FIM steering group to develop a robust communication strategy to ensure understanding of the key achievements and deliverables of the Future in Mind transformation plan.	December 2018

1 = Resilience, prevention and early intervention	Online resources	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Further improve online resources available for children, parents and professionals in the area of emotional wellbeing.	March 2018
1 = Resilience, prevention and early intervention	Mapping of services	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Align existing directories	April 2018
1 = Resilience, prevention and early intervention	Mapping of services	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Implement a single integrated directory.	September 2018
1 = Resilience, prevention and early intervention	Training	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Develop a plan for extending Primary Mental Health support to parents and carers.	September 2018
1 = Resilience, prevention and early intervention	Training	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Increase the number of secondary schools offering peer education.	September 2018

		Health Team		
1 = Resilience, prevention and early intervention	Training	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Increase the number of professionals trained in the 'Next Step' tool.	April 2018
1 = Resilience, prevention and early intervention	Mapping of services	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Hold a series of events to map out what is offered by the commissioned services, wider voluntary and community sectors.	May 2018
1 = Resilience, prevention and early intervention	Pathways	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team  And Early Help Team Manager	Scope the integration between the Safer Wirral Hub (launched October 2017) and the Primary Mental Health team and the wider emotional health and wellbeing services	January 2018
1 = Resilience, prevention and early intervention	Training the workforce	Clinical Psychologist, Wirral CAMHS Primary Mental Health Team	Extend the support offered to professionals to the under-fives and to social care workforce.	September 2018

1 = Resilience, prevention and early intervention	Parenting	Parenting Lead	Collate data on a quarterly basis to develop a clear picture of capacity, demand and gaps in parenting provision and feed information to commissioners, based on an information sharing agreement.	June 2018
1 = Resilience, prevention and early intervention	Parenting	Parenting Lead	Collate qualitative data on a quarterly/six monthly basis for commissioned services to evaluate and monitor the impact of support provided, including 3-6 month follow-up.	December 2018
1 = Resilience, prevention and early intervention	Parenting	Parenting Lead	Agree a parenting pathway with commissioners and stakeholders, taking into consideration demand and training needs.	September 2018
1 = Resilience, prevention and early intervention	Sleep	Parenting Lead	Research support and good practice in other areas and current cost of sleep medication on Wirral to reduce the reliance on medical intervention.	March 2018
2 = Access to effective services	CAMHS processes	Clinical Director, Wirral CAMHS	Continue to improve the flow of work within CAMHS to ensure that the service is as efficient as it can be. We will also work with schools and other communities and services to ensure that there are clear pathways of emotional health and wellbeing support outside of specialist CAMHS services.	March 2018
2 = Access to effective services	Pathways	Clinical Director, Wirral CAMHS	Through the mapping workshops we will identify any gaps in current service provision and consider how we can shape and design services to ensure children cannot fall through the gaps.	March 2018

2 = Access to effective services	Eating Disorders	Eating Disorder Lead	Ensure early identification and referral for treatment to reduce risk of need for inpatient admission.	By 2021
2 = Access to effective services	Crisis Service	Clinical Director, Wirral CAMHS	Support the services to meet the new national standards through bidding for innovation funds and reviewing commissioning funding.	April 2018
2 = Access to effective services	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Meet with commissioners to inform, design and develop an effective service model to meet the needs of children and young people with learning disabilities as part of Transforming Care Programme, Future in Mind and Wirral All Age Disability strategy.	April 2018
2 = Access to effective services	Learning Disabilities & Data	Team Lead, Wirral CAMHS Learning Disabilities	Meet with commissioners to ensure the right Key Performance Indicators and targets are in place to measure and evidence the service delivery model. (In line Transforming Care Programme, Future in Mind and Wirral All Age Disability agendas, such as 'number of contacts').	April 2018
2 = Access to effective services	Learning Disabilities & Workforce	Team Lead, Wirral CAMHS Learning Disabilities	Ensure that the workforce of the Learning Disability CAMHS Team is compatible with Learning Disabilities service model delivery, supported by appropriate Key Performance Indicators.	January 2018
2 = Access to effective services	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Introduce children and young people's dynamic support register.	January 2018

2 = Access to effective services	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Work with commissioners, Local Authority and Special Educational Needs lead to identify children who are currently in expensive out of area placements (away from their family and community) to consider local service support.	January 2018
2 = Access to effective services	Learning Disabilities & Crisis Service	Team Lead, Wirral CAMHS Learning Disabilities	Ensure the right support is in place to reduce crisis, inappropriate hospital admission (incl. 36/52 week residential) placement breakdown.	April 2018
2 = Access to effective services	Learning Disabilities & Workforce	Team Lead, Wirral CAMHS Learning Disabilities	Work in partnership with commissioners and all age multi-agency services to ensure appropriate co-location.	April 2018
2 = Access to effective services	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Support the Primary Mental Health team to deliver training about Learning Disability, Autistic Spectrum condition, behaviours that challenge and Mental Health.	Ongoing
2 = Access to effective services	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Identify a Learning Disability Champion in each CAMHS team.	April 2018
2 = Access to effective services & 3 = Care for the Vulnerable	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Ensure early identification and intervention for vulnerable children and young people with Learning Disabilities to promote quality of life and reduce risk of need for out of are placements.	January 2018

