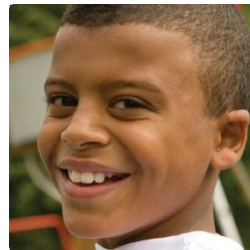
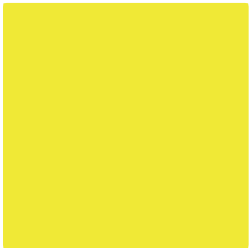
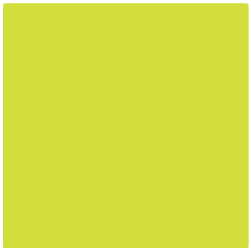


CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING TRANSFORMATION PLAN: 2 Years On

Making the Mental Health and Emotional Wellbeing of Children and Young People **'Everyone's Business'**



Date	Action	Lead
April 2017 – August 2017	Stakeholder Engagement Data/information collection and analysis	Liverpool MHEWB Pb
August 2017 – September 2017	Development of LTP Document	Liverpool CCG
22 nd September 2017 – 6 th October 2017	Document Circulated to MHEWB Pb and Liverpool CCG management for comments	Liverpool MHEWB Pb
6 th October 2017 – 13 th October 2017	Amendments made from Liverpool MHEWB Pb feedback	Liverpool CCG
13 th October 2017 – 20 th October 2017	Document circulated to MHEWB Pb and Liverpool CCG Governing Body for agreement and sign-off	Liverpool CCG
2 nd November 2017 – 9 th November 2017	Document presented to Liverpool Health and Wellbeing Board for Agreement and sign-off	Liverpool CCG

Version	Date	Author	Rationale
1.0	21 st September 2017	L.Nolan and A.Cassar-Simmonds	First draft
2.0	22 nd September 2017	L.Nolan and A.Cassar-Simmonds	Second draft to be circulated
3.0	16 th October 2017	L.Nolan and A.Cassar-Simmonds	Final draft Circulated for signatures

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Context:

Liverpool's Mental Health and Emotional Wellbeing Local Transformation Plan (LTP) for Children and Young People was published in November 2015 following assurance and sign off by NHS England and the local Health and Wellbeing Board. The Transformation plan was written following a national inquiry into Child and Adolescent Mental Health Services (CAMHS) and published report 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing.' (DH, 2015) [Link](#). In addition, and preceding Liverpool's Transformation Plan, a 3 year strategy for Children and Young Peoples Mental Health and Emotional Wellbeing had been written (2014-2017). This strategy provided a foundation for further developing the mental health and emotional wellbeing agenda in Liverpool for children and young people. The Transformation plan, which now supersedes the strategy, outlined the key points for further development during the 5 year period (2015-2020). These documents can be found [here](#).

Since November 2015 there has been much development in Liverpool to support children and young people's mental health and emotional wellbeing and this document aims to outline these in addition to highlighting the priorities moving forward as agreed by a partnership of stakeholders including children, young people and families.

Vision

Our vision in Liverpool continues to promote mental health and emotional wellbeing as 'everyone's business.' The integrated approach to commissioning and delivery allows us to support the broader meaning of mental health and emotional wellbeing and continue to understand the wider social determinants that affect mental wellbeing.

The Mental Health and Emotional Wellbeing (MHEWB) Partnership Board continues to operate within the underpinning principles of:

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

Working within these underpinning principles aims to ensure the following agreed outcomes are met as part of this 5 year plan:

- 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 lifelong distress

This document will explain how we are monitoring and working towards meeting these outcomes within the underpinning principles outlined above.

Review of Transformation Plan

During any transformation or service improvement, it is important to ensure continual review is built into the process in order to understand the following:

- Progress made – where are we up to?
- Impact and outcomes – is it making a difference?
- Risks and challenges – what may be problematic?
- Gaps and future priorities – where do we need to go?

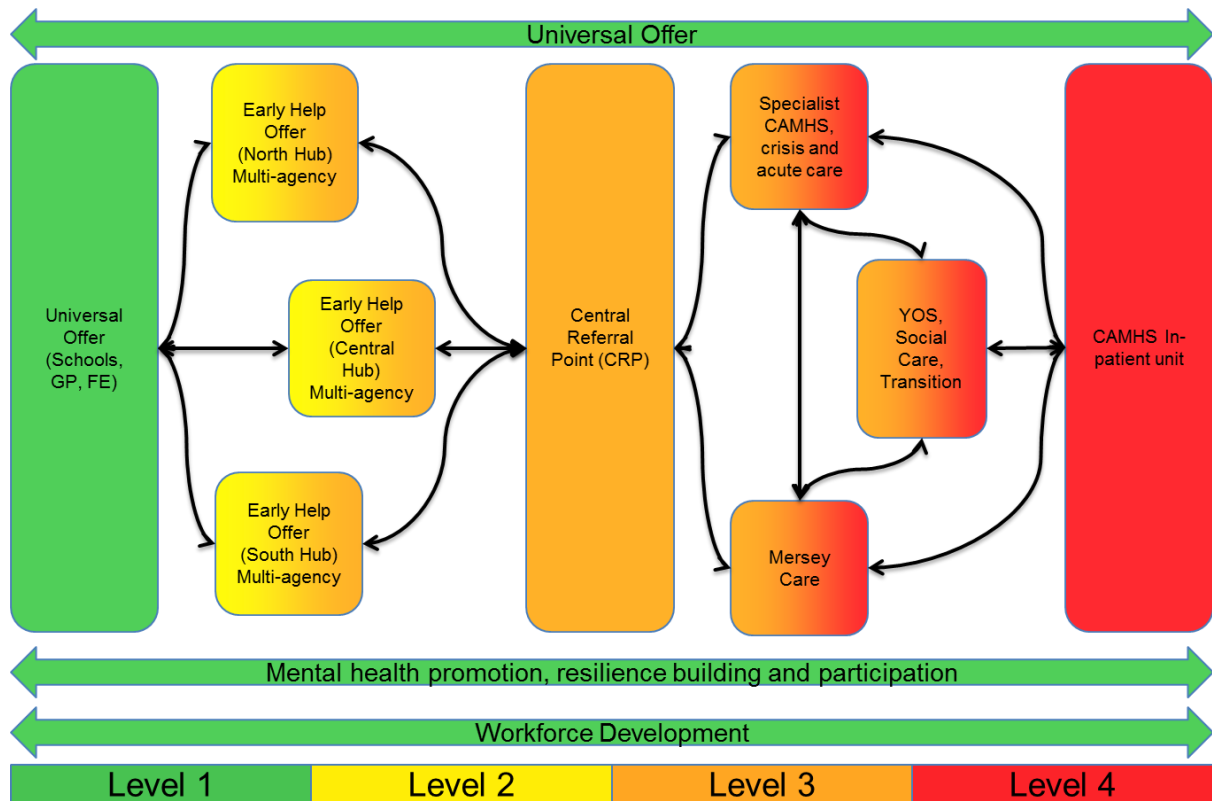
To do this Liverpool MHEWB Partnership Board has undertaken the following process:

- Reviewed all data from commissioned providers from the past 2 years – activity, outcomes and quality
- Continually consulted with stakeholders including children, young people and parents/carers about what has been achieved and what remains a priority
- Reviewed the existing work plan and priorities
- Reviewed the workforce in line with what is needed
- Reviewed the Joint Strategic Needs Assessment (JSNA) [Link](#)

The following section will provide a narrative and focus on what has been achieved to date based on the original 5 year transformation plan. There are a number of appendices which accompany this document.

The Priorities and Model:

Liverpool's MHEWB Partnership Board continually aims to develop an enhanced integrated model of delivery to support children and young people's mental health and emotional wellbeing 0-25 years. The model looks to support children, young people and families at every level of need. This proposed model is below (a larger diagram can be found in appendix 1)



A number of developments have occurred during the last 2 years with the aim of achieving this integrated model. One achievement is ensuring the model aligns to the city's vision and framework of responding to need (<https://liverpoolscb.org.uk>). This ensures all partners understand their responsibilities at each level. If additional support is required then this is underpinned by a whole family early assessment of need to ensure children, young people and families access the right services in a timely and co-ordinated manner.

A snapshot of what has been developed across the levels of need during the past two years follows. Further detail regarding achievements, activity and outcomes can be found in appendix 2.



Mental health promotion, resilience building and participation

Promoting resilience across children, young people, families and communities and participation are key factors in the delivery of mental health and emotional wellbeing support in Liverpool. The aim of which is to ensure services are developed and delivered based on need and the right support is provided to build capacity and skills across children, young people, families and communities to manage risk factors which could impact on their mental health and emotional wellbeing. During the last 2 years the following has been developed:

- A range of resources to be used to promote positive mental health and resilience including Resilient Ralph, FRESH Frog characters, resilience framework, lesson plans
- Refreshed local CAMHS website www.liverpoolcamhs.com
- 35 schools accessing mental health promotion and resilience building engaging 6475 children and young people
- Monthly CAMHS newsletter to 5000 subscribers
- Involvement in 601 young people in the planning of mental health promotion projects and 500 young people involved in their delivery
- Monthly meetings of 14 parents/carers to discuss and support mental health promotion
- Whole School Approach to MHEWB report and action plan developed [Link](#)
- Whole School Approach policy developed [Link](#)
- Development of peer mentoring across 8 schools and Strat Chat to measure outcomes of programme
- Delivery of 2 NOW mental health festivals which included 39 different performances from Children and young people. [Link](#)
- 800 delegates from across the UK and abroad attending the annual national ADHD & ND Conference led by the ADHD Foundation

Further information on the above can be found through accessing www.liverpoolcamhs.com

Early Help Offer
(Mental Health Hub)
Multi-agency

In Liverpool early help and intervention is a key priority to preventing problems before they escalate and therefore enhancing an individual's ability to navigate life's challenges. We believe it is possible to make a difference for children, young people and their families by intervening early in either the life of a child or the problem. The following has therefore been developed and achieved during the last 2 years as part of the city wide early help and community model developments:

- Development and Opening of 3 Children and young people's open access mental health hubs across 3 localities in the city offering a range of support and interventions ; YPAS Plus
- All schools and children's centres have dedicated time from CAMHS practitioner for consultation, support and brief intervention
- Implementation of Seedlings therapeutic programme across all primary schools
- Primary care liaison pilot to establish a model of support for GP's
- CAMHS support for City of Liverpool Community College
- Emotional Wellbeing school nursing practitioners supporting Alternative Education Provision and building capacity in wider school practitioner service
- Transformation of Neuro-developmental pathway – ([Link to Liverpool ND offer](#)) with 1100 families accessing family learning programmes, 524 children and young people accessing support groups and 600 professional attending awareness raising on a range of neurodevelopmental conditions (ADDvanced Solutions (ASCN) and ADHD Foundation)
- Development of Sensory Processing Difficulties support delivered as a partnership between ASCN, Community Occupational Therapists (LCC)
- Increase in early help assessments initiated within Mental Health Hubs
- Identifying, assessing and supporting young carers is now incorporated into the Early Help framework and assessment. This has been recognised nationally as good practice by the Children's Society
- Range of free, accessible mental health and emotional wellbeing training delivered from across the CAMHS Partnership which is co-ordinated and includes online booking system.

Further information on the above can be found through accessing www.liverpoolcamhs.com

Central Referral Point (CRP)

Improving timely access to the right services for the right intervention for children and young people who require ongoing therapeutic support for their mental health difficulties is a key element of the CAMHS integrated offer underpinned by the Care Aims Framework. The following has therefore been achieved and developed during the last 2 years:

- Implementation of self-referrals across the CAMHS Partnership
- Reduced waiting times to 8 weeks across the CAMHS Partnership from referral to treatment
- Central Referral Point within Alder Hey FRESH CAMHS includes telephone consultations, triage and passport of referrals to most appropriate service to meet need including 16-18 year olds through transition policy and Transition of Care meetings
- Some targeted and specialist interventions delivered within Mental Health hubs to improve access

Further information on the above can be found through accessing www.liverpoolcamhs.com

Specialist CAMHS,
crisis and acute care

Merseycare

YOS, Social Care,
Transition

Ensuring children, young people and their families receive the most appropriate interventions for their needs is fundamental to the delivery of the integrated CAMHS offer in Liverpool. Services are commissioned and delivered based on them being needs led, goals-focused, evidence informed and outcomes based. The collaborative approach practiced by the CAMHS Partnership across both child and adult services supports the delivery of interventions around the needs of the child, young person and family. The following has been developed and achieved during the last 2 years:

- Increase in the range of evidence based CAMHS and neurodevelopmental interventions delivered across the CAMHS partnership for children and young people aged 0-25 years and their families by 63%
- 89% of children and young people report positive progress toward their GOALS
- Liverpool continues to remain a low user of in-patient CAMHS beds compared to prevalence and population
- 86% reduction in emotional distress of children and young people with neurodevelopmental conditions following Cognitive Behaviour Therapy
- Dedicated services and specialisms embedded across the CAMHS Partnership to support different community groups including Looked After Children (LAC), Young Carers, Refugee and Asylum Seekers, Travellers, children and young people with learning disabilities, neurodevelopmental conditions and those from BAME groups, LGBTQ+, early years and adolescents
- Specialist CAMHS dedicated time in Youth Offending Service (YOS), LAC social care teams and Safeguarding teams
- LAC referral pathway into CAMHS
- AED (Accident and Emergency Department) liaison national CQUIN (Commissioning for Quality and Innovation) implemented
- All age North Mersey Crisis Care Concordat group established with clear action plan
- Transition policy in place across CAMHS and Adult Mental Health services (AMHS)
- Transition of Care meetings established
- Transition posts in place working across CAMHS and AMHS
- Specialist Eating Disorder Service implemented across Liverpool and Sefton
- Workforce development of Multi-agency professionals to deliver eating difficulties and interventions to support children and young people with neurodevelopmental conditions and their families.
- Delivery of eating difficulty Family Learning Programmes and awareness raising to support children and young people with neurodevelopmental conditions
- Continuing Care Policy in place
- Specialist CAMHS Practitioners working within Liaison and Diversion team
- Street Triage for young people aged 16+

Further information on the above can be found through accessing www.liverpoolcamhs.com



