Sefton Council

NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

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

2015-2020

Contents

Introduction and Background

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

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

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

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

Key objectives of the investment are:

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

Local Needs Analysis

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

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

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

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

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

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

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

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

Clinical Commissioning Group Local Area	**Tier 1 (2012)** *Non specialist primary care support needed e.g. common problems of childhood such as sleeping difficulties or feeding problems*	**Tier 2 (2012)** *Targeted support needed e.g. assessment and services such as family work, bereavement, parenting groups, substance misuse support and counselling.*	**Tier 3 (2012)** *Specialist multi disciplinary team support needed such as Child & Adolescent Mental Health Teams based in a local clinic to support e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis*	**Tier 4 (2012)** *Specialised day and inpatient units support needed for patients with more severe mental health problems.*
NHS Southport and Formby	3,305	1,545	410	20
NHS South Sefton	4,570	2,135	565	25

Current Situation

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

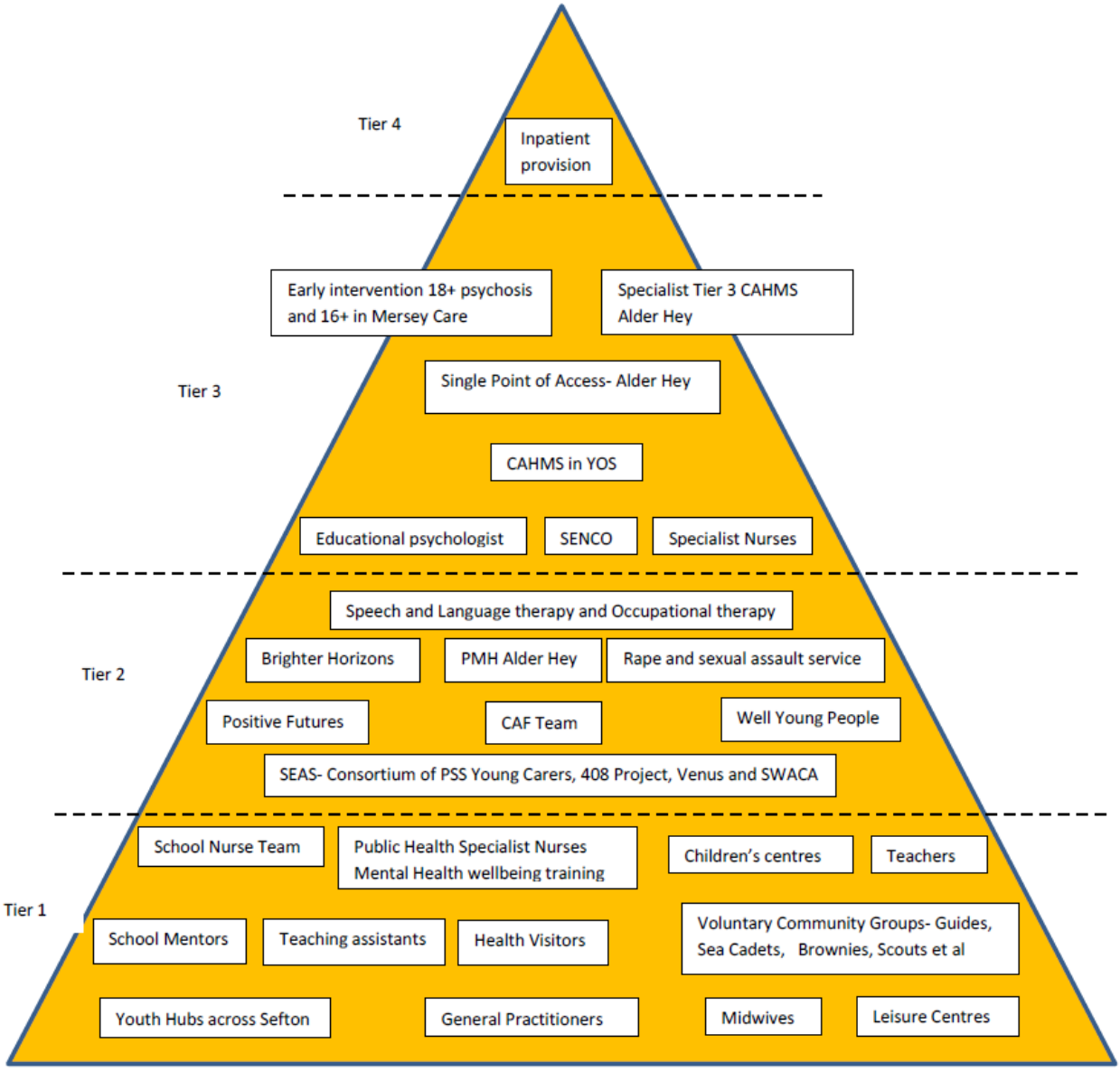


Fig 1: Sefton CAMHS Tiers

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

Current CAMHS Delivery, Performance and Investment

CAMHS (2014/15) (CCG £2.6m):

- 1510 referrals made to CAMHS.
- Inappropriate referrals <10%
- 8 subsequently referred onto Tier 4.