2 = Access to effective services & 3 = Care for the Vulnerable	Learning Disabilities	Team Lead, Wirral CAMHS Learning Disabilities	Ensure the right support, at the right time in the right place is available to children and young people who have a Learning Disability.	Ongoing
2 = Access to effective services	Early Intervention in Psychosis	Clinical Service Manager, Wirral CAMHS	Ensure that CAMHS staff are trained in recognising the EIP symptoms (training will be provided by the EIP team) and are fully implementing the clinical pathway into EIP.	March 2018
3 = Care for the most vulnerable	Vulnerable people	Senior Manager, Targeted Services (Integrated Youth Support)	Ensure that all online resources are aligned and that local services are promoted on Live Well in Wirral, Early Help site, CWP, Safeguarding, Local Offer and Right Side of Care	April 2018
3 = Care for the most vulnerable	Vulnerable people	Senior Manager, Targeted Services (Integrated Youth Support)	Combine a single all-age directory to bring all relevant information together and act as a gateway for all.	September 2018
3 = Care for the most vulnerable	Vulnerable people	Senior Manager, Targeted Services (Integrated Youth Support)	Link criminal justice liaison service to wider emotional health and wellbeing mental health system where children are involved or at risk of offending behaviours.	January 2018

3 = Care for the most vulnerable	Vulnerable people	Senior Manager, Targeted Services (Integrated Youth Support)	Emotional wellbeing support services are fully promoted as an effective alternative to specialist mental health intervention across all professionals.	April 2018
3 = Care for the most vulnerable & 4 = Developing the workforce	Vulnerable people	Senior Manager, Targeted Services (Integrated Youth Support) /Commissioners/ Project Manager for Future in Mind	Develop a fully integrated emotional wellbeing and mental health system that takes a holistic approach to intervening early to reduce the need for specialist services.	April 2019
4 = Developing the workforce	Workforce	Provider Leads	Develop a systematic approach to implement the AMBIT model to work through professionals already engaging children and young people.	April 2018
4 = Developing the workforce & Accountability & Transparency	Workforce - CAMHS	Clinical Service Manager, Wirral CAMHS	CAMHS will monitor the number of vacant posts and the turnover of staff and data will be reported in the activity dashboard.	Ongoing
4 = Workforce	Workforce	Provider Leads	Promotion of therapies and resources that link to specific pathways (NICE guidelines) i.e. what works for depression, low mood, self-harm etc.	April 2018

4 = Developing the workforce & Accountability & Transparency	Workforce	Provider leads and Steering group	All services to continue to monitor the demand and capacity to deliver emotional health and wellbeing for children and young people and meet national targets of 1,700 additional therapists and supervisors by 2020/21.	December 2018
4 = Developing the workforce	Workforce	All Providers	Use the intelligence from the mapping survey and workshops to identify the workforce development requirements for staffing levels, skill mix and training needs and create a multi-agency workforce plan.	April 2018
4 = Developing the workforce	Workforce	All Providers & commissioners	Engage in the national opportunities for workforce development linked to the CYPIAPT programme.	Ongoing
4 = Developing the workforce and 3 = Care for the most vulnerable	Workforce	All supported by steering group	Further develop professional forums for workforce collaboration to share learning and best practice.	June 2018
5 = Accountability and Transparency	Understanding local need	Public Health Intelligence Lead	Further improve data quality to support analysis and ability to identify issues relating to equity of access across Wirral.	December 2018
5 = Accountability and Transparency	Understanding local need	Public Health Intelligence Lead	Deep dive into particular areas informed by our priorities. Additional work on this aspect will be carried out in conjunction with Public Health Intelligence analysts (Wirral Intelligence Service).	December 2018

5 = Accountability and Transparency	Understanding local need	Public Health Intelligence Lead	Greater understanding of the current demand on services particularly around health inequalities for specific groups.	December 2018
5 = Accountability and Transparency	Data	Public Health Intelligence Lead	Access to wider activity and performance data for all services who provide children and young people services to enable a full understanding of current baselines and agree trajectories for improvement over the period 2018 – 2021.	March 2018
5 = Accountability and Transparency	Data	Public Health Intelligence Lead	Collate non NHS data in a simple and uniform form aligned to the MHSDS (defined requirements).	April 2018
5 = Accountability and Transparency	Data	Public Health Intelligence Lead	Identify key data analyst capacity for JSNA and managing Non NHS data.	December 2017
5 = Accountability and Transparency	Data	Public Health Intelligence Lead	Collate needs as identified by the needs parents/carers have in supporting their children with mental health and behaviour difficulties.	September 2018
5 = Accountability and Transparency	Data	Public Health Intelligence Lead via Steering Group	Produce a CYP MH JSNA to inform service delivery in 2018.	July 2018
5 = Accountability and Transparency	Data	Public Health Intelligence Lead	We will compare national and local data on the prevalence of mental health problems broken down by condition, age, gender and the likelihood of impact of delivery in each service area.	December 2018

5 = Accountability and Transparency	Data	Public Health Intelligence Lead	Working with analysts from public health intelligence (Wirral Intelligence Service) we will ensure there is a detailed breakdown of current service performance including thresholds and waiting times, as part of our tracking and audit process for KPI's.	June 2018
Governance	Delivery Plan	Project Manager for Future in Mind	Each theme to have a Risk Log to support effective delivery and monitoring.	January 2018