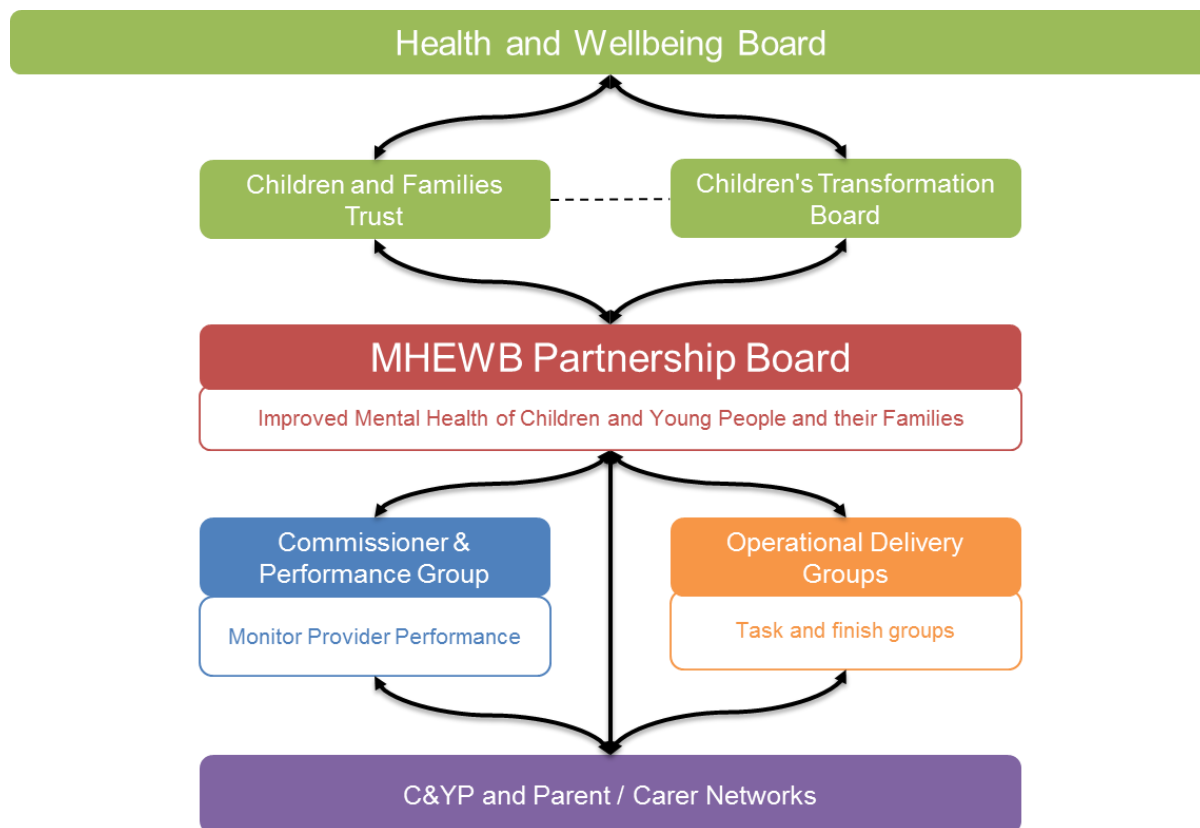
Workforce development across the CAMHS Partnership and wider children's and adults workforce is an important aspect of the delivery of a comprehensive, integrated CAMHS offer. This is again underpinned by the Care Aims Framework in that it supports the capacity and skill building of the wider workforce and builds confidence and resilience in managing mental health difficulties at the earlier stages. The following has been achieved during the last 2 years:

- 32 CAMHS practitioners have been trained through the CYP IAPT programme (Children and Young Peoples Improved Access to Psychological Therapies) <https://www.england.nhs.uk/mental-health/cyp/iapt/> in evidence based interventions including service transformation, Cognitive Behaviour Therapy (CBT), Family Systemic Practice and Incredible Years Parenting Programme. Some of these practitioners have also undertaken additional supervisor training to support new trainees
- Participation in the 'recruit to train' programme facilitated through CYP IAPT. This has enabled us to benefit from additional capacity to deliver services in addition to growing the local workforce
- An increase in the CAMHS workforce by 9.26% during the last 2 years
- Delivery of 23 training and awareness sessions across the wider children and adult workforce on a range of CAMHS and neurodevelopmental conditions
- Refresh of the online booking system for training as part of the wider CAMHS website developments
- Completion of a Training Needs Analysis for staff working within education through the Whole School Approach to MHEWB exercise
- An annual Workforce and Skills audit completed

Further information on the above can be found through accessing www.liverpoolcamhs.com

Governance

The developments outlined in this document are governed through the structures below (a larger diagram of this can be found in appendix 1):



There continues to be wide representation on the MHEWB Partnership Board, which reports to the Children and Families Trust and the Children's Transformation Board. Membership was outlined in the original CAMHS LTP. Both of the Multi-agency Boards report to the Health and Wellbeing Board. The original Transformation Plan and this refreshed version have both been agreed and signed off by the Health and Wellbeing Board. Further information on the Health and Wellbeing board can be found [here](#).

Performance Monitoring:

The MHEWB Partnership Board are committed to ensuring provision and support to meet the mental health and emotional wellbeing needs of children, young people and their families is of high quality and effective. Performance monitoring therefore takes place on a number of levels;

Performance Monitoring of the MHEWB Local Transformational Plan:

This is undertaken by the MHEWB Partnership Board and progress is BRAG rated against actions. This takes place on a quarterly basis. These are summarised on the work plan in appendix 3.

Performance Monitoring of Commissioned Providers:

It is important to understand if commissioned services are making a difference to children and young people's mental health and quality of life. We also want to ensure these services are of good value. We therefore collect activity, outcomes, quality and financial information as per below:

Activity	Referrals (e.g. numbers, presenting need, complexity, severity) Children, Young people and families seen Interventions Clinics Waiting times Demographics Training sessions Consultations DNA's Service Cancellations Presentations to A&E Participation
Outcomes	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)
Quality	Experience of service questionnaire (CHI ESQ) Complaints SUI's Annual visits Stakeholder satisfaction questionnaires

	Case Studies
Finance	Detail of spend against allocation

The outcomes framework can be found in appendix 7 and the annual performance monitoring report can be found in appendix 8. Further outcomes can be found in the achievements report in appendix 2.

Performance to inform need and Future commissioning:

In order to commission services based on need the following continues to be used:

1. Provider local dataset
2. Mental Health Services Dataset (MHSDS)
3. National Benchmarking information
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. JSNA [Link](#)
10. Annual staff and 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. Research and Evaluation

A CAMHS Partnership Workforce Audit that covers financial years 2015/2016, 2016/2017 and 2017/2018 can be found in appendix 9

Cost Benefits

Within Liverpool we are committed to changing how CAMHS are delivered across all the Levels of Need (appendix 1). We are also committed to delivering the best outcomes and value for the taxpayers money not just across the health sector, but across education and Social Care. This thinking has resulted in the commissioning of a range of provision from across the 3rd Sector (this includes voluntary, community organisations and social enterprises) and NHS. All provision contributes to the local CAMHS offer and providers work collaboratively and in partnership to meet the needs of children, young people and their families. The information below outlines some key cost benefits which have resulted in commissioning across the 3rd Sector and NHS using the underpinning principle of embedding a care aims and social value approach:

- *The cost of a CAMHS tier 4 bed (out of area) for one young person is £243,000 per annum with usually poor outcomes resulting in dependency and continued need for high cost provision including 'revolving door' into services and high DNA rates for follow up appointments. 231 CYP can be seen for 9 sessions of therapeutic support in their local communities by a Liverpool 3rd Sector*

CAMHS provider for this amount per year. 539 young people can be seen over 5 sessions through the IAG provision as part of the YIAC (Youth Information Advice and Counselling) model for a similar amount. This would aim to have more positive outcomes including improved engagement, easy access, reduction in DNA's, early identification and management of need, improvement in mental health and emotional wellbeing and improved quality of life.

- *For every 2 CYP seen by a highly qualified therapist in a Liverpool 3rd Sector provider only 1 could be seen by a NHS CAMHS provider (£240 average cost per contact, NHS Benchmarking). This is through an open access early help offer and prevents the need for more high cost provision.*
- *Due to being a low user of tier 4 in-patient care compared to prevalence and population, based on the numbers currently accessing this level of support (data provided by NHSE), we are currently saving the NHS £4.1 million in addition to improving quality of life of CYP and families.*

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 – [Link](#)

Financial detail can be found within the Financial Spend Against Allocation document (appendix 4)

Stakeholder Engagement

Engaging with stakeholders is an underpinning principle of the CAMHS LTP and delivery in Liverpool. There are a number of forums that support this:

- MHEWB Partnership Board
- CAMHS LTP Operational Delivery Groups and task and finish groups
- Parent/Carer forums including LivPac, FRESH Plus, CAMHS Partnership parent/carer forum, Community Champions (ND)
- Children and young people's forums including FRESH, CAMHS Partnership CYP forum, schools parliament, Children in Care Council, Peer Mentors

In addition to the above all CAMHS Partnership providers embed participation and engagement into everything they do which is underpinned by the UNCRC. This includes children and young people having a say about their care and the interventions they receive, providing feedback, developing resources, delivering services or participating in forums and board meetings.

The CAMHS LTP has been developed in partnership with a wide range of stakeholders including children, young people and parents/carers and all are continually involved in its delivery, development and evaluation. Examples of children, young peoples and parents/carers engagement and involvement over the past 2 years can be found in the LTP achievements report I appendix 2.

Challenges and Next Steps

Although there have been many developments during the last 2 years this has not come without its challenges. Some of these challenges will continue as finances are stretched and demand increases however, the MHEWB Partnership Board will ensure such challenges and risks are managed through:

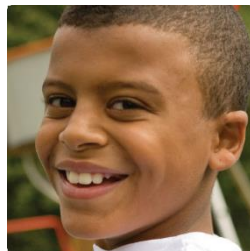
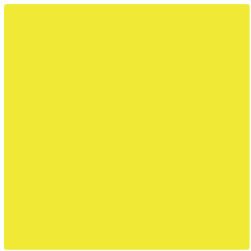
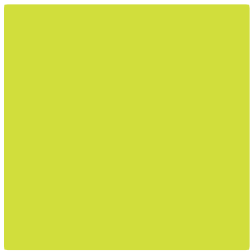
- Robust risk management – a risk register can be found in appendix 5
- Exploring opportunities for re-designing and reconfiguring existing structures and services to ensure more joined up working to deliver provision which best meets need
- Encouraging innovative practice within a safe and governed environment in addition to looking at the best and most appropriate evidenced based practice to meet need
- Continual review and performance monitoring

The above will support our vision and 5 year LTP and ensure we move forward with our priorities and next steps. These priorities can be found in our work plan in appendix 3, however the section below outlines some key priorities for development over the next year:

- Further development of YPAS Plus Mental Health Hubs utilising the CAMHS Partnership and wider organisations including stronger links with the early help hubs
- Development of peer mentoring to a further 5 schools
- 3rd NOW Festival
- Implement the recommendations from the Whole School Approach report
- Explore opportunities to develop services across the Cheshire and Merseyside STP (Sustainability and Transformation Partnership) footprint
- Explore crisis care and Out of Hours models to develop across Liverpool and Sefton
- Implement national transition and A&E liaison CQUIN
- Explore opportunities to implement recommendations from CAMHS GP liaison pilot
- Explore opportunities to integrate CAMHS and Neurodevelopmental pathway
- Strengthen IT and data quality
- Undertake research and evaluation of the YIAC (Youth Information Advice and Counselling) service within the mental health hubs (YPAS Plus) as part of the CLAHRC (Collaboration and Leadership in Applied Health Research and Care) Partner Priority Programme.
- Liverpool CCG will create a workforce plan utilising data gathered from both the MHSDS (Mental Health Services Data Set) and Liverpool CAMHS Local Data Set. From this plan a Workforce strategy will be created to increase access and the number of individual Children and Young People seen in line with [FYFV \(Five Year Forward View\) for Mental Health](#), [Next Steps on the NHS FYFV](#) and [Stepping forward to 2020/21: the mental health workforce plan for England](#).
- To embed the Transforming Care Principles for children and young people within Mental Health services for this population at; provider and ND commissioner level ensuring links with SEND and the Early Help agenda – [Link](#).

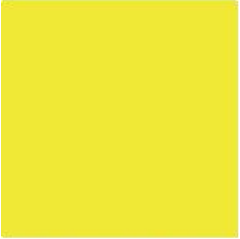
Appendices

1. Liverpool CAMHS Governance, Pathway and Levels of Need
2. CAMHS LTP Achievements
3. Workplan
4. Financial Spend
5. Risk Register
6. Performance Monitoring Process
7. Outcomes Framework
8. Annual Performance Report
9. Workforce Skills Audit



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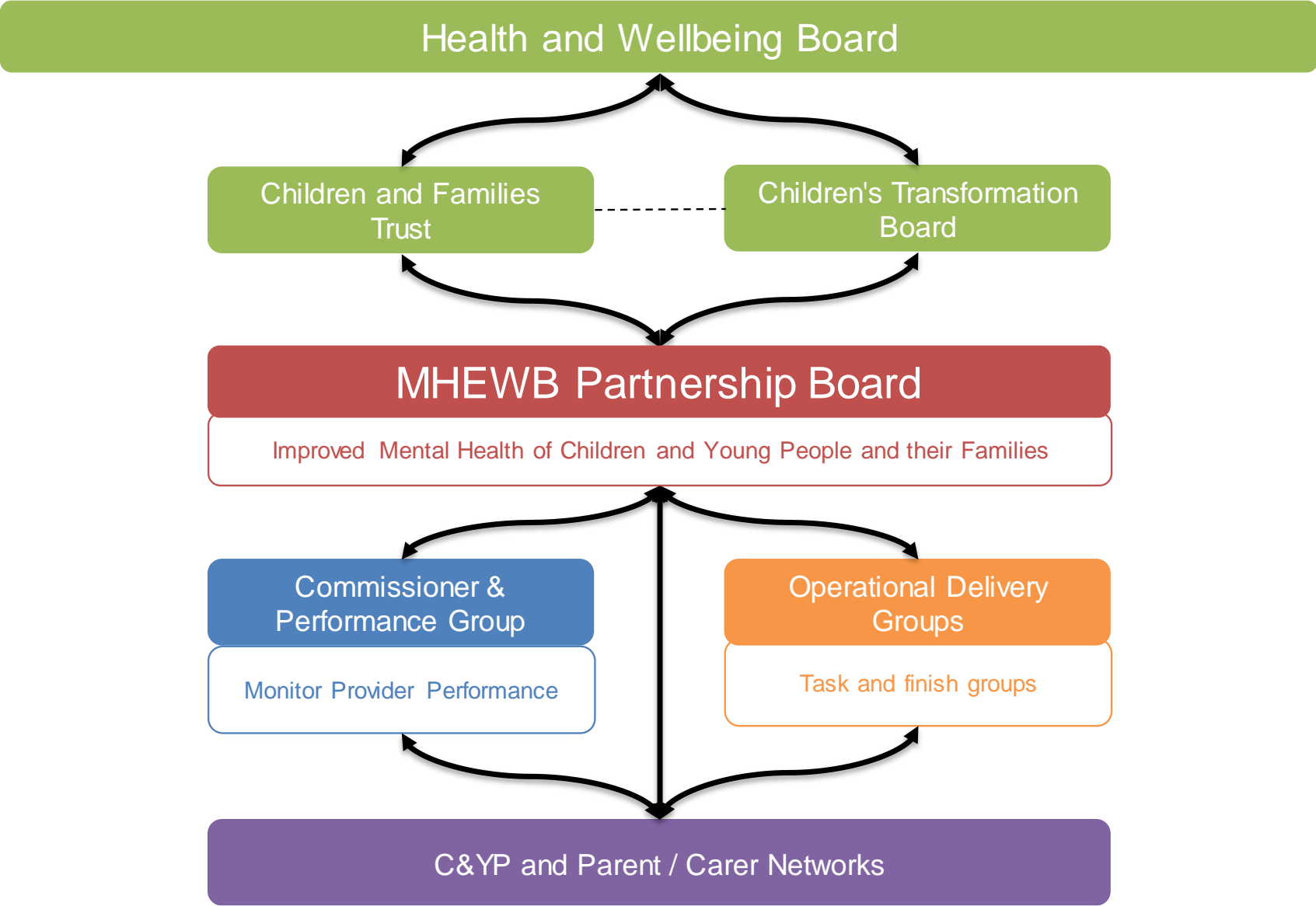