- 100% Emergency Referrals seen and assessed within 24 hours
- 82% Urgent referrals seen and assessed within 2 weeks
- Average waiting time from referral to treatment 17 weeks
- Waiting time for choice appointments 11 weeks
- Waiting time for Primary Mental Health CAMHS 20 weeks
- 44 LAC referrals – 100% referral to consultation with 6 weeks.
- DNA 11.9% but 7% for LAC.

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

- 17 referrals

Tier 2 interventions (Local Authority £156.5k):

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

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

Sefton is currently part of a CYP IAPT collaborative which involves NHS and voluntary sector providers. In addition, the CCGs have supported a DH Co-commissioning /delivery pilot that is being led by the local CVS.

Sefton has successfully implemented a Family Nurse Partnership service that supports first time young mothers.

Local Authority Children Centre leads have been developing in partnership with local stakeholders a model for perinatal mental health care. This has been developed with full recognition of the Cheshire & Merseyside Strategic Clinical Network. It is envisaged that this would provide a good basis to respond to and implement the forthcoming commissioning guidance.

CAMHS currently provide weekly consultation to the Youth Offending Service (YOS) and bimonthly teaching sessions to YOS and the Family Intervention Project (FIP) – with planned sessions in 2016 including self harm, low mood, low self esteem and parenting.

In the past peer clinical supervision for both YOS and the local Multi Agency Safeguarding Hub (SMASH) has been offered. In SMASH these arrangements are being reviewed to establish what the best offer is.

Non-clinical drop ins for young people from YOS to find out what CAMHS do have been trialled but the demand was not subsequently proven.

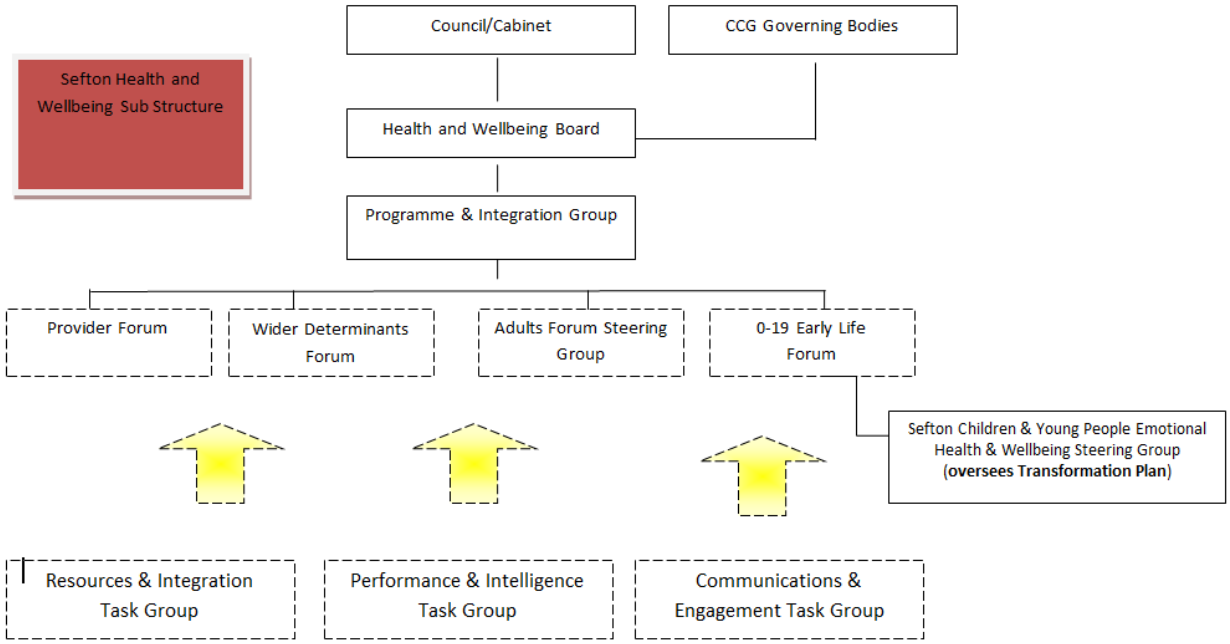
Some of the funding in 2015/2016 for A&E mental health liaison has been allocated to Sefton CAMHS to increase the provision for children and young people.

