CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH AND EMOTIONAL WELLBEING TRANSFORMATION PLAN

Making the Mental Health and Emotional Wellbeing of Children and Young People ‘Everyone’s Business’
1. Context:

This document should be read as an additional supplement to Liverpool’s 3 year Mental Health and Emotional Wellbeing (MHEWB) Strategy 2014-2017. The Strategy was launched in November 2014 before the Future in Mind report and outlines Liverpool’s 3 year strategy for transforming services to support children and young people’s mental health and emotional wellbeing. The strategy is publicly accessible on Liverpool CCG’s website – Click Here and sits within the wider remit of Liverpool CCG’s Healthy Liverpool programme – Click Here in addition to supporting the cities priorities around early help and improved health outcomes for children, young people and families.

The purpose of this document is to outline the key points of the current strategy, developments to date and our enhanced ambitious model in line with the recommendations within Future in Mind. This document will be publicly available on Liverpool CCG, Liverpool City Council, Liverpool CAMHS website (www.liverpoolfyi.com) and wider partners websites alongside the 3 year MHEWB strategy.

2. Vision:

Liverpool’s MHEWB strategy is aimed at developing the mental health and emotional wellbeing of children, young people, and their families. During the last 12 years Liverpool has taken an integrated and partnership approach to both commissioning and strategically developing children and young people’s mental health and emotional wellbeing services. The vision in Liverpool is to make mental health and emotional wellbeing ‘everyone’s business’

The integrated approach taken has enabled the Children and Young People’s MHEWB Partnership Board to promote the broader meaning of mental health and emotional wellbeing and understand the wider social determinants that affect mental wellbeing in addition to recognising the need for more evidence based therapeutic interventions for those children, young people and families who experience mental illness.

The strategy adheres to the following underpinning principles:

- Operating within a Care aims approach
- Working within a whole family framework
- Building Resilience
- UNCRC being central to all practice
- Safeguarding
- Equalities
- Social Value

The strategy outlines 6 outcomes that have been agreed for the city by all stakeholders including children, young people and families:

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

An outcomes framework can be found in appendix 7. These outcomes have been used to commission services as part of an integrated comprehensive Child and Adolescent Mental Health Services (CAMHS) pathway:

The Integrated Comprehensive CAMHS pathway above is made up of a range of providers from the voluntary and statutory sector. The Pathway takes an asset based approach, ensuring accessible information and support is available at all levels i.e. public health, early intervention, early identification, prevention and intervention. It is a stepped model of care and children and young people can access the pathway at any stage dependant on their mental health needs. The focus is to ensure that children and young people and their families are supported at the universal level within their communities.

The aim of the 3 year strategy and 5 year transformational plan is to further develop the pathway and offer of support for children and young people with mental health difficulties and their families based on need. The MHEWB strategy identifies key areas for development. Each area is identified within the action plan and has clear objectives to meet which will in turn support the outcomes identified. These key areas for development are:

- Mental health promotion, tackling stigma and self-care
• Intervening early in children and young people’s lives to prevent mental distress, and raising the visibility of mental health and emotional wellbeing
• Transition of young people to adult provision
• Equalities through CAMHS and improving access
• Integrated working
• Participation and stakeholder engagement
• Whole family approaches
• Workforce development
• Complex mental health needs
• Outcome monitoring
• Joint commissioning

Multi-agency work streams are in place to take forward these objectives which report directly to the MHEWB Partnership Board regarding progress. Following Future in Mind the MHEWB Partnership Board has reviewed the 3 year strategy and action plan and mapped key developments and progress against the recommendations outlined in the national report. A self-assessment can be found within the appendix 2.

3. Summary of transformational planning process:

The Children and Young People's MHEWB agenda in Liverpool has had strong stakeholder engagement since developments began in 2003. The strategy and further planning regarding our 5 year transformation plan has therefore been developed through the involvement of all stakeholders specifically children, young people and families. Further to this is the development of the participation agenda in Liverpool and commitment at both the commissioner and provider level to involve children, young people and families in mental health and emotional wellbeing service design, delivery and evaluation.

The MHEWB Partnership Board has reviewed the current strategy, action plan and developments to date against the recommendations within the national report. This can be found in appendix 2 of this document. It was clear that Liverpool was already commissioning and aiming to develop a number of services, as part of the strategy action plan, which meet the recommendations within the report however recognising that at times provision was spread thinly and did not meet demand.