Liverpool CAMHS Governance, Pathway and Levels of Need

Appendix 1





Health and Wellbeing Board

Children and Families Trust

Children's Transformation Board

MHEWB Partnership Board

Improved Mental Health of Children and Young People and their Families

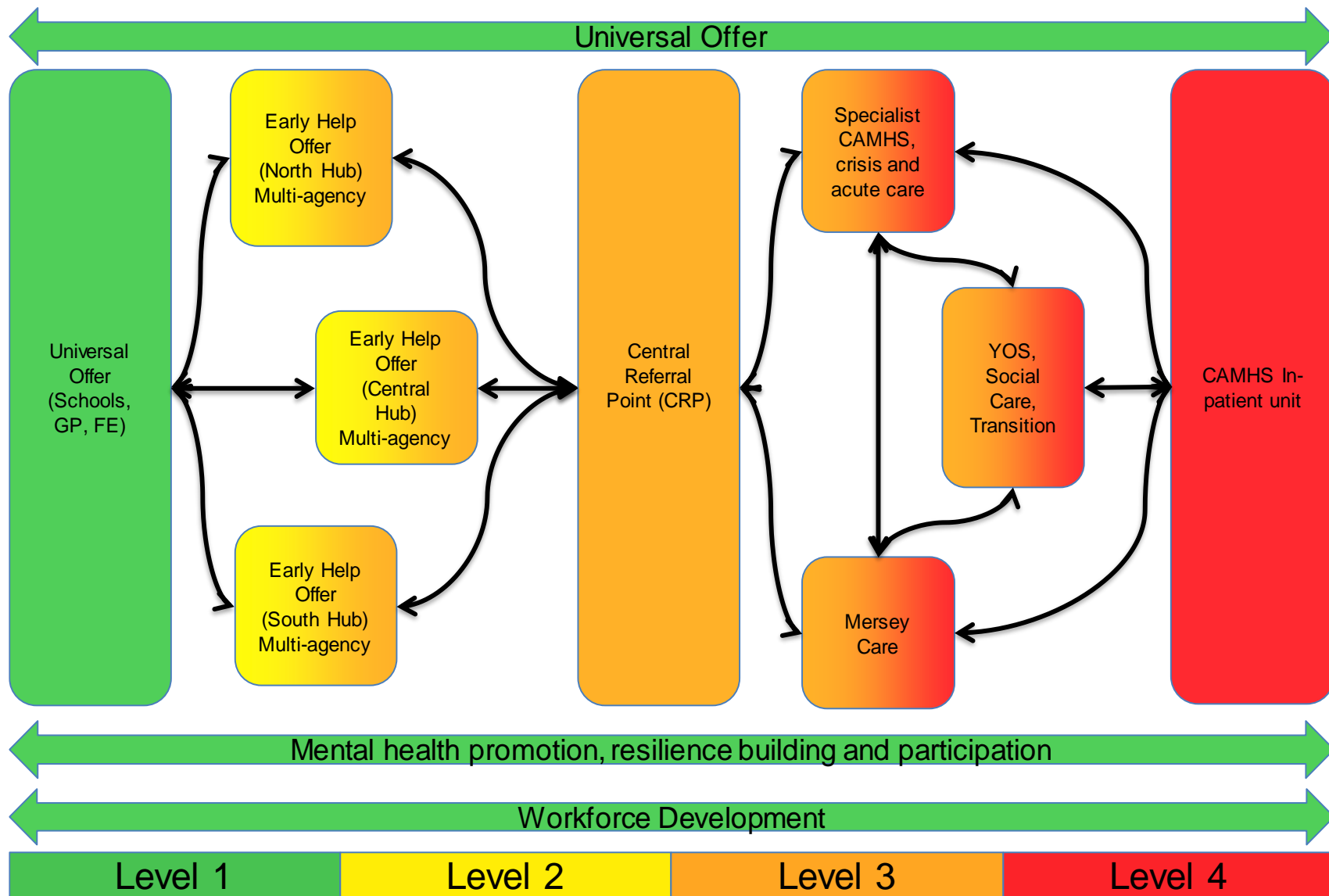
Commissioner & Performance Group

Operational Delivery Groups

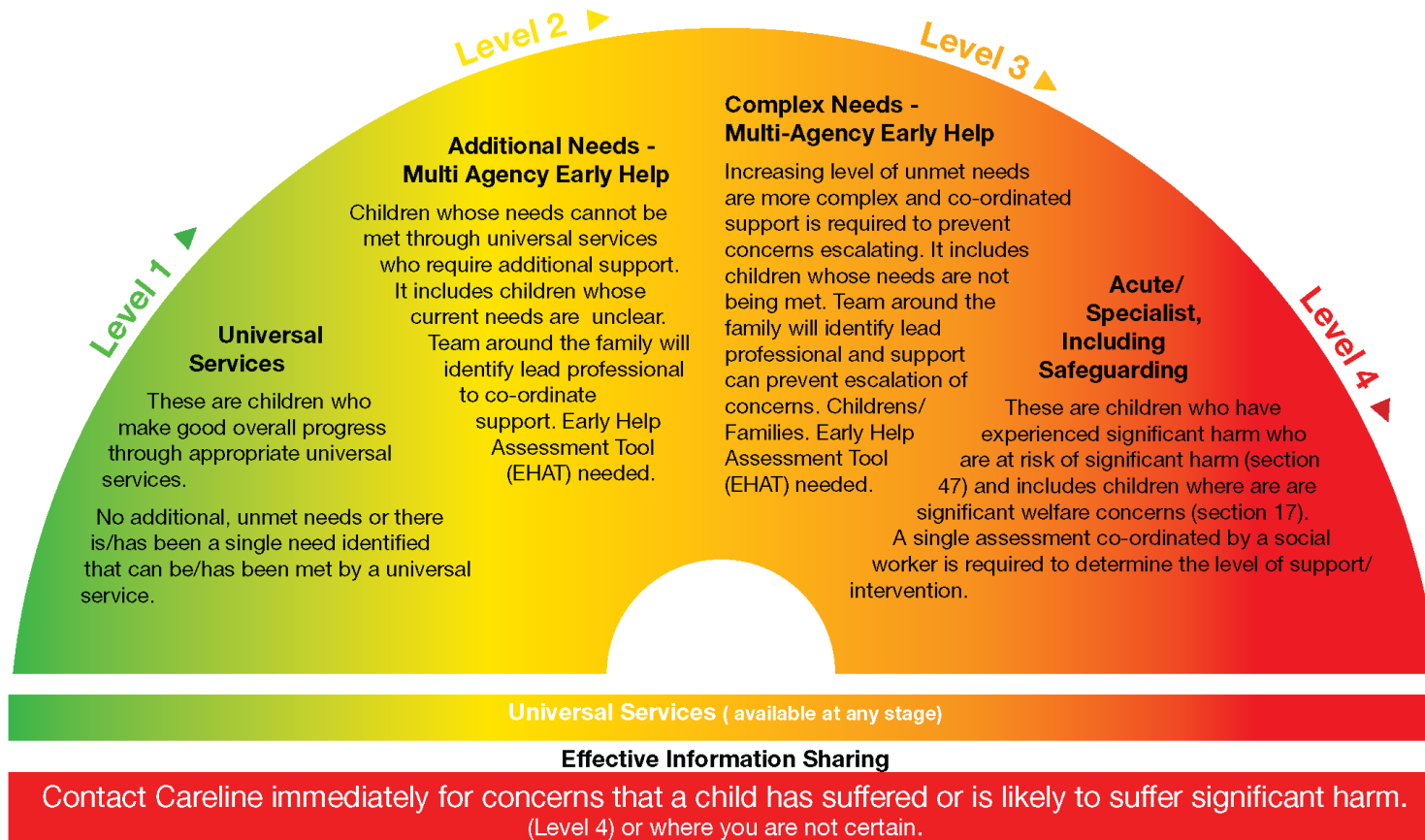
Monitor Provider Performance

Task and finish groups

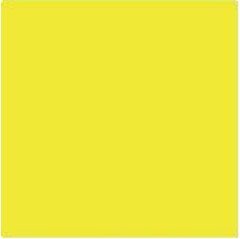
C&YP and Parent / Carer Networks



Liverpool Levels of Need

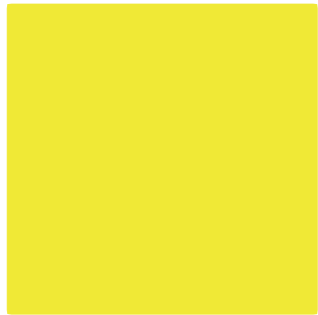


The windscreen model is used for illustration only and does not necessarily reflect the proportions of families within Liverpool that under the level of needs described. Consent is always the needed when offering single or multi-agency support to families and parental engagement is fundamental. This enables effective sharing of information and appropriate support being put in place regardless of the level of need. However, consent is not needed when there are significant welfare concerns or likely risk/harm for a child.



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CAMHS LTP Achievements

2015 / 2016 and 2016 / 2017

Appendix 2

This document should be used conjunction with the Children and Young People's Mental Health and Emotional Wellbeing Transformational Plan: 2 Years On document.

This document has been produced on A3 paper and should be printed off on A3 for best results.

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Mental health promotion, resilience building and participation

Priority	Achievements to date	Outcomes/Impact	Next steps
Every school will have access to mental health promotion & workshops to support whole school approaches to MHEWB	<p>6475 children and young people engaged across 35 schools in activities such as:</p> <ul style="list-style-type: none"> • Big bag of worries • Stress sessions • Resilience workshops • UNCRC • Body image • Relationships • Mindapples 	<ul style="list-style-type: none"> • Reported improved self-esteem in children & young people • Reported improved confidence in children and young people • Early identification of need and access to support for children and young people • Resilient characters – Resilient Ralph, ResiliANT and FESH FROG • Development of resilience framework as a resource 	<ul style="list-style-type: none"> • Access more schools
Website & digital technology development to promote self-care and improve access to information and support	<ul style="list-style-type: none"> • refreshed local CAMHS website • development of animations around MH themes to use as resources • development of online resilience tool 	For all resources see www.liverpoolcamhs.com	<ul style="list-style-type: none"> • Development of online Mental health toolkit for schools and wider community groups
Robust marketing and communication strategy	<ul style="list-style-type: none"> • Development of CAMHS Partnership marketing and communication strategy 	<ul style="list-style-type: none"> • CAMHS Partnership branding, logo and key message (can be viewed on website) • Successful social media campaigns through Facebook and Twitter • Monthly CAMHS newsletter to 5000 subscribers • Postcard distribution about CAMHS Partnership • number of PR opportunities maximise through Radio and TV • positive response from school staff about CAMHS offer outlined in whole school approach report 	<ul style="list-style-type: none"> • Wider stakeholder questionnaire to understand knowledge of CAMHS offer as compared to pre-transformation plan
Involvement of children & young people and parents / carers in design, development, delivery and evaluation of CAMHS / ND conditions	<ul style="list-style-type: none"> • 601 young people have been involved in the planning of mental health promotion projects & 500 involved in their delivery • Monthly mtg of 14 parents to discuss and support mental health promotion • Range of Children & young peoples' and parent/carer forums across the CAMHS and Neurodevelopmental Partnership providers • Co-ordination of activities from across the CAMHS partnership through participation officer • Representation on MHEWB Partnership Board from parents/carers and children and young people (through participation officer) • Development of FRESH CAMHS young peoples group and FRESH plus parent/carer group (Alder hey CAMHS) • Community Champions within ADDvanced Solutions who have developed their skills to access employment, education and participate in the delivery of the service 	<ul style="list-style-type: none"> • Positive feedback and evaluations from children and young people & parents/carers involved in activities • Children & young people involved in the development of events and speaking at conferences including the Labour Party and SLCN, generation FRESH conference, FREShtival • Links with schools parliament and children in care council • Development of mental health promoting resources including apps and social media campaigns • Increased knowledge and awareness of mental health issues across parents/carers involved which has led to delivery of some services • NOW festival • Refreshed CAMHS and development of neurodevelopmental conditions website • Whole school approach to MHEWB report 	<ul style="list-style-type: none"> • participation audit • channel to ensure regular feedback at MHEWB Partnership Board • wider consultation for CAMHS evaluation programme

Priority	Achievements to date	Outcomes/Impact	Next steps
	<ul style="list-style-type: none"> All CAMHS providers embed participation and involvement into what they deliver 	<ul style="list-style-type: none"> mental health lesson plan Investing in Children Membership Award (Barnardo's Young Carers) 	
Annual stakeholder questionnaire for professionals	Whole school approach project undertaken	Whole school approach to MHEWB report and action plan developed to implement recommendations	<ul style="list-style-type: none"> Wider stakeholder questionnaire
Annual consultation of children & young people and parents/carers	<p>The following consultations have taken place with children and young people and parents/carers:</p> <ul style="list-style-type: none"> Whole school approach Digital technology Development of animations 	<p>The following has been achieved following the consultations:</p> <ul style="list-style-type: none"> Whole school approach to MHEWB action plan Refreshed website and development of online resources Development of themed Animations Change in practice within service delivery e.g. improved waiting rooms, information packs, recruitment processes 	<ul style="list-style-type: none"> Wider consultation as part of CAMHS evaluation programme
Measure outcomes of children, young people and parent/carer involvement	All activities involving children, young people and parents/carers are evaluated	<ul style="list-style-type: none"> 66% of children & young people report feeling more confident about talking about MHEWB after participating in the NOW festival Increased self-esteem and confidence reported in children and young people involved Increased knowledge reported in parents/carers who are involved 	<ul style="list-style-type: none"> To continually evidence participation and involvement
Peer Mentoring across CAMHS and ND conditions	<ul style="list-style-type: none"> Development of peer mentoring offer across 8 secondary schools Development of Stat Chat tool to measure activity and outcomes of peer mentoring 	<ul style="list-style-type: none"> 2081 conversations have taken place between mentor and mentee during the past 6 months on a range of different topics 105 young people have been referred on for additional support - Increased confidence of mentor to talk about their own mental health Changes in school environment to support positive mental health 	<ul style="list-style-type: none"> Access a further 5 schools per year
Community Champions	<ul style="list-style-type: none"> Development of Community Champions across neurodevelopmental partnership 	<ul style="list-style-type: none"> 20 individuals supported with personal development plans to increase their learning and development. Many of whom have returned to education, secured employment and are delivering neurodevelopmental support to other families. 	<ul style="list-style-type: none"> Ensure there is a trained mental health first aider in every school and across alternative education provision

Early Help Offer (Mental Health Hub) Multi-agency

Priority	Achievements to date	Outcomes/Impact	Next steps
Delivery of interventions from 3 Mental Health Hubs reaching into neighbourhoods	<ul style="list-style-type: none"> 3 MH early help hubs opened across the city in 3 localities – YPAS Plus Supported 2,112 children and young people during 2016-2017 Delivered 567 open access youth drop-ins during 2016/2017 supporting 629 young people Received 1825 referrals for therapeutic support 	<ul style="list-style-type: none"> 89% in improvement of mental health and emotional wellbeing of those accessing services 98% conversion rate from referral to intervention indicating improved access to the right service DNA rates are 8% which is below the national average of 10% 	<p>To further embed and develop the hubs as a multi-agency 'one stop shop of mental health support'</p>
Every school, FE, University, GP and Children's Centre will have a named Specialist CAMHS/PMHW practitioner	<ul style="list-style-type: none"> Every secondary school has a named CAMHS Practitioner and keyworker support to deliver low level interventions, support, consultations and training Every special school has a named CAMHS Practitioner offering support, consultations and training Every primary school consortia has a named CAMHS Practitioner Seedlings programme implemented ensuring every primary school consortia had access to a therapist City of Liverpool community college has CAMHS practitioner support Every Children's Centre has a named CAMHS Practitioner Primary care CAMHS liaison pilot in Norris Green 61 consultation sessions delivered across children's centres during 16-17 	<ul style="list-style-type: none"> 52% of children and young people accessing pre-referral support in secondary schools did not require any further interventions with only 14% referred onto specialist CAMHS and 19% referred onto early help within YPAS Better quality of referrals for ongoing specialist CAMHS interventions by schools 72.2% of children and young people reported developing strategies to help them following secondary school support 74% improvement of mental health in children accessing Seedlings therapeutic programme Excellent feedback from schools accessing CAMHS practitioner support and seedlings programme. Excellent feedback from those accessing Children's centres consultation 	<ul style="list-style-type: none"> Review primary school offer to ensure more joined up Review offer to FE and Alternative Education provision within resource available based on need
All schools will have access to ND support	<ul style="list-style-type: none"> Transformation of Neuro-developmental pathway – (Link to Liverpool ND offer) Development of Sensory Processing difficulties support 1100 families accessing family learning programmes and support for Neurodevelopmental conditions during 2016-2017 524 children and young people with neurodevelopmental conditions accessing support and skills building groups during 2016-2017 600 professionals attending awareness sessions on a range of neurodevelopmental conditions during 2016-2017 Coffee mornings for parents/carers delivered in schools ADHD clinics delivered in special emotional and 	<ul style="list-style-type: none"> 70% improvement of family life and 77% improvement in family relationships reported from those accessing Neurodevelopmental (ND) support as part of the CAMHS integrated offer (ADHDF & AddvancedSolutions) 83% of families reported improved attendance at school of those CYP accessing ND support as part of the CAMHS integrated offer Of those CYP with ND conditions accessing CBT and counselling the following outcomes were achieved - 86% reduction in emotional distress, 92% improved self confidence, 84% improved self esteem, 84% improved emotional resilience (ADHDF) Of those parents/carers accessing ND support 99% reported improved knowledge & understanding of ND conditions and 90% reported improved confidence and skills (ADHDF & AddvancedSolutions) 	<p>To further develop the neurodevelopmental offer in Liverpool to support integration with CAMHS offer</p>