Developing the Local Transformation Plan

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

Discussion and dialogue on children's emotional health & wellbeing has been ongoing for the last couple of years, channelled through Sefton's Children and Young people's Emotional Health & Wellbeing Steering Group (Appendix 2) – which is subordinate to the 0-19 Forum of the Health & Wellbeing Board. This Steering Group produced Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018 which has already set the strategic direction for local CAMHS development. This strategy is directly linked to and completely in line with both the Sefton Mental Health Task Group Report, 2015 (Appendix 3) and Living Well in Sefton – Sefton's Health & Wellbeing Strategy 2014-2020 (Appendix 4).

The diagram below illustrates the local governance arrangements described above:



As mentioned previously there are four primary strategies and plans which inform this Transformation Plan:

- Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018
- Sefton Mental Health Task Group Report 2015
- Living Well in Sefton – Sefton's Health & Wellbeing Strategy 2014-2020
- Future in Mind (DH, NHSE 2015)

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

Document/Plan	Key Objectives/Priorities
Sefton's Children & Young People Joint Mental Health and Emotional Wellbeing Strategy 2015-2018	• An improvement in the mental health and psychological wellbeing of all children and young people in Sefton. • All the agencies working together and making a contribution to the needs of all children and young people in Sefton, whether with regard to emotional resilience, early intervention at a local level, or in meeting the needs of children and young people with the most complex needs. • A more complete picture of local need across all the possible dimensions of young people's mental health which will give better information about what services are needed, are successfully delivered and how they are making a difference. (CYPP) • Particular attention paid to what young people are telling us in this area (CYPP) • All members of the children's workforce in Sefton being trained in the developmental, emotional and mental health needs of children and young people. Where children require care for mental or psychological disturbance, this will be provided by staff with a range of skills and competencies that meet their needs. • Both specialist CAMHS treatments and tier 1 interventions with children and young people with mental health problems being based on the best available evidence, using NICE guidelines and other well researched methodologies. • A roll out of five to thrive across the early years sector.
Sefton Mental Health Task Group Report 2015	• The creation of clearer service and support pathways for children and young people through the establishment of partnership agreements, referral processes, marketing and better working relationships between partnership agencies in order to improve youth access to services across Tiers 1-4. • Increase knowledge, experience and understanding across the commissioning arrangements about how to most effectively utilise pathways and measure the impacts and outcomes achieved as a result of practitioners and beneficiaries using them. • Build on professional development through IAPT learning and in applying thresholds to planning, coordinating and delivering support at the right time and place for children, young people and families. This will involve trialling routine outcome measures and using the voluntary sector to embed self-referral models in partnership with local NHS providers across tiers 1-2/3. • The input of children, young people and families to design, develop and review the emotional wellbeing care and support they receive at different pathway points in order to inform ongoing improvement cycles as part of commissioning arrangements moving forward. • Develop a model of best practice which maximises use of local assets, meets the needs of local young people and encourages CCG, Social Care and Education commissioners to provide ongoing collaborative