A number of multi-agency workshops have taken place to review the current strategy and undertake a self-assessment based on the Future in Mind recommendations. It was felt that the objectives within the strategies key developments where still relevant and work streams operating would continue to support this transformation. The work plan within appendix 10 outlines our objectives within each work stream, progress to date and funding streams up until 2017. These have been agreed as part of the 3 year strategy and following our Future in Mind Self-assessment. These will be reviewed through the governance structures outlined later in this document. During 2016 a full review of the project plan and strategy will be undertaken. This will inform our next 3 year strategy and commissioning intentions as part of the transformational planning process.
3.1 Stakeholder Engagement and Need:

The following is in place to ensure wide stakeholder engagement and involvement in design, development, delivery and evaluation of the MHEWB strategy and agenda in Liverpool. All of which informs need and future developments:

- Quarterly meeting of MHEWB Partnership Board
- Multi-agency work streams
- Local dataset
- Annual stakeholder questionnaire for professionals
- CAMHS participation worker
- FYI forum (Children and Young Peoples forum)
- Provider Children and Young Peoples groups
- Parent/carer groups and networks
- Schools parliament
- Head Teacher Associations
- Inclusion of specialist commissioning and tier 4 on specialist community-in-patient/transition work stream

Information from the above groups is regularly collected as part of continually reviewing the implementation of the current strategy, gaps and developments.

An outline of recent feedback and involvement from children, young people and parents/carers can be found within appendix 11 and 15. Professional stakeholder feedback can be found in appendix 8 and 15.

3.2 Priorities and Model:

Priorities for development have been identified as part of the 3 year MHEWB strategy and self-assessment against Future in Mind. These can be found in the work plan within appendix 10. These priorities will be progressed through the multi-agency work streams already in place

Through taking forward the objectives outlined within the 3 year strategy the MHEWB aim to develop an enhanced integrated model of delivery to support children and young people’s mental health and emotional wellbeing. This proposed model is below (a larger diagram can be found in appendix 12):
This model aims to ensure the following is delivered as part of the CAMHS partnership offer of delivery to support children, young people and families’ mental health and emotional wellbeing, in line with Liverpool’s Healthy Liverpool programme:

### Mental Health Promotion and Workforce Development:

- Every school will have access to mental health promotion & workshops to support whole school approaches to MHEWB (also supported by CAMHS practitioner, school health and family support worker)
- Whole school approach mental health quality mark
- City wide campaigns to promote positive Mental Health and tackle stigma in partnership with ‘Time to Change’
- Website & digital technology development to promote self-care and improve access to information and support
- Robust marketing and communication strategy
- All universal services, children, young people and families will have information about the CAMHS offer available within their community / neighbourhood and how to access in a format that they can understand
- Annual Training Needs Analysis
- Accessible CAMHS training and awareness raising offer based on need to be delivered flexibly and in partnership from across CAMHS / Neurodevelopmental (ND) conditions and Adult Mental Health Services (AMHS)
- Access Children Young Peoples Improved Access to Psychological Therapies (CYP IAPT) workforce development and transformation programme
Early Intervention/Help:

- Delivery of interventions from 3 Mental Health Hubs / YIACS (Youth Information Access and Counselling) reaching into neighbourhoods to deliver:
  - Multi agency SPA and triage
  - Drop-in
  - IAG (information, Advice and Guidance)
  - Family awareness programmes
  - Psycho-social education
  - GP drop-in
  - Parenting programmes
  - Group work
  - Peer support
  - Interventions (based on need)
- Every school, FE, University, GP and Children's Centre will have a named Specialist CAMHS/PMHW practitioner to deliver:
  - Consultation
  - Joint thinking/working
  - Brief intervention
  - Navigation of the offer
  - Training / access to training
- All schools will have access to ND support
- Counsellors / Therapists in schools
- Develop role of school health practitioner
- Embed Early Help Assessment Tool
- Needs led early years offer and resourced peri-natal mental health pathway
- Online counselling
Access to services / Interventions:

- Specialist Practitioners from CAMHS, AMHS and ND conditions will outreach into Community Mental Health hubs to support the delivery of programmes, Single Point of Access and triage
- Necessary CAMHS advice and support into LAC out of area; those assessed as continuing care and on Education Health and Care Plans
- Specialisms / Multi-Disciplinary Team’s (MDT’s) across CAMHS and AMHS will operate to ensure the individual needs of children and young people are met, specifically those within the protected characteristics and from vulnerable groups e.g LAC, YOS, LD, refugee and asylum seekers, BME, adolescents, early years, Young Carers, Transgender
- A range of evidence based interventions will be delivered across CAMHS Partnership, Adult Mental Health Services & Neuro-developmental Partnership to meet the needs of those accessing the service (0-25)
- Clear pathways and dedicated support for vulnerable groups
- Trauma specialisms/service
- Counselling in schools
- CAMHS/ND workforce Continuing Professional Development and induction programme to ensure needs of all communities can be met
- Development of IT structure for cross partnership working
- Self-referrals
- Specific targeted community and neighbourhood based support for children and young people with ND conditions