Priority	Achievements to date	Outcomes/Impact	Next steps
	behaviour schools <ul style="list-style-type: none"> CAMHS practitioners in every mainstream and special school 		
Develop role of school health practitioner	Development of 2 school emotional wellbeing practitioners to support alternative education provision and to build capacity for mental health support in generic school practitioners	This is currently being reviewed	To review data and outcomes To review Mental health support for alternative education provision
Embed Early Help Assessment Tool	<ul style="list-style-type: none"> 3 multi-agency early hubs developed in the city. YPAS Plus (MH Hubs) is linked into these Whole family approach to early help assessments Continual workforce development regarding early help assessments Identifying, assessing and supporting young carers is now incorporated into Early Help framework and assessment. 	Slight increase in number of early help assessments initiated through MH hubs Young Carers assessment process viewed nationally as good practice by Children's Society – "Barriers and solutions to implementing the new duties in the Care Act 2014 and the Children and Families Act 2014".	<ul style="list-style-type: none"> To embed CAMHS into the early help hubs To ensure CAMHS is involved in EHAT tool refresh
Needs led early years offer and resourced perinatal mental health pathway	<ul style="list-style-type: none"> Every Children's Centre has dedicated time from a named CAMHS Practitioner with an established offer of support - 61 consultation sessions delivered during 16-17 Peri-natal funding secured through STP application Supervision from CAMHS for Family Nurse Partnership – 9 group consultations, 9 individual supervision sessions and 2 workshops during 16-17 Infant mental health promotion events delivered in partnership with Liv Pip and FRESH YP's group 2 training events delivered on 1001 critical days 	Positive evaluations following consultation sessions, and training	To review current early years offer mental health offer
Online counselling	This has not yet been developed	N/A	To review need for online counselling in Liverpool

Central Referral Point (CRP)

Priority	Achievements to date	Outcomes/Impact	Next steps
Self referrals	All CAMHS providers across the Partnership now accept self-referrals	<ul style="list-style-type: none"> Improved Access Reduced waiting times to 8 weeks from referral to treatment across the CAMHS Partnership 	<ul style="list-style-type: none"> Wider communication regarding referral pathways Development of online referral system Assessment of need to be integrated in EHAT
Specialist Practitioners from CAMHS, AMHS and ND conditions will outreach into Mental Health hubs (YPAS plus) to support the delivery of programmes, Single Point of Access and triage	<ul style="list-style-type: none"> Neurodevelopmental support and programmes delivered in hubs Substance misuse support delivered in hubs Central Referral Point includes consultations, triage and passport of referrals to most appropriate MH provider Transition of Care mtgs between CAMHS and MerseyCare (Adult Mental Health) to discuss most appropriate service for young people aged 16-18 years following triage Transition policy and protocol for young people referred aged 16-18 years Use of current view as assessment tool across relevant CAMHS Partners 	<ul style="list-style-type: none"> Outcomes for ND support as per above More joined up response across partnership to meet need 	<ul style="list-style-type: none"> To embed an integrated model of delivery (0-25 years) within all MH hubs (YPAS plus) To ensure referral pathways are robust To measure outcomes of young people in transition as per national CQUIN

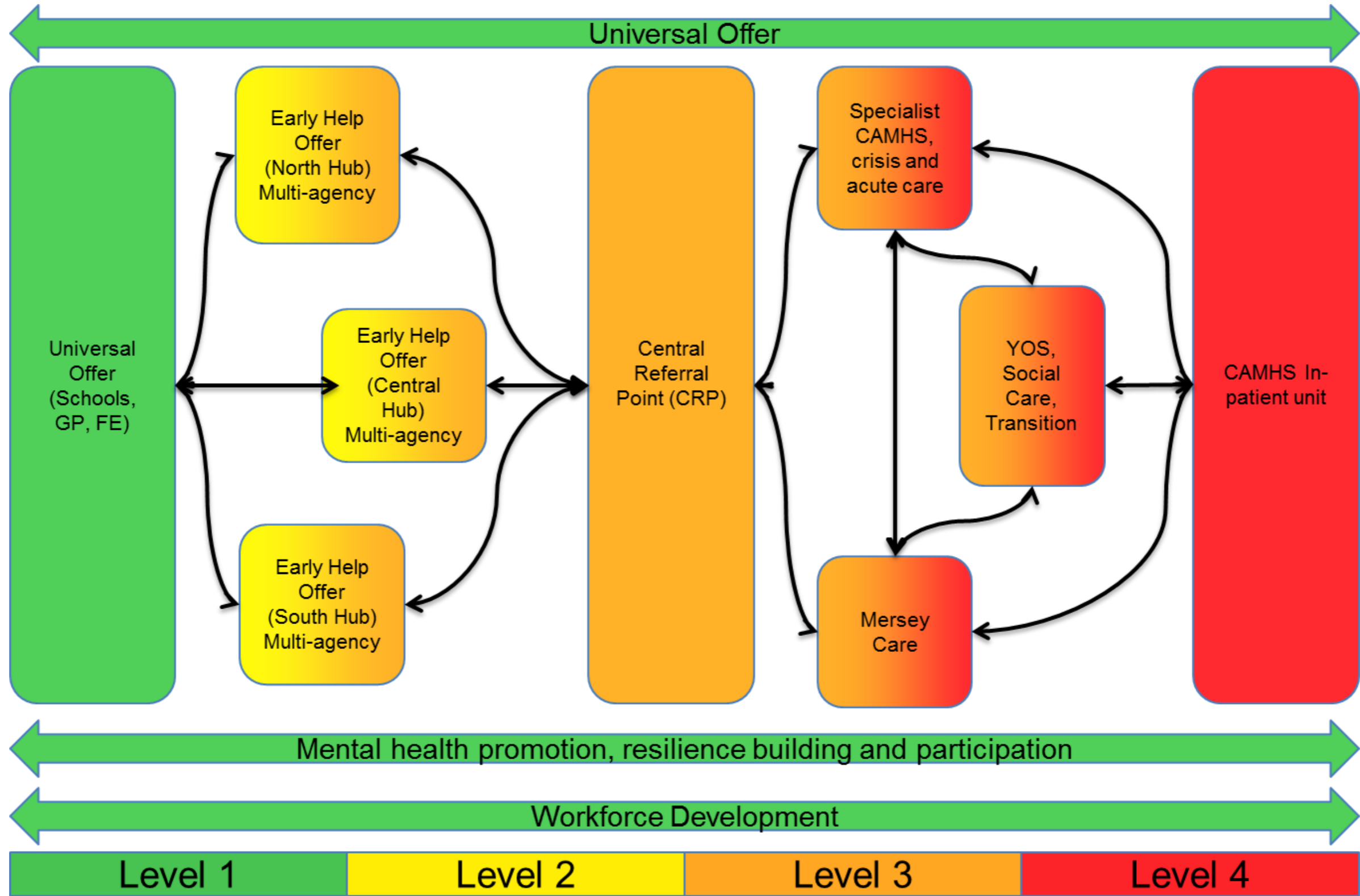
Priority	Achievements to date	Outcomes/Impact	Next steps
<p>A range of evidence based interventions will be delivered across CAMHS Partnership, Adult Mental Health Services & Neuro-developmental Partnership to meet the needs of those accessing the service (0-25)</p>	<ul style="list-style-type: none"> Range of evidence based interventions delivered across a range of CAMHS and ND providers (0-25 years) – information on services can be accessed through the www.liverpoolcamhs.com 	<ul style="list-style-type: none"> There has been an increase in interventions delivered by 63%. During the past 12 months Goal Based Outcomes: 89% of children and young people reported positive progress toward their goals, suggesting children and young people are making improvement on the areas that are most important to them Symptom tracker measures: Child-reported session-by-session data on symptoms was mixed, with children and young people reporting improvement in some areas (panic, generalized anxiety, from the RCADS) Adolescent and Child-report: Older children rated their overall functioning (ORS, CORE) as improving Of those CYP with ND conditions accessing CBT and counselling the following outcomes were achieved - 86% reduction in emotional distress, 92% improved self-confidence, 84% improved self-esteem, 84% improved emotional resilience (ADHDF) Low user of CAMHS in-patient beds compared to prevalence & population Experience of service: Overall children and young people and their parents were very positive about their experience 	<ul style="list-style-type: none"> Continually review services and interventions against need Integrate CAMHS and Neuro-developmental pathway/offer
<p>Clear pathways and dedicated support for vulnerable groups</p>	<ul style="list-style-type: none"> Dedicated services and specialisms embedded across the CAMHS Partnership for YOS, LAC, refugee and asylum seekers, travellers, Neuro-developmental conditions, Learning disabilities, young carers, BME groups, LGBTQ, early years, adolescents Completion of workforce and skills audit across the partnership LAC referral pathway into CAMHS Dedicated consultation time from specialist CAMHS into YOS, LD school provision, LAC and safeguarding teams – 70 consultations sessions offered per year to social workers, 3 consultations sessions per week to YOS, 12 consultations offered per year for LD schools Workforce development to support meeting the mental health needs of a range of vulnerable groups e.g. Child Development in Adversity and Trauma', managing challenging behaviour, adolescent mental health, 	<ul style="list-style-type: none"> Improved access for CYP from vulnerable groups accessing non-stigmatising targeted support. This includes refugee and asylum seekers, Young Carers, CYP with ND conditions 87% improvement of MHEWB of young carers receiving support 80% improvement in MHEWB of refugee and asylum seeking CYP accessing support Of those CYP with ND conditions accessing CBT and counselling the following outcomes were achieved - 86% reduction in emotional distress, 92% improved self-confidence, 84% improved self-esteem, 84% improved emotional resilience (ADHDF) Majority of pre-consultation work for social care has not required any further action Positive feedback from those accessing pre-consultation work across social care, YOS and LD provision 	<ul style="list-style-type: none"> Developments to support the Transforming Care agenda Embed young carers assessments of need across schools and CAMHS

Priority	Achievements to date	Outcomes/Impact	Next steps
Robust 24/7 A&E liaison	<ul style="list-style-type: none"> A&E liaison national CQUIN implemented 	In progress	<ul style="list-style-type: none"> To continue implementation of CQUIN and meet objectives outlined To review capacity in Specialist CAMHS re: 24/7 working
Out Of Hours provision 0-25 years supported by CAMHS and AMHS practitioners in line with the crisis care concordat	<ul style="list-style-type: none"> All age North Mersey Crisis Care Concordat group established Transition policy in place for young people aged 16-18 years 	<ul style="list-style-type: none"> Action plan in place to support crisis care concordat 	<ul style="list-style-type: none"> To implement crisis care concordat action plan To support opportunities for development across the STP and local delivery system footprints To review capacity in specialist CAMHS re: crisis care in partnership with Merseycare (0-25 model)
All practitioners will practice a robust transition process from CAMHS to AMHS and from community to in-patient care	<ul style="list-style-type: none"> Local transition CQUIN implemented National Transition CQUIN commenced Transition leads in post working across Merseycare and Specialist CAMHS 	<ul style="list-style-type: none"> Transition of care mtgs fully established Transition policy and training across Merseycare and Specialist CAMHS Wider workforce training re: adolescent brain development and transition Involvement of young people in design of transition pathways Established relationships between specialist CAMHS, Merseycare, NHSE commissioners, local in-patient facilities, social care transition team 	<ul style="list-style-type: none"> Fully implement national transition CQUIN
Development and delivery of Integrated Eating Disorder/Difficulty service	<ul style="list-style-type: none"> Specialist eating disorder service established in line with national guidance co-commissioned across Liverpool and Sefton Increased capacity in workforce supporting children and young people with neuro-developmental conditions (OT's, Dietician, ND Practitioners, ADDvanced Solutions, Speech and Language therapy) to support feeding and eating difficulties Targeted support for eating difficulties for CYP with neuro-developmental conditions and their families Professional awareness raising re: eating difficulties 	<ul style="list-style-type: none"> Waiting time targets achieved Increased knowledge and skills reported from families attending eating difficulties support Increased awareness and skills of professionals attending eating difficulties training 	<ul style="list-style-type: none"> Review specialist eating disorder service Explore opportunities to develop and integrate specialist eating disorder and eating difficulties offer
Robust transition pathways for young people with Neuro -Developmental conditions	<ul style="list-style-type: none"> Neurodevelopmental health needs assessment commissioned Transition leads in post Shared care agreements agreed 	<ul style="list-style-type: none"> Full report following health needs assessment Transformation of Neuro-developmental pathway for children and young people 	Review opportunities to establish a full age ND pathway
Explore opportunities to develop Home based Treatment service / Tier 3+	This has not yet commenced and needs to be linked into the local delivery system and STP footprint		
CAMHS support for Liaison and Diversion Service	<ul style="list-style-type: none"> Specialist CAMHS practitioners working within Liaison And Diversion service Specialist CAMHS provides outreach support to 		<ul style="list-style-type: none"> Map provision against CAMHS and youth justice national guidance

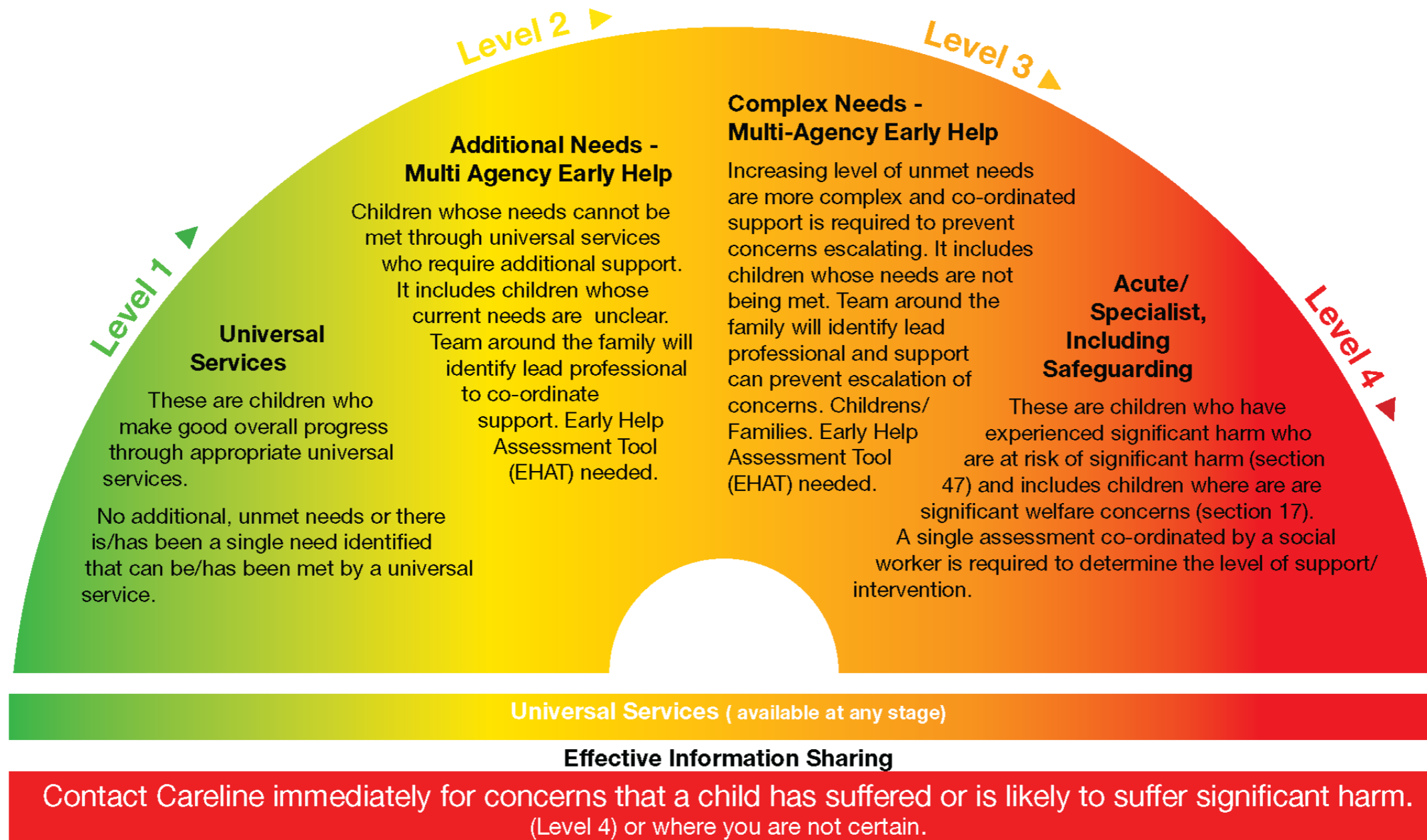
Priority	Achievements to date	Outcomes/Impact	Next steps
	children and young people within YOS and consultation and support service to practitioners within this service		
CAMHS support for children and young people on EHC plans assessed as Continuing Care or out of area including LAC	<ul style="list-style-type: none"> Continuing care policy in place 	<ul style="list-style-type: none"> improved co-ordination of process and support for children, young people and families 	<ul style="list-style-type: none"> Continual review
Street triage in partnership with the Police for young people aged 12-25 years to reduce 136 admissions	<ul style="list-style-type: none"> Street triage remains in place for young people aged 16+ only 		<ul style="list-style-type: none"> Review need for street triage for children and young people under the age of 16 years

Workforce Development

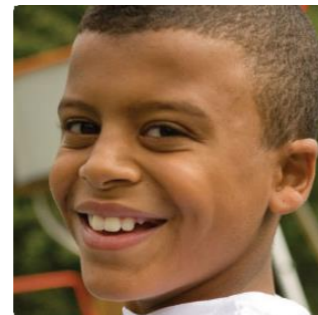
Priority	Achievements to date	Outcomes/Impact	Next steps
CAMHS and ND workforce development through CYP IAPT programme	<ul style="list-style-type: none"> 32 CAMHS practitioners have been trained through the CYP IAPT programme Recruit to train programme for parenting support Recruit to train programme for new wellbeing practitioners recruited by Alder hey FRESH CAMHS and seconded to work within mental health hubs 	Growing local workforce	<ul style="list-style-type: none"> Access CYP IAPT evidence based training 2017-2018 Access recruit to train programme for 2017-2018
Menu of mental health training	<ul style="list-style-type: none"> Delivered 23 training and awareness sessions across the wider children and adult workforce on a range of CAMHS and neurodevelopmental conditions Refreshed the online training booking system in line with the CAMHS website refresh 	Excellent evaluations and feedback following training delivered	Review training offer in line with need following training needs analysis
Annual Training Needs Analysis	<ul style="list-style-type: none"> Annual Training needs analysis for staff working within education through Whole School Approach to MHEWB exercise 	Action plan developed to implement recommendations	<ul style="list-style-type: none"> Implement recommendations within Whole Schools Approach to MHEWB report specific to training needs Undertake wider annual training needs analysis for wider workforce
Develop skills and competencies of all CAMHS and ND practitioners to support the needs of all communities	<ul style="list-style-type: none"> cultural competency training offered and delivered across CAMHS Partnership Young Carers training offered and delivered across CAMHS Partnership Eating difficulties training delivered LGBTQ+ training delivered 	Increased awareness across CAMHS Partnership of needs of different groups	Review skills audit and training needs of existing CAMHS and ND staff



Liverpool Levels of Need

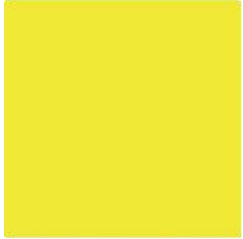


The windscreen model is used for illustration only and does not necessarily reflect the proportions of families within Liverpool that under the level of needs described. Consent is always the needed when offering single or multi-agency support to families and parental engagement is fundamental. This enables effective sharing of information and appropriate support being put in place regardless of the level of need. However, consent is not needed when there are significant welfare concerns or likely risk/harm for a child.



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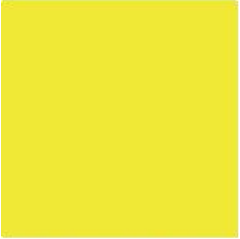
Liverpool CAMHS Workplan

2017/2018

Appendix 3



Liverpool MHEWB Partnership Board 2014 - 2020													
Task	Milestone	Start	End	Days Remainin	Funding stream to support					2016 / 2017 RAG Rating	Current Rating	Comments	
					LCCG	LCC	Schools	NHSE	External				
1	Review and refresh membership	01/04/2014	30/06/2017		X								
2	Review and refresh TOR	01/04/2014	31/07/2017		X							LN to review and send out for next meeting	
3	MHEWB Pb involvement in STP Development	01/04/2014	31/03/2020	897	X							ACS to chase with KM and SL	
4	Agree workplan	30/04/2014	31/08/2017		X								
5	Consultation and engagement	01/04/2017	31/03/2020	897	X								
6	Review Datasets (Activity, Outcomes, Quality & Workforce)	01/04/2017	31/08/2017		X							Meet with BI and carry out workforce skills audit	
7	LTP Refresh 2017/2018 Sign off	01/04/2017	30/09/2017		X							H&W to sign off	
8	Communication strategy for refresh	01/04/2017	31/12/2017	76	X								
9	CAMHS Review 0-25	01/04/2016	31/03/2019	531	X								
10	Embed the transforming care principles for CYP within MH services	01/09/2017	31/03/2019	531	X								
11	Mental health promotion/Building resilience workshops available to every school	30/04/2014	30/04/2020	927	X	X	X		X				
12	Undertake Whole school approach to MHEWB Review	01/04/2016	31/03/2017		X	X							
13	Implement Recommendations of Whole School Approach Report	01/04/2017	30/04/2018	196	X	X	X					Task and Finish group	
14	Development of a marketing strategy to ensure accessible information re: MHEWB	30/04/2014	31/12/2015		X								
15	Implementation of marketing	01/01/2016	31/03/2017		X								
16	Tackling Stigma and mental health promotion campaigns (NOW Festival and World Mental Health Festival)	01/04/2014	31/03/2018	166	X	X	X		X				
17	Development of digital apps and tools to promote self care and accessibility	01/04/2016	30/04/2020	927	X				X				
18	Annual CAMHS Training Needs Analysis	01/04/2017	31/03/2018	166	X								
19	menu of mental health training available	30/04/2014	31/03/2018	166	X	X							
20	Develop skills and competencies of CAMHS and ND staff to meet the needs of all communities	01/04/2015	30/04/2020	927	X	X							
21	Develop peer mentoring scheme across schools	01/09/2015	31/03/2018	166	X								
22	CAMHS and ND workforce development through the CYP IAPT programme	30/04/2014	30/04/2019	561	X			X	X				
23	All CAMHS practitioner offering dedicated consultation time to the universal workforce	01/04/2014	01/04/2014		X								
24	All special schools have a named CAMHS practitioner	01/09/2014	01/04/2014		X								
25	All special schools have ND support	01/01/2016	01/04/2020	898	X							ND Partnership to support	
26	All secondary schools have a named PMHW & CAMHS keyworker	01/04/2014	01/04/2014		X								
27	All primary school consortia have a named Mental Health Practitioner	01/04/2014	30/09/2017		X							LN to Review	
28	All GP practices have a named PMHW	01/04/2014	01/04/2018	167	X							LN to chase Adult PMHS and Children's PMHS to discuss GP support	
29	All children's centres have a named PMHW	01/09/2014	01/04/2014		X								
30	All local Universities, Further education colleges and AEP have access to a PMHW	01/09/2015	01/09/2019	685	X				X				
31	CAMHS representation at early years and education panels	01/09/2014	30/09/2017		X							LN to chase KB	
32	Range of parenting / family interventions delivered across the CAMHS partnership as per parenting strategy	30/04/2014	01/04/2020	898	X	X			X				
33	Review role of EHWB school practitioners	01/09/2015	31/12/2017	76	X	X							
34	Align and embed Early Help Assessment Tool (EHAT) and approaches	01/09/2014	01/04/2020	898	X	X							
35	Early years offer established in partnership with CAMHS, Parent and Baby Wellness service and children's centres	10/10/2014	01/04/2018	167	X	X		X	X				
36	Explore Online Counselling and requirement within Liverpool	01/04/2016	01/04/2020	898	X								
37	Review therapeutic support in primary schools	01/12/2015	31/12/2017	76	X							Review Due to cuts	
38	Development and implementation of 3 MH hubs for CYP 0-25 years/YIACS	01/04/2016	01/04/2018	167	X	X			X			Task and finish Group - needs capacity 41. Develop multi-agency SPA and triage in 3 MH hubs/YIACS (0-25 years) 54. Street Triage for young people aged 12-25 years 65. Audit IMT requirements In development - compliance across 6/7 providers. Full compliance slipped	
39	Self referrals	01/04/2014	01/04/2016		X								
40	Multidisciplinary approach across partnership to meet the needs vulnerable groups and those within protected characteristics.	01/04/2014	01/04/2014		X								
41	Specialist trauma based service and support	01/04/2014	01/04/2014		X								
42	Review specific targeted community and neighbourhood based support for CYP with ND conditions	01/07/2014	31/03/2018	166	X								
43	Range of evidence based programmes delivered across the partnership (0-25)	30/04/2014	31/03/2017		X			X	X				
44	Implement transition CQUIN for CAMHS	30/04/2014	31/03/2019	531				X				CQUIN revised to take forward aspects of transformation plan and YMH model.	
45	Develop transition pathways for C&YP with ND	01/09/2017	31/03/2020	897	X								
46	Review opportunities for co-commissioning with NHS England	30/04/2014	01/04/2020	898	X			X				co commissioning part of FYFV milestones - not yet achieving	
47	Development of specialist Eating Disorder service	30/08/2015	01/04/2020	898	X								
48	Sustainability of integrated eating disorder and difficulty service	30/08/2015	01/04/2020	898	X							?	
49	Full implementation of Protocol and policies for CAMHS support for CYP on EHC plans, assessed as CHC or Review CAMHS support for Liaison and Diversion Service and Targeted Youth Support as per national guidance	01/05/2015	31/03/2018	166	X	X	X	X					
50	Explore opportunities to develop tier 3+ multi agency services locally	01/04/2014	31/03/2018	166	X			X					
51	Explore opportunities to develop tier 3+ multi agency services locally	31/12/2014	01/04/2020	898								Task and Finish group	
52	Robust A&E liaison and crisis response	01/04/2015	01/04/2019	532	X							Some provision in place through Current SPA. Further development within current resource from ED funding and CQUIN.	
53	Robust out of hours provision	30/04/2014	01/04/2018	167	X							Task and Finish group	
54	Embed good practice guidance for CYP and parent/carer involvement across all CAMHS and ND providers-annual audit	30/04/2014	30/04/2015		X								
55	Review and refresh the website	30/04/2014	30/04/2017		X								
56	Ensure mechanisms for C&YP's views to reach MHEWB Partnership board	01/09/2014	31/03/2018	166	X								
57	Ensure mechanisms for parent/carers views to reach MHEWB Partnership board	01/09/2014	31/03/2018	166	X								
58	Involve c&yp and parents/carers in the design, development and delivery of CAMHS	30/04/2014	30/04/2017		X				X				
59	Implement peer mentoring scheme across CAMHS and ND to support CYP and parent/carer engagement and support	01/07/2015	31/12/2017	76	X								
60	Community champions across CAMHS and ND	01/07/2014	30/04/2020	927			X		X			Implemented across ND	
61	Develop small sub group to support the implementation of ROMS	01/09/2014	30/04/2015		X								
62	Audit ROMS training needs of staff	01/11/2014	31/03/2018	166	X							process mapping in place	
63	Development of IT structure for cross partnership data sharing	01/04/2016	01/04/2020	898	X							process mapping in place	
64	CAMHS Involvement in the development of outcomes framework across health, education and Social care	01/04/2016	01/04/2020	898	X								
65	Achievement of CORC Accreditation across CAMHS Partnership	01/08/2016	31/03/2019	531	X							YPAS have achieved	
66	To develop a framework to measure outcomes/impact of c&yp's and parent/carer involvement	30/04/2014	01/04/2020	898	X								



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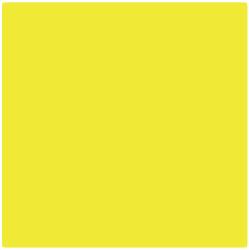
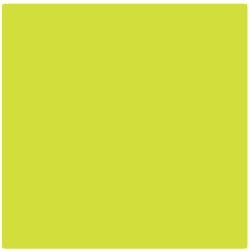




Liverpool CAMHS Financial Spend Against Allocation

Appendix 4

Making the Mental Health and Emotional Wellbeing
of Children and Young People **'Everyone's Business'**



Year	Allocation or Spend	CCG Funding	Percentage Spent
2015/2016	Allocation	£ 6,954,237.00	
	Spend	£ 6,954,237.00	100.00%
2016/2017	Allocation	£ 7,557,351.90	
	Spend	£ 7,557,351.90	100.00%
2017/2018	Allocation	£ 6,330,500.00	
	Spend	£ 6,330,500.00	100.00%

CCG Spend Table

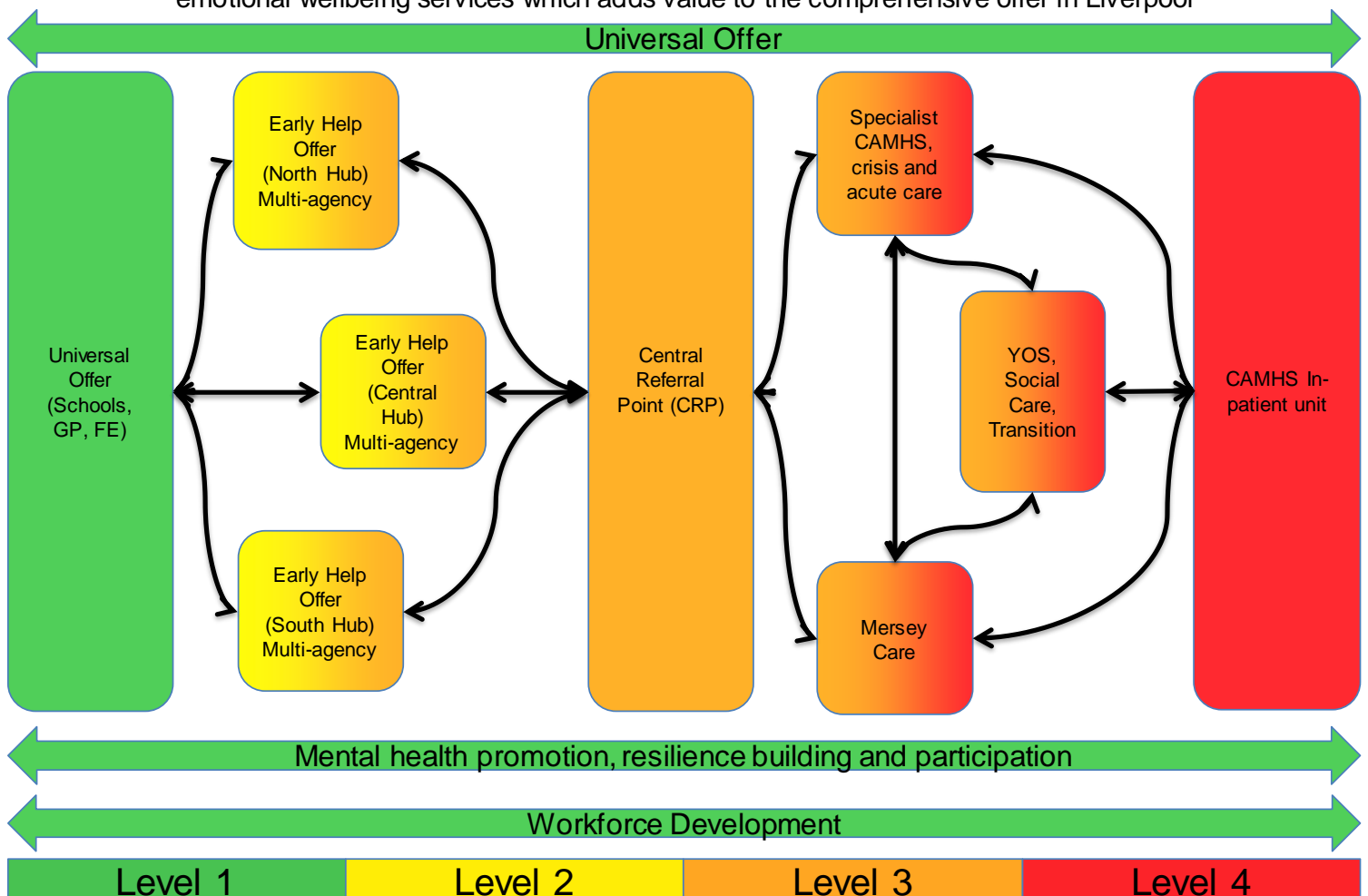
Pathway area	Spend across years		
	2015/2016	2016/2017	2017/2018
Universal Offer (Schools, GP, FE)	£ 638,024.00	£ 542,669.00	£ 309,343.26
Early Help Offer Multi-agency (North, Central & South Hubs)	£ 3,413,991.96	£ 4,103,539.41	£ 3,275,767.25
Central Referral Point	£ 344,633.75	£ 351,429.15	£ 354,943.44
Specialist CAMHS	£ 2,407,369.96	£ 2,514,964.41	£ 2,539,329.51
Social Care, T4, Youth Offending Service	These areas are commissioned and information regarding them are obtained via NHSE.		
CAMHS in-Patient Unit			

Pathway Area Spend Table

Across financial years 2016/2017 and 2017/2018 there has been funding from Liverpool City Council and Liverpool Learning Partnership which has contributed to the mental health and emotional well being of children and young people and parents and carers which has been include in the Pathway Area Spend Table but does not show in the CCG Spend Table.

This contribution equates to 2.4% in 2016/2017 and 2.8% in 2017/2018 of the combined spend on the metal health and emotional well being of children and young people and parents and carers across Liverpool.

Please note that the CAMHS 3rd sector providers also receive external funding to deliver mental health and emotional wellbeing services which adds value to the comprehensive offer in Liverpool





Liverpool
City Council

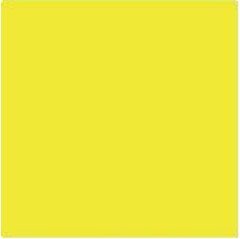


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Liverpool CAMHS Risk Register

2017/2018

Appendix 5

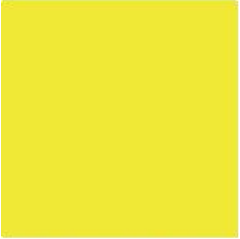


What is the status of the risk	Is this a Current or Potential Risk	Objective	Description of Risks	Current Controls	Assurance in Controls	L	C	Current Risk (score)	Current risk accepted	Management Actions re gaps in controls and assurance or unacceptable risk rating	L	C	Residual Risk (score)	Lead Officer	Completion Date	Review Date	Progress
Open	Current	Delivery of CAMHS Transformational Plan	Funding cuts to VCS CAMHS provision Short-term contracts/grant agreements National targets not met	Scrutiny of current budget. Negotiation of NHS CAMHS specification Completion of quarterly NHSE tracker. Quarterly Performance monitoring of contracts/grant agreements and LTP	NHSE assurance process regarding transformational plans.	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board. Raise with Regional and National CAMHS leads	4	4	16	Lisa Nolan	Mar-17	Jun-17	1. Discussions with all VCS CAMHS providers regarding delivery in a reduced budget 2. Discussion with LA and school officers 3. Discussion with regional CAMHS leads 4. discussions with NHS CAMHS provider
Open	Current	YMH Model To develop a YMH Model	Lack of CCG funding	Scrutiny of current budget. Proposed full review of MH services (0-25) during 2017 Completion of quarterly NHSE tracker. CQUIN Priority in Community Model.	NHSE assurance process regarding transformational plans. CQUIN	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board. Priority in community model. Raised with regional and national CAMHS leads	4	4	16	Lisa Nolan	Mar-17	Jun-18	1. cost modelling across all CAMHS 2. internal discussions with AMHS commissioners re: joined up approach 3. CAMHS review 4. national transition CQUIN
Open	Potential	Development of IT structure for cross partnership data sharing and reporting Systems to share data	Concerns around interoperability	Inclusion on I-Merseyside in all discussions relating to transformation developments	NHSE assurance process regarding transformational plans. Ilinks Programme	3	4	12	Yes	Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board.	3	4	12	Lisa Nolan	Mar-17	Jun-17	1. Development of SPA/SPR models 2. System access to be reviewed once model agreed 3. Possible Development of CAMHS passport System
Open	Current	Robust reporting locally and through MHMDS	MHMDS not reporting all Liverpool CAMHS activity Reporting not accurate for national targets	CCG BI lead to investigate	Local dataset to include NHS numbers	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board. Raised with regional CAMHS lead	4	4	16	Lisa Nolan	Mar-17	Jun-17	CCG BI lead investigating All VCS CAMHS providers to collect NHS numbers and use in local dataset
Open	Current	Delivery of robust perinatal and early years agenda	Lack of national perinatal funding at local level for community support LIVPIP funding short term	Perinatal MH workgroup and pathway. Some early years provision in place Opportunity for LivPip to access external funding	NHSE assurance process regarding transformational plans. External funding opportunities	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board. Perinatal MH steering Group	4	4	16	Lisa Nolan	Mar-17	Jun-17	awaiting result of external funding development of peri-natal provision in Merseycare using national funding
Open	Current	CAMHS and ND workforce development through the CYP IAPT programme	Lack of Supervisors to monitor and accredit newly trained staff. Lack of workforce capacity to release staff to carry out supervision Reduced funding in LCCG and NHSE to support further training post 2017 Reduced workforce due to LCCG cuts to VCS CAMHS Practitioners on current CYP IAPT course at risk due to LCCG funding cuts Will not support national target of increased workforce	CYP IAPT providing some supervision controls. Other workforce development opportunities being explored Discussions with all VCS CAMHS providers regarding future delivery Discussions with CYP IAPT Lead	CYP IAPT flexibility Support of NHS CAMHS provider	4	4	16	Yes	Risk Register in Place. Raised at MHEWB PB. Raised in Children & Maternity Team Meeting. Raise with SMT and on Healthy Liverpool Report. Raise at Health and Wellbeing Board. Raised with CYP IAPT lead Raised with regional CAMHS lead	4	4	16	Lisa Nolan	Mar-17	Jun-17	1. increase in practitioners of supervisors training for CBT and parenting

Scoring = Likelihood x Consequence		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligable	1	2	3	4	5

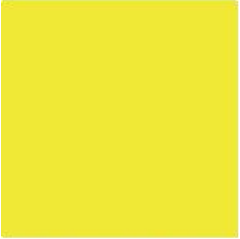
For grading risk, the score obtained from the risk matrix are assigned grades as follows:

- 1 to 3 Low Risk
- 1 to 6 Moderate Risk
- 8 to 12 High Risk
- 15 to 25 Extreme Risk



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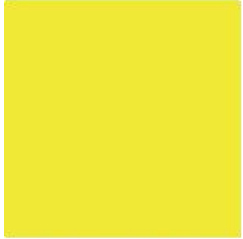
Liverpool CAMHS Performance Monitoring Process 2017/2018

Appendix 6



Liverpool MHEWB Partnership Board Performance Monitoring Process 2017 / 2018

Task	Milestone	Lead	Support	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	RAG
1.0	Quarterly Local Dataset (activity, outcomes and quality)	LCCG	MHEWB PB/CORC			X			X			X			X	Green
2.0	Work stream Highlight report (RAG)	Work stream chairs	LCCG			X			X			X			X	Green
3.0	National dataset - MHSDS	HSCIS	NHS England	X	X	X	X	X	X	X	X	X	X	X	X	Yellow
4.0	Annual CORC report	MHEWB Partnership	CORC										X			Green
5.0	National benchmarking	MHEWB Partnership	NHS Benchmarking								X					Green
6.0	Annual Cyp Consultation	MYA	MHEWB Partnership Board												X	Green
7.0	Annual Parent/Carer consultation	MYA	MHEWB Partnership Board												X	Green
8.0	Annual Stakeholder consultation	LCCG	MHEWB Partnership Board												X	Green
9.0	Annual Skills audit	LCCG	MHEWB Partnership Board								X					Green
10.0	Research and Evaluation	LCCG	CLARC										X			Red
11.0	Shared Outcomes framework 2017-2020	MHEWB Partnership Board	CORC												X	Yellow
12.0	Annual provider participation audit	MYA/Providers	LCCG										X			Green



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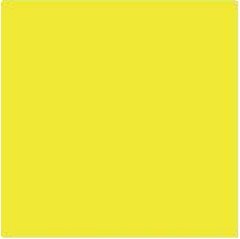


Liverpool CAMHS Outcomes Framework 2017/2018

Appendix 7



LEVELS OF NEED	Outcome	Measured	Measurement tool	16/17 baseline	2017/2018				Current / Year to Date	Previous YTD	Year on Year Variance	% Variance
					Q1	Q2	Q3	Q4				
	Improved mental health of children, young people and their families	80% achievement of GOALS for CYP	CORC validated measures	89%								
		Improvement in symptoms following accessing services	CORC validated measures	positive								
		self harm presentations	Based on Under 25s from 4 distinct providers. If using 18s only would be 100 fye 2016-17	287								
		reduction in suicides	2012-14 5 year pooled data	4.16								
UNIVERSAL -	Improved environments so that children, young people and	school practitioners take up of CAMHS workforce dvpt	Local quarterly dataset	121								
		% positive evaluations of CAMHS workforce dvpt	Local quarterly dataset	80%								
		% of schools take up MH promotion/resilience building workshops	Local quarterly dataset	17.4%								
		% of positive evaluations of workshops	Local quarterly dataset	80%								
		No of workforce development events delivered	Local quarterly dataset	23								
		No of families accessing family/parenting learning programmes	Local quarterly dataset	759								
		no of consultations delivered (face to face and telephone)	Local quarterly dataset	2672								
		% Improved attendance at school	school data	waiting for pilot								
LEVEL 2	Increased Identification of children and young people with early indicators of distress and risk	No of CYP and families accessing IAG support	Local quarterly dataset	803								
		No of EHATS completed pre CAMHS referral	Local quarterly dataset	20								
		No of EHATS Initiated by CAMHS	Local quarterly dataset	70								
LEVEL 2	Reduction in mild to moderate distress	No of CYP accessing evidence based early help interventions	Local dataset	2964								
		main severity of CYP accessing early help (YPAS)	Local quarterly dataset	73% of recorded severity were mild to moderate 27% of recorded severity were severe								
		No of DNA's accessing early help	Local quarterly dataset	380								
LEVEL 3	Reduction in the development of moderate to severe distre	No of CYP and families accessing targeted / specialist evidence	Local quarterly dataset	4217								
		No accessing Specialist CAMHS	Local quarterly dataset	452								
		main severity of CYP accessing targeted / specialist evidence based treatment CAMHS	Local quarterly dataset	severity: 12% mild 49% moderate 38% severe								
		complexity of referrals - expand complexity of what	Local quarterly dataset	Top five complexities: 1. neurological conditions, 2. parental health issue 3. pervasive development disorder 4. living in financial difficulty 5. learning disability								
LEVEL 4	Reduction in life long distress	No of CYP accessing CAMHS in-patient units (NHSE)	local quarterly dataset	30								
		number of LAC	LA data	1099								
	Quality of provision	positive service satisfaction	CORC/local Quarterly dataset	positive								
		% of positive response of stakeholder Questionnaire	Annual questionnaire	not yet collected								
		No of SUi's as reported	Local quarterly	0								
		average waiting times across partnership	Local quarterly dataset	Referral to								
		No of compliments	benchmarking	252								
		No of Complaints	Local dataset/benchmarking	3								
		% DNA rate across Partnership / level of needs	Local quarterly dataset	12.70%								
		Average Service Cancellation rate across Partnership / level of needs	Not yet recorded	New field for 17/18								



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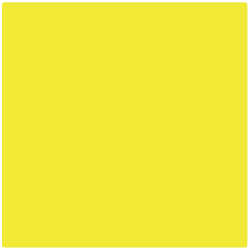
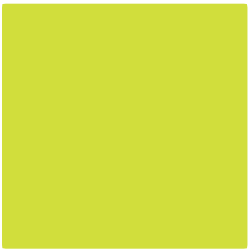




Liverpool CAMHS Partnership Annual Report

Appendix 8

Making the Mental Health and Emotional Wellbeing
of Children and Young People **'Everyone's Business'**



READER INFORMATION

Title	CAMHS Partnership Annual Report
Team	LCCG Business Intelligence
Author(s)	Annmarie Daley
Contributor(s)	Susan Kilgallen
Reviewer(s)	Lisa Nolan
Circulated to	LCCG and CAMHS Partnership
Version	01
Status	Internal
Date of release	
Review date	
Purpose	For information
Description	Data source: CAMHS Quarterly Data Submitted Locally to LCCG
Contact details	Annmarie Daley (annmarie.daley@liverpoolccg.nhs.uk)

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- Page 4 Introduction
- Page 5-9 Referrals and Demographics
- Page 10-11 Assessments
- Page 12 Mental Health Training

Introduction

The CAMHS Liverpool Partnership Performance Report is a high level summary analysing the quarterly data from the Service Providers.

Service Providers complete a local dataset for each client on presenting to the service from an initial referral to commencement of treatment in the service. The Service Providers record information for each new referral presenting in a quarter and for open cases where contacts have taken place from the previous reporting year. They record a range of demographic data from age, ward of residence, ethnicity through to reasons for referral main presenting needs.

During 2016/17 the Providers have continued to work with the data collection spreadsheet improving data quality. In addition to uploading the monthly CAMHS data to the National Mental Health Service Data Set (MHMDS) as required by NHSE and reporting for the National CAMHS Benchmarking exercise.

For this report there is a caveat around data quality. Every effort has been made by the Providers to complete the local dataset. However, data quality is an issue as many providers have limited resources to automatically populate the template. This is being reviewed and addressed.