Living Well in Sefton – Sefton's Health & Wellbeing Strategy 2014-2020	• Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles • Children and young people will be safe • Parents will have the skills, support and infrastructure to enjoy being parents • Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review • There will be effective prevention and early intervention with people being empowered to determine their own outcomes through the experience of quality services • There will be improved health and wellbeing against the wider factors that lead to poor health and wellbeing • There will be system wide improvements across social care and care pathways, supported with access to information about early diagnosis and prevention • There will be access to information about early diagnosis and prevention services • The infrastructure will be place so that all people can access information, preventative and treatment services • The mental health services that are commissioned will be fit for purpose • We will have stronger communities involved in their own wellbeing and wider community's mental health services • The appropriate infrastructure is in place to improve opportunity, maintain health and wellbeing and the quality of life for all • Increase the physical and emotional health and wellbeing of all residents
Future in Mind (DH, NHSE 2015)	• Promoting resilience, prevention and early intervention • Improving access to effective support • Caring for the most vulnerable • Accountability and transparency • Developing the workforce • Build capacity and capability across the system • Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) • Develop evidence based community Eating Disorder services for children and young people • Improve perinatal care.

Commissioning guidance on access and waiting times for eating disorders for children & young people was released in July 2015. There are very clear expectations of what the service should provide; specifically that it should operate over an area with a minimum population of 500,000 and that it works between tiers 3 and 4 i.e. beyond specialist outpatient but before in-patient treatment. The funds being made available for both CCGs combined for this is £168,113 p.a and is potentially recurrent. Given the population and the fact that Sefton shares the same tier 3 and 4 providers as NHS Liverpool CCG this service has been developed in partnership.

For perinatal care, allocation for this will be made separately and commissioning guidance will be published before the end of the financial year.

£420,803 p.a. for the combined CCGs, potentially recurrently, is available for *new additional investment* to deliver on the aims (aside of perinatal and eating disorders) of the local transformation plan. It has been made clear that it is additional investment and that any resource that may be freed up as a result of developments *has to be reinvested* into the CAMHS service, specifically self-harm and crisis care.

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

All the strategies that have been used to develop the Plan are fully committed to whole systems approaches and that therefore is embedded as a core principle under pinning the Local Transformation Plan. This includes aligning and providing clear synergy with current improvement initiatives e.g. Crisis Care Concordat, CYP IAPT, MH resilience funding, All-age MH Liaison and Co-commissioning. Due to issues of base lining existing CAMHS provision and investment across all sectors and the fluid nature of these other initiatives, a full picture of the overlap investment and delivery will be finalised as a key task in the first year of the Plan.

The Plan is based on delivering evidence based practice, including what is known to work locally. Where no explicit evidence exists it may be necessary to pilot new ways of working in

order to fully be transformative, but these will be fully monitored and not mainstreamed until an appropriate improvement in outcomes can be evidenced.

The Transformation Plan investment will introduce new capacity into the local 'system' and also change how it works. Improved and more effective CAMHS will have a positive impact on all those who come into contact with it. However, locally it is clear from evidence and feedback that there are a number of specific vulnerable groups that should be the focus of the Plan:

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

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

This process identified a number of key workstreams for the Transformation Plan:

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

It is recognised that although the Plan is based on existing strategies that will have been consulted on, that the timescales for producing an initial Local Transformation Plan have not allowed for extensive or meaningful consultation on the Plan and in particular the proposed investment plan. In addition, many of the workstreams and areas for development have little baseline data that mean setting realistic yet ambitious targets for improvement will be difficult. Therefore, the plan is being produced at this time as an initial and draft document which will provide sufficient detail on the scope of proposed changes and investments for further consultation to happen as one of the first key tasks of the plan. This also allows for a public facing and young person friendly final Local Transformation Plan to be completed and published for no later than January 2016.

Transformation Plan Objectives, Actions and Investment

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

For the purposes of this document the indicative investment is for both NHS Southport & Formby CCG and NHS South Sefton CCG. The proportion split for each CCG is based on the percentages used in the NHS England allocation formula. The specific investment per CCG is included in the tracker documents submitted separately to NHS England.

Investment for plans fully assured by NHS England will be released in late 2015/16. However, this investment must be supported by realistic and viable plans to spend any investment within that financial year. Such expenditure must make direct and tangible contributions to the development and implementation of this Plan and/or meaningful and immediate improvements in local service delivery, although some of the activity may be non-recurrent. Detail of proposed 2015/16 expenditure is included in the NHS England Tracker Document.

The following table outlines the initial objectives, actions and investment for Plan. These will be used to initiate the Plan and begin the process of transformational change. It will also form the basis for more detailed consultation with wider stakeholders including young people, after which a public facing Plan will be published.

Indicative allocations have been included to ensure that the key workstreams are supported by a suitable level of resource that will allow for viable and significant developments to happen that can contribute to realising the ambition of the Plan.

Given the iterative nature of the Transformation Plan the key Workstreams, following consultation, will remain unchanged for short and medium term but the actions and specific developments will change over that time depending on the impact they make and the need to respond to emerging needs and challenges. Therefore, the actions will be refreshed annually.

Objective	Actions first 12 months (November 2015 – November 2016)	Resource requirement	Indicative Additional Investment from Transformation Plan monies
Workstream 1: Specialist Community Eating Disorder Service.			
Supplement existing ED team within CAMHS to become evidence compliant	• Develop and implement service in line with commissioning guidance and access & waiting time standards.	Commissioned service delivery	£168,113 p.a.
Workstream 2: Perinatal Care.			
Improve perinatal mental health care.	• TBC. Commissioning guidance to be issued, with additional funds, by the end of the 15/16 financial year	TBC	
Workstream 3: Reducing demand and early intervention.			
Improve accessibility through better integration and exploration of locality based models.	• Review current levels of integration and establish what is already planned. • Develop outline model for implementing locality working re: CAMHS. • Feasibility plan for locality working completed. • Seek stakeholder agreement to develop full plan for locality working re: CAMHS • Full Plan development	Mapping. Planning. Partnership.	£2,500 (one-off)
Increase the support to schools in managing and responding to the mental health needs of their school population.	• Senior engagement with schools (inc. governors) • Identified mechanisms for school involvement in developing wider CAMHS. • Mapping of mental health support inc. current commissioning and capacity/capability in schools.	Mapping. Planning. Partnership. Training. Liaison and development posts	£64,920 p.a.

Increase the level of support offered by schools to their school population re: mental health	• Map school support needs. • Develop overarching plan for schools. • Work with schools to develop action plans where appropriate. • Develop awareness of collaborative commissioning. • Develop and implement training programme for schools. • Increase levels of collaborative commissioning. • Scope out a core offer for schools in helping them manage and respond to the mental health needs of their school population. • Implement a dedicated school/CAMHS liaison role. • Increase the level of peer mentoring being offered.	Commissioned service delivery.	£57,400 p.a.
Increase the support to GPs in managing and responding to the mental health needs of their patients.	• Implement a dedicated GP/CAMHS liaison role	Liaison post.	£57,702 p.a.
Increase the scale and scope of local services that provide 'early intervention' and promote resilience.	• Evaluate current DH co-commissioning pilot and identify which services should be expanded and commissioned longer term. • Increase capability of Young People to be involved in and delivery of support programmes. • Identify and develop a programme of support that is Young Person led and delivered e.g. mindfulness, awareness training, etc. • Identify and implement short/medium term plans to improve signposting via existing websites/directories to where support/advice is available. • Develop marketing and business strategy for SEAS	Planning. Partnership. Commissioned service delivery. Mapping.	£57,500 p.a.

Workstream 4: Increased and improved support for vulnerable individuals and complex cases.			
Improve and increase the level of support to Foster Carers and Placement Providers in understanding and managing the mental health needs of children & young people.	• Expand and develop the CAMHS Consultation Model. • Embed CAMHS involvement in the delivery of mandatory training to Foster Carers. • Develop a core training CAMHS training offer available to local services.	Planning. Partnership. Commissioned service delivery. Training needs analysis. Training.	£9,302 p.a.
Increase and improve the support provided to the most challenging cases and most vulnerable individuals.	• Develop a new model of care for supporting the most challenging cases (both as step up and step down option) and develop a pilot. • Increase the level of CAMHS oversight and involvement jointly funded out-of-area placements. • Initiate discussions between CAMHS & CAS to ensure maximum synergy. • Increase staff awareness of DBT	Mapping. Planning. Partnership. Training. Commissioned service delivery.	£43,044 p.a.
Increase the range and availability of crisis support.	• Pilot increase of hours of CAMHS availability to hospital crisis presentations, including establishing aspects of 7 days a week provision. Establish QIPP and invest to save business case. • Pilot increase in support available as immediate and short term follow up to hospital crisis presentations (e.g. SEAS), and develop flexible model that allows discharge if appropriate with a period of crisis management to prevent need for longer term intervention from specialist services. • Increase CAMHS input into joint assessments for 16/17 year old hospital crisis presentations. • Audit self harm presentations at A&E	Mapping. Planning. Partnership. Commissioned service delivery.	£87,912 p.a.

Workstream 5: Capacity to improve services			
Increased commissioning capacity with LCCG to support implementation of transformational plan	• Establish post to programme manage the Transformation Plan.	Programme Management post	£43,032 p.a.
Improved and better use of outcomes to commission and performance manage local services	• Engage with Anna Freud centre on pilot and research development of CAMHS data and outcomes. • Active involvement in Sub regional CAMHS Expert planning group.	Partnership. Planning.	£0

Eating Disorders: £168,113 p.a.
Other: £420,802 p.a.
TOTAL: £588,915 p.a.

Implementing and Monitoring the Plan

It has been recognised that to realise the ambition of the Plan it will be necessary to increase and improve programme management capacity. Investment in increased programme management capacity has been included in the Plan. Alongside this there will be continued action to improve local systems and practices for collecting data and intelligence across the whole system re: emotional health & wellbeing. This will build upon new data and information requirements being currently implemented (Appendix 7) and the Sefton CCGs in partnership have already agreed to be involved in research and development in this field by the Evidence Based Practice Unit (EBPU) and Child Outcomes Research Consortium (CORC).

Although the use of outcomes is widely spread throughout the commissioning landscape, in Sefton there remains no agreed overarching outcomes framework to that underpins commissioning and delivery. With the planned funded improvements in data and intelligence (as described above) there is a commitment to formalise a CAMHS outcome framework. However, the Plan will use an Outcome Based Accountability model for monitoring delivery and impact i.e. how much has been done, how well was it done and is anyone better off.

The existing arrangement for multi-agency oversight of CAMHS will be used to provide suitable governance around monitoring the implementation of the Plan i.e. Sefton Children & Young People Emotional Health and Wellbeing Steering Group. Further discussion will take place about when smaller focussed sub-groups may add value to delivering and supporting the implementation of specific workstreams e.g. Eating disorders, Perinatal Care.

The Plan includes actions and investment to increase and improve the capacity of local young people to be involved in monitoring and delivering the Plan.

When agreed all detailed investment proposals will be supported by Equality Impact Assessments.

As previously mentioned a fully consulted public facing plan will be published. This will be a 5 year plan in which the overall vision and ambition will remain unchanged. The key objectives and workstreams may or may not remain for the full duration of the plan, these will be regularly monitored and progress tracked and will be formally reviewed and refreshed no earlier than midway through the life of the Plan. Similarly, key actions will be monitored and tracked but

these will be reviewed at least annually. This approach reflects the fact that the Plan is a 'living' document and allows for it to be flexible in that way it can build on what is seen as working and what is not. This approach also allows for more meaningful ongoing involvement of all stakeholders, especially young people.

It is clear that during the process of developing this plan that local partnership and commissioning arrangements need to be further developed. There is a particular need for improved and new relationships with neighbouring CAMHS commissioners, youth justice and NHS Specialised Commissioning. The plan includes increasing resources for Programme Management which will release within the CCG to initiate these developments.

Appendices

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

Appx 1 Sefton CYP MH EWB Strategy 20:

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

Appx 2 Sefton CYP Emotional Health and

APPENDIX 3: Sefton Mental Health Task Group Report 2015

Appx 3 Sefton Mental Health Task Gi

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

Appx 4 Living Well in Sefton health-wellbei

APPENDIX 5: Young Persons Input into Plan

Appx 5 Young Person Input to Plan.

APPENDIX 6: Specialised Commissioning Plan Input

Appx 6 Specialised Commissioning Plan Ir

APPENDIX 7: Sefton CAMHS Contract Data Requirements 2015

Appx 7 Sefton CAMHS Contract Data