Specialist Community-In-patient / Transition

- Out Of Hours provision 0-25 years supported by CAMHS and AMHS practitioners in line with the crisis care concordat
- Street triage in partnership with the Police for young people aged 12-25 years to reduce 136 admissions
- Robust 24/7 A&E liaison
- All practitioners will practice a robust transition process from CAMHS to AMHS and from community to in-patient care
- Development and delivery of Youth Mental Health Model and transition team in line with Youth MH hubs/YIAC
- Development and delivery of Integrated Eating Disorder/Difficulty service (draft specialist eating disorder model in appendix 14)
- Robust transition pathways for young people with Neuro -Developmental conditions
- Explore opportunities to develop Home based Treatment service / Tier 3+
- CAMHS support for Liaison and Diversion Service
- Further develop pathway between specialist community CAMHS and in-patient
- CAMHS support for children and young people on EHC plans assessed as Continuing Care or out of area including LAC
The above outlines our priorities for development up to 31st March 2017 in line with the three year strategy. This will be reviewed at the end of 2016 to inform future developments and commissioning post 2017. Alongside this model is a developing integrated model for children and young people with neurodevelopmental conditions (ASD/ADHD & Sensory Processing Difficulties). Some of the priorities above relate to the neurodevelopmental pathway given the co-presenting difficulties that can exist including an integrated eating difficulties/disorder service which also supports children and young people with feeding difficulties who have neurodevelopmental conditions.

The detailed work plan can be viewed within appendix 10 regarding progress towards meeting the above.

<table>
<thead>
<tr>
<th>Participation and Engagement:</th>
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<tbody>
<tr>
<td>• Involvement of children &amp; young people and parents / carers in design, development, delivery and evaluation of CAMHS / ND conditions</td>
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<td>• Annual consultation of children &amp; young people and parents/carers</td>
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<td>• Measure outcomes of children, young people and parent/carer involvement</td>
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<td>• Annual stakeholder questionnaire for professionals</td>
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<td>• Multi-agency MHEWB and ND Partnership Boards</td>
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<td>• Peer Mentoring across CAMHS and ND conditions</td>
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<td>• Community Champions</td>
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<tr>
<td>• Embed good practice guidance as part of CYP IAPT across partners – annual audit</td>
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<tr>
<td>• Review and refresh liverpoolfyi (CAMHS) website</td>
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<tr>
<th>Routine Outcome Measures:</th>
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<tr>
<td>• All commissioned providers will complete local quarterly dataset</td>
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<tr>
<td>• All commissioned CAMHS providers will complete national dataset</td>
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<tr>
<td>• All commissioned providers will complete Routine Outcome Measures</td>
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<tr>
<td>• All commissioned providers will report outcomes through CORC</td>
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<tr>
<td>• Regular Audit of staff skills against need</td>
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<td>• Audit IMT requirements</td>
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<td>• Annual Equality Impact assessment</td>
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<td>• Shared meaningful Outcomes across Health, Education and Social Care</td>
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<td>• Data sharing across providers led through I-links programme – <a href="#">Click Here</a></td>
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<tr>
<td>• Research and Evaluation</td>
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<td>• All age Mental Health needs assessment</td>
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3.3 Governance and performance monitoring

The developments outlined in this document are governed through the structures below (a larger diagram of this can be found in appendix 13):

There is wide representation on the MHEWB Partnership Board including:

- Liverpool CCG (CYP Commissioning Manager, AMHS Commissioning Manager and Project Support Officer)
- Liverpool City Council (Social Care, Education, YOS, Families programme)
- Adult Mental Health Provider
- GP and CAMHS Clinical Lead
- Public Health
- Schools (Primary, Secondary, Special)
- Further Education
- Voluntary and Community Sector
- Alder Hey Children’s Foundation Trust (Specialist CAMHS and Community Paediatrics)
- Police
- Parent/Carer representative
- Children and Young People representative
- Community Development Worker
- Specialist Commissioning
- Probation
The work streams are also multi-agency and are chaired by members of the MHEWB Partnership.