Key Findings for 2016/17 for new referrals:

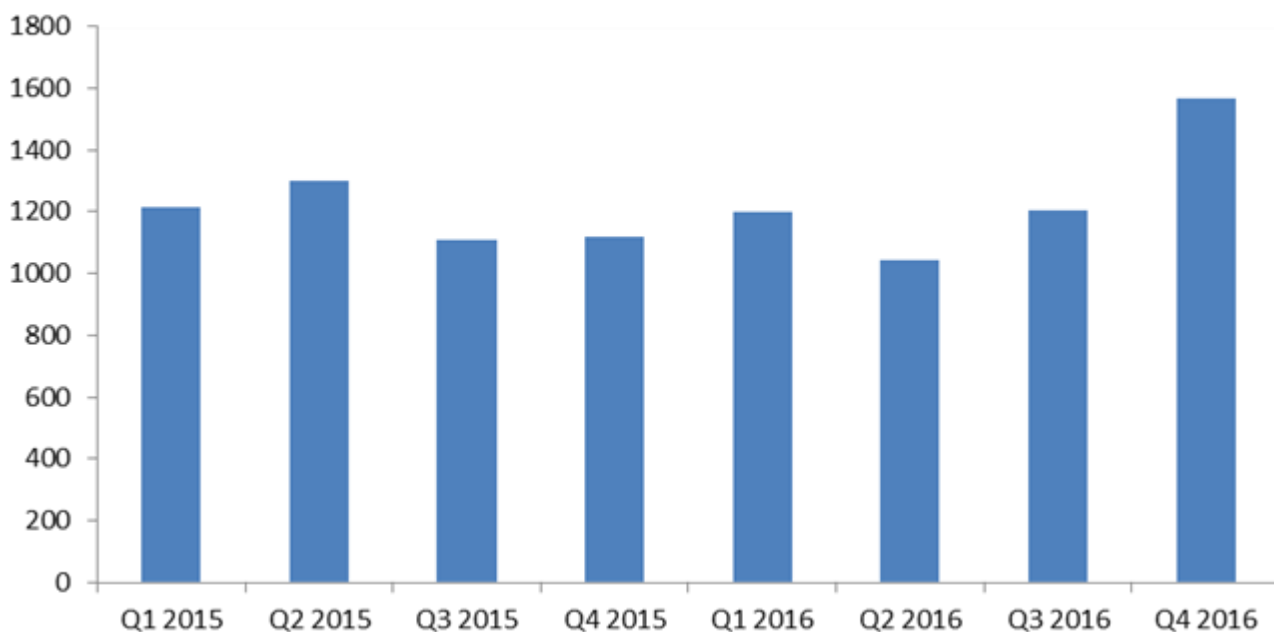
- The number of referrals during 2016/17 is 5,017 with an average wait of 5 weeks from referral to assessment.
- 11-15 year age group represents 45.5% of the referrals.
- 20.15% of referrals are self-referrals, with 18.92% routine referrals.
- Main presenting need was Anxious Generally (Generalised anxiety) for referrals which accounted for 11.71%.
- 18.22% of main presenting needs recorded as severe for new assessments.
- Of those recorded parental separation or divorce is the main primary adverse childhood experience.
- Average wait for assessment to intervention across the Partnership is 3 weeks.
- Average wait in total from referral to intervention across the partnership is 8 weeks

Referrals and Demographics

The table below shows the number of referrals per quarter for each provider. Some patients (277 or 6%) have more than one internal referral within an organisation so a count of patients is also identified, however as they are referred to separate services the data is analysed in the report on the whole, using the count of referrals not patients. Please note that currently CAMHS does not have a CAMHS ID or unique identifier such as NHS number therefore each organisation has its own unique identifier so some individuals may access multiple services which cannot be analysed at this point in time. In comparison to the previous year the partnership has seen a 9.40% increase in referrals.

	2016/17				2016/17	2015/16	Year on Year Variance	% Variance	Average per month (16/17)	Average per week (16/17)
	Q1	Q2	Q3	Q4						
Count of Patients	1,199	1,044	1,206	1,568	5,017	4,543	474	9.40%	418	96
Count of Unique Patients	1,164	1,011	1,167	1,398	4,740	4,197	543	11.50%	395	91

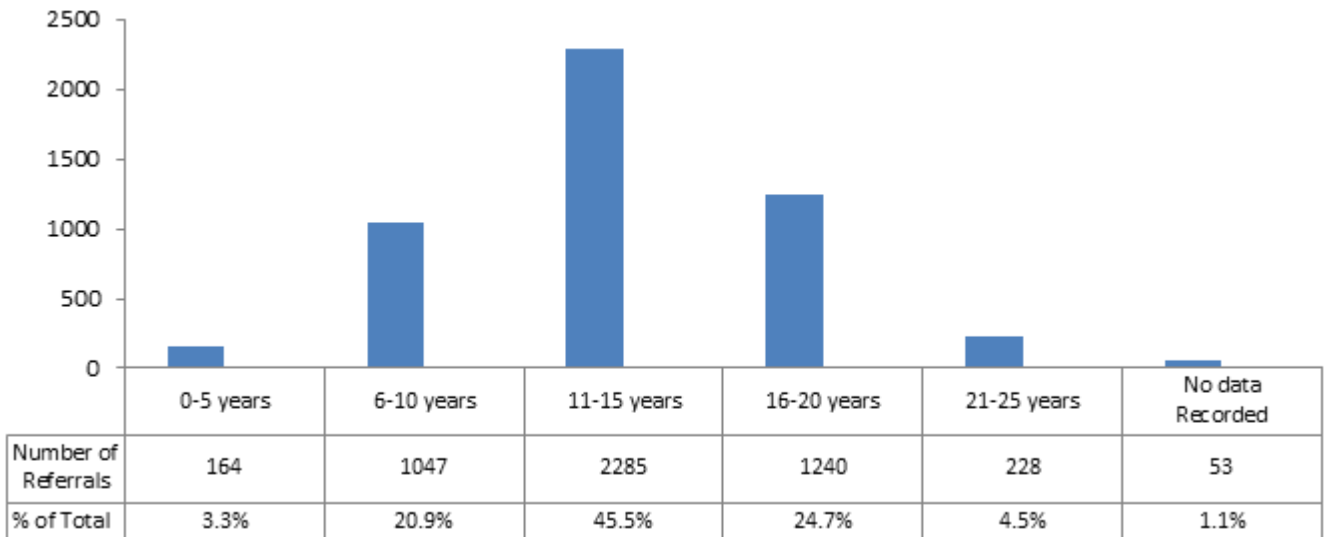
Referrals to CAMHS Partnership



The graphs and table below shows a detail breakdown by age of all CAMHS referrals during 2016/17. The most common age to be referred into the service in 2016/17 fell within the ages bands of 11-15 year olds which accounted for 45.5% of the referrals and just fewer than 4.5% were aged 21-25.

A further graph shows the breakdown by age. Of the referrals for the ages 21-25 years are more likely to be referred into the voluntary sector than the acute with 36.4% self-referring into the service.

CAMHS Referrals by Age



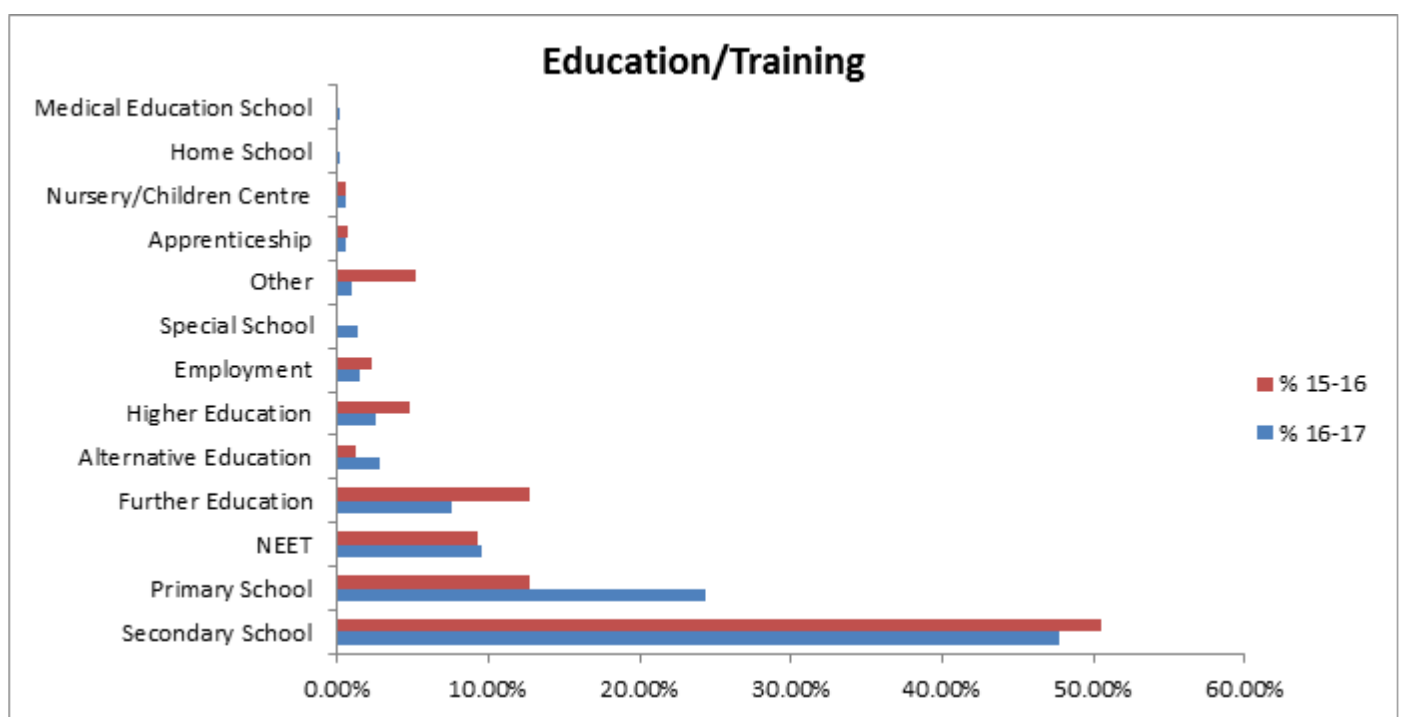
The chart below shows the gender split for all CAMHS referrals, 3,151 of the referrals are for females, 2865 males and 319 other. The other category includes the following groups: female to male, male to female, non-binary, other, chose not to say and not stated. In comparison to 2015/16 there is no significant shift in gender composition of referrals received by the service.



The table below shows the percentage of new referrals by ethnicity as defined by the service user. This coding is consistent with the MHMDS ethnicity coding

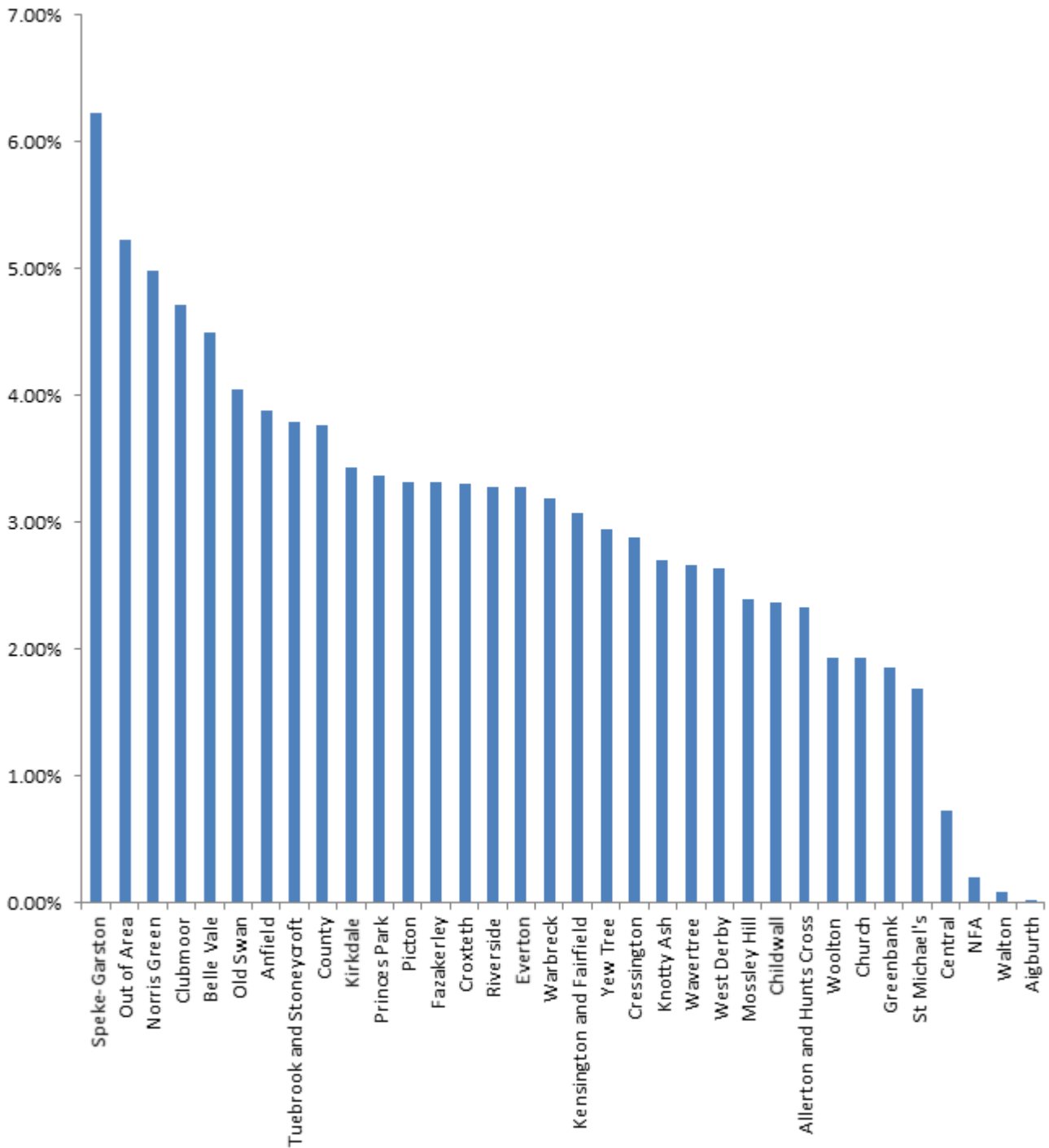
Ethnicity	2016-17
White British	64.70%
Not Stated	26.51%
Any Other Ethnic Group	1.30%
Any other mixed background	1.28%
Any Other White Background	1.26%
Any Other Black Background	0.86%
Mixed White and Black African	0.68%
Any other Asian background	0.62%
Mixed White and Black Caribbean	0.54%
Black or Black British (African)	0.50%
Mixed White and Asian	0.48%
Other	0.32%
White Irish	0.24%
Black or Black British (Caribbean)	0.18%
Asian or Asian British (Pakistani)	0.16%
Asian or Asian British (Indian)	0.16%
Chinese	0.14%
Arabic	0.06%
Asian or Asian British (Bangladeshi)	0.04%
Grand Total	100.00%

The chart and table below shows the split of referrals from education/training establishment. 2016/17 has seen a greater proportion of children in primary school education however, this increase would be reflective and expected due to the rollout of the Seedlings project during the year.

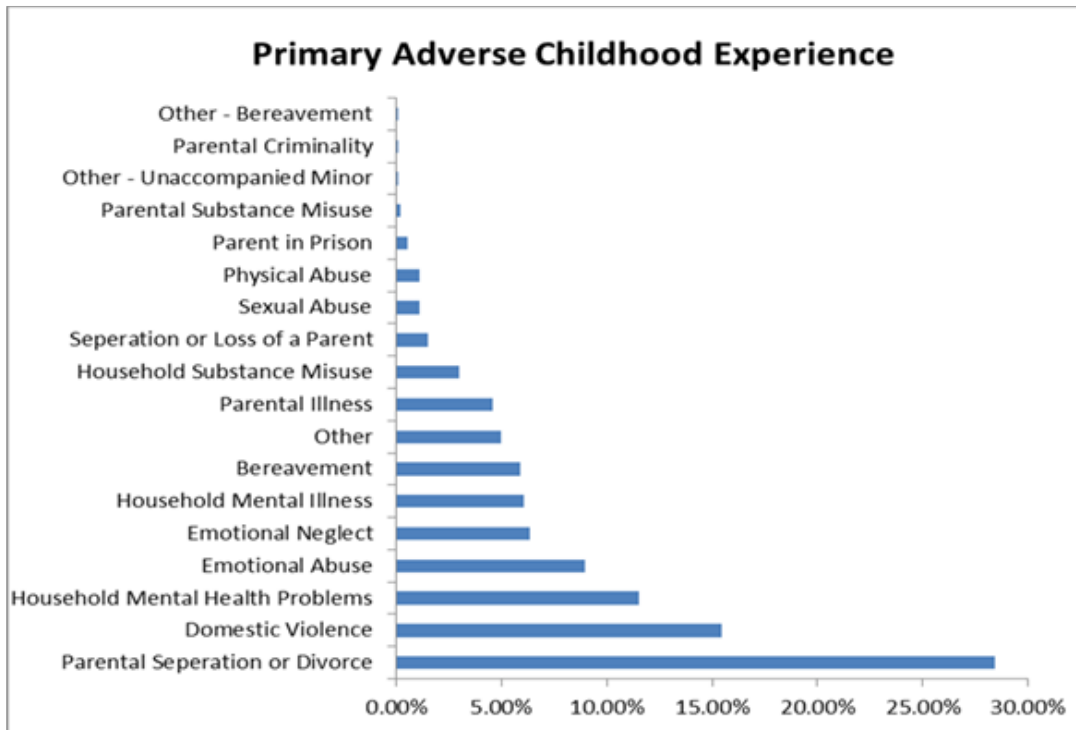


The chart below shows the patients referred into CAMHS by electoral Ward. GP Practice is not populated across all providers to allow analysis by neighbourhood. Similarly to the previous year 14-15 Speke-Garston have the highest percentage of new referrals. There has been no major change in the ward variances over the years.

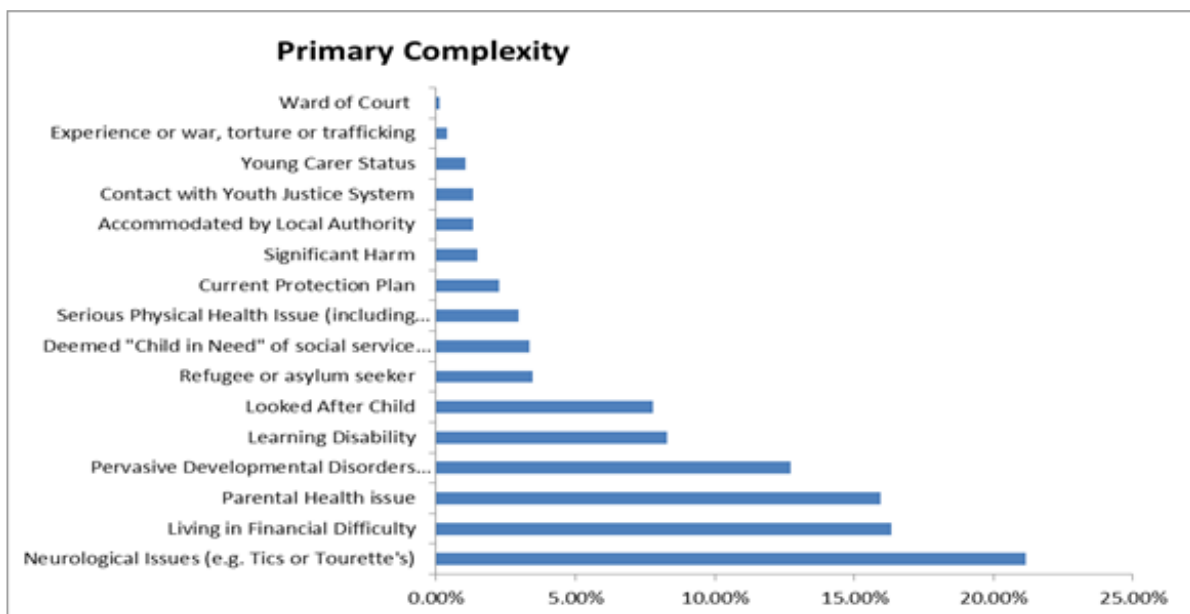
% of Patients by Ward



The charts below show patients by adverse childhood experience (ACE). When stated, the most common childhood experience is parental separation or divorce, which accounts for 28.44% of the patients.



Similar analysis is shown on complexity below, where recorded the main complexity as reported as Neurological Issues (Tics or Tourettes) and accounts for 21.19% of all new assessments when recorded.



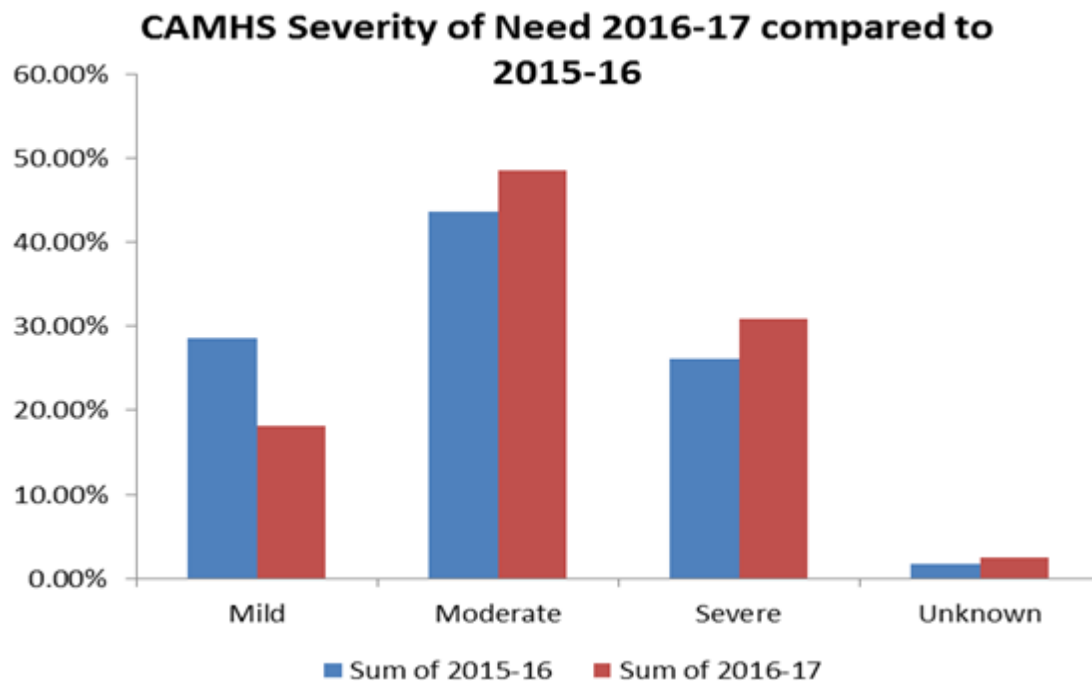
Assessments

The average waiting times for the CAMHS partnership is illustrated in the table below.

Overall the CAMHS partnership has a referral to assessment time of 5 weeks and a referral to intervention time of 8 weeks.

	Number of Assessments	Average of Wait Referral to assessment (days)	Average of Wait Referrals to assessment (weeks)	Number of First Interventions	Average Assessment to Intervention (days)	Average Assessment to Intervention (weeks)	Average Referral to Intervention (days)	Average Referral to Intervention (weeks)
2016-17	3,233	34.8	5	2,649	21	3	54.1	8
2015-16	2,323	41.6	5.9	2,658	15.7	2.2	-	-

For patients with an assessment, the severity of need is shown below where this has been recorded.

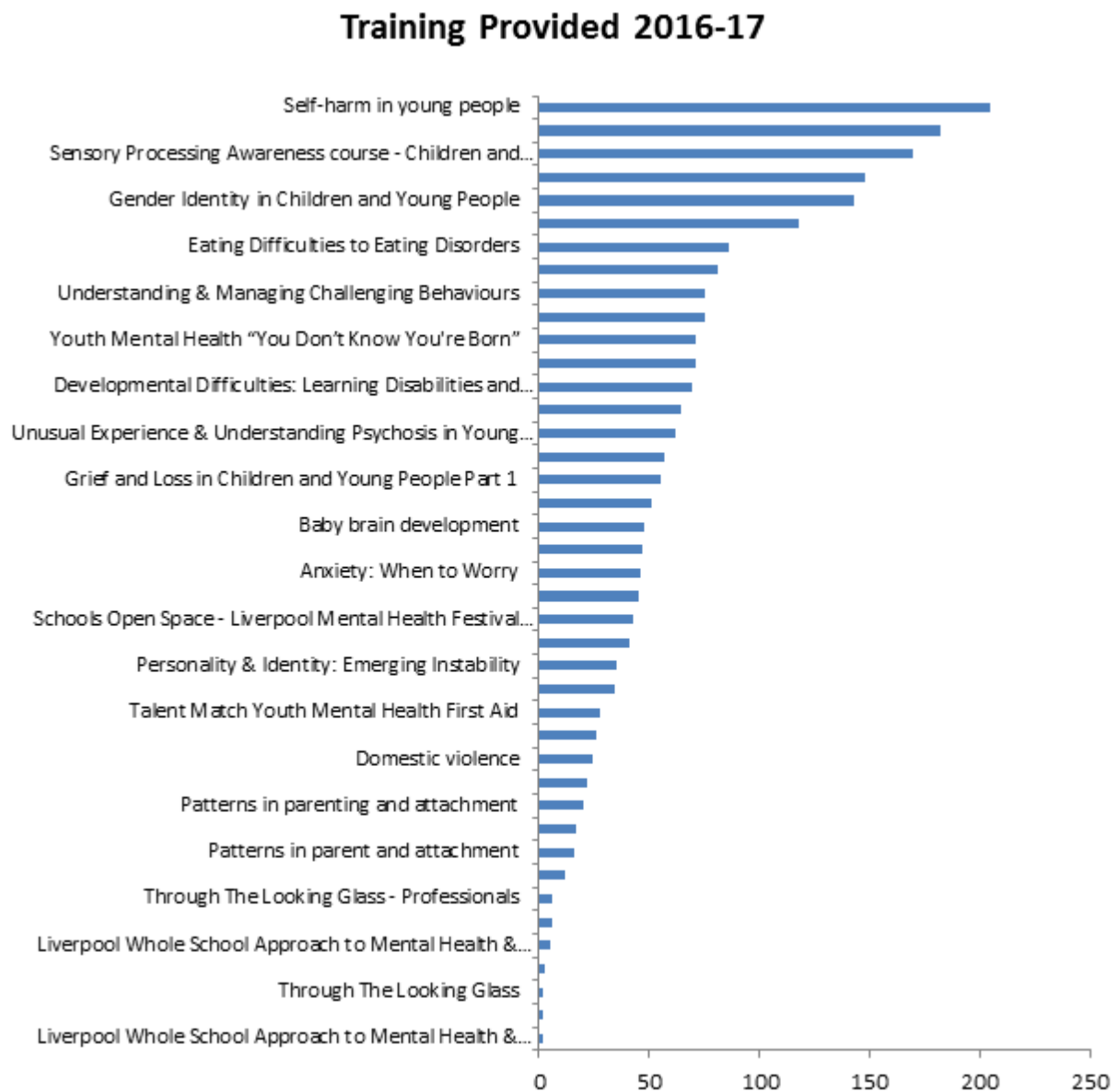


The main presenting need of patients with an assessment date recorded is shown in the table below, the top 5 presenting problems including Generalised Anxiety, ADHD/Hyperactivity, Anger, Depression/ Social Anxiety and Sexuality accounting for 43.42% of assessed patients.

Main Presenting Need	Number of Patients	% of Patients
Anxious generally (Generalised Anxiety)	227	11.71%
Difficulties sitting still or concentrating (ADHD/Hyperactivity)	211	10.88%
Anger	148	7.63%
Depression / low mood (Depression)	133	6.86%
Sexuality	123	6.34%
Anxious in social situations (Social anxiety / phobia)	123	6.34%
Anxious away from Caregivers (Separation Anxiety)	121	6.24%
Gender discomfort issues (Gender dysphoria)	105	5.42%
Behavioural Difficulties (CD or ODD)	104	5.36%
Family Relationship difficulties	75	3.87%
Peer relationship difficulties	55	2.84%
Self Esteem	50	2.58%
Physical health	40	2.06%
Disturbed by Traumatic Event (PTSD)	36	1.86%
Extremes of mood (bipolar disorder)	33	1.70%
Repetitive problematic behaviours (Habit problems)	31	1.60%
Compelled to do or think things (OCD)	30	1.55%
Avoids going out (Agrophobia)	29	1.50%
Self-Harm (Self injury or self harm)	27	1.39%
Eating issues (Anorexia/Bulemia)	23	1.19%
Bereavement	23	1.19%
Carer management of CYP behaviour (e.g. management of child)	22	1.13%
Isolation	22	1.13%
Avoids specific things (Specific phobia)	21	1.08%
Problems in attachment to parent/carer (Attachment problems)	14	0.72%
Adjustment to Health issues	13	0.67%
Bullying	11	0.57%
Drug and alcohol difficulties (Substance abuse)	10	0.52%
Self-Care Issues (includes medical care management, obesity)	9	0.46%
Poses risk to others	9	0.46%
Does not speak (Selective Mutism)	8	0.41%
Housing	8	0.41%
Panics (Panic Disorder)	8	0.41%
Persistent difficulties managing relationships with others (includes emerging personality disorders)	6	0.31%
Unexplained physical symptoms	6	0.31%
Loss	5	0.26%
Delusional beliefs and hallucinations (Psychosis)	4	0.21%
Does not get to toilet in time (Elimination problems)	4	0.21%
Benefits	3	0.15%
Neurodevelopmental conditions	3	0.15%
Unexplained developmental difficulties	2	0.10%
Parental Health issue	1	0.05%
Negative impact of caring	1	0.05%
Attachment difficulties	1	0.05%
ongoing or recurrent psychosis	1	0.05%
Grand Total	1939	100.00%

During 2016/17 training was provided to 438 different Organisations throughout Merseyside. This amounted to 2313 individuals in total.

The graph below details the type of training provided from across the CAMHS Partnership.





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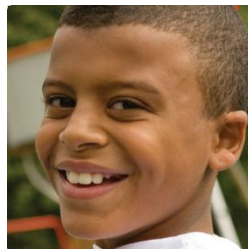
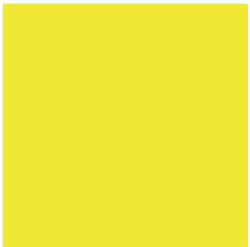
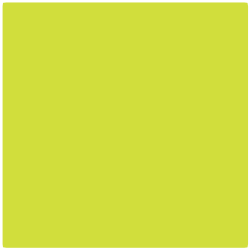




Liverpool CAMHS Workforce Skills Audit 2017-2018

Appendix 9

Making the Mental Health and Emotional Wellbeing
of Children and Young People **'Everyone's Business'**

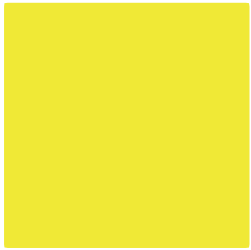
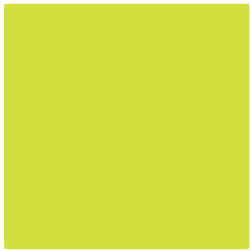


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