3.4 Performance Monitoring

Performance Monitoring takes place on a number of levels:

a. **Performance Monitoring of the MHEWB strategy/transformational plan:**

   This is undertaken by the MHEWB Partnership Board. All work streams are expected to complete a highlight report and progress is RAG rated against actions. This takes place on a quarterly basis. These are summarised on the work plan in appendix 10. An outcomes framework can also be found in appendix 7.

b. **Performance Monitoring of Commissioned Providers**

   This is undertaken through LCCG as the lead commissioner. All providers are expected to complete the following:

<table>
<thead>
<tr>
<th>Activity (local and national dataset)</th>
<th>Referrals (numbers, presenting need, complexity, severity, Tier 4)</th>
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<tbody>
<tr>
<td></td>
<td>Young people, families and siblings seen</td>
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<td>Interventions</td>
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<td>Clinics</td>
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<td>Waiting times</td>
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<td>Demographics</td>
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<td>Training sessions</td>
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<td>DNA’s</td>
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<td>Presentations to A&amp;E</td>
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<td>Participation</td>
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<tr>
<th>Outcomes</th>
<th>Routine Outcome measures - Validated measures to indicate effectiveness and impact. These can be used with the young person, family and professional. They are used by practitioners and measured and analysed through a national body, CORC (CAMHS Outcomes Research Consortium)</th>
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<tr>
<th>Quality</th>
<th>Experience of service questionnaire (CHI ESQ)</th>
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<td>Complaints</td>
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<td>SUI’s</td>
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<td>Annual visits</td>
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<td>Stakeholder satisfaction questionnaires</td>
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<td>Case Studies</td>
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c. Performance to inform need and Future commissioning:

In order to commission services based on need the following is and will be used:

1. Provider local dataset
2. National dataset
3. National Benchmarking
4. Provider outcomes through annual CORC report
5. Quality of provision
6. Annual Stakeholder questionnaire for Professionals
7. Feedback through regular consultations with children and young people
8. Feedback through regular consultations with parents/carers
9. Joint Strategic Needs Assessment – [Click Here]
10. Annual skills audit across providers
11. Annual provider participation audit
12. Mental Health needs assessment and review of pathway every 3 years to inform future development and delivery
13. CAMHS Systems Dynamic Modelling Tool
14. Research and Evaluation
15. Shared outcomes framework across Health, Education and Social Care

A snapshot of data from 14/15 and skills audit can be found within appendix 4. This will be used as baseline data

4. Finance plan

The funding to support this plan will come through a number of channels given mental health and children and families are priorities within Liverpool’s Health and Wellbeing strategy (2014-2019) to ensure the outcomes identified within the report are achieved – [Click Here]:

- Liverpool CCG – CAMHS is a priority within Liverpool CCG’s Healthy Liverpool programme which is led through the Children and Maternity Programme team. Specific priorities for development have been identified for increased resource mainly focusing on youth mental health following 3 years of a CQUIN (Commissioning for Quality and Innovation) to develop the model.
- Schools – Liverpool schools have identified mental health and emotional wellbeing as a priority and have ring fenced funding to support developments in partnership with LCCG and Liverpool City Council
- Liverpool City Council – Both public health and families programme have funding to support children and young people’s mental health and emotional wellbeing and their families. Developments and commissioning are being undertaken in partnership with LCCG and schools.
- Sefton CCG – Liverpool CCG and Sefton CCG will be co-commissioning the specialist eating disorder service. Opportunities for future co-commissioning developments are being discussed.
• NHS England – National transformational funding has been identified to improve CAMHS in local areas following the national inquiry and ‘Future in Mind’ report.

Financial detail can be found within the Assurance Data Collection template in appendix 1 with high level summary highlighted within the work plan in appendix 10.
Appendices

1. Assurance Data Collection Template
2. Liverpool MHEWB Partnership Board Self-Assessment against Future In Mind
3. Liverpool CAMHS Partnership Skills Audit
4. Liverpool CAMHS Partnership Activity 2014 / 2015
5. Liverpool MHEWB PB: Local Transformation Plans for Children and Young People’s Mental Health
6. Liverpool MHEWB Partnership Board: Self-assessment checklist for the assurance process
8. Liverpool CAMHS Stakeholder Data
9. Liverpool MHEWB Partnership Board Performance Monitoring Process
10. Liverpool MHEWB Partnership Board Work plan 2014 / 2017
11. Children, Young Peoples and parent/carer feedback & involvement
12. Diagram of Liverpool’s Proposed Integrated CAMHS pathway
13. Diagram of Liverpool’s MHEWB Governance structures
14. Draft Specialist Eating Disorder Service across Liverpool and Sefton
15. Research findings from Children, Young People, Parents and Carers and the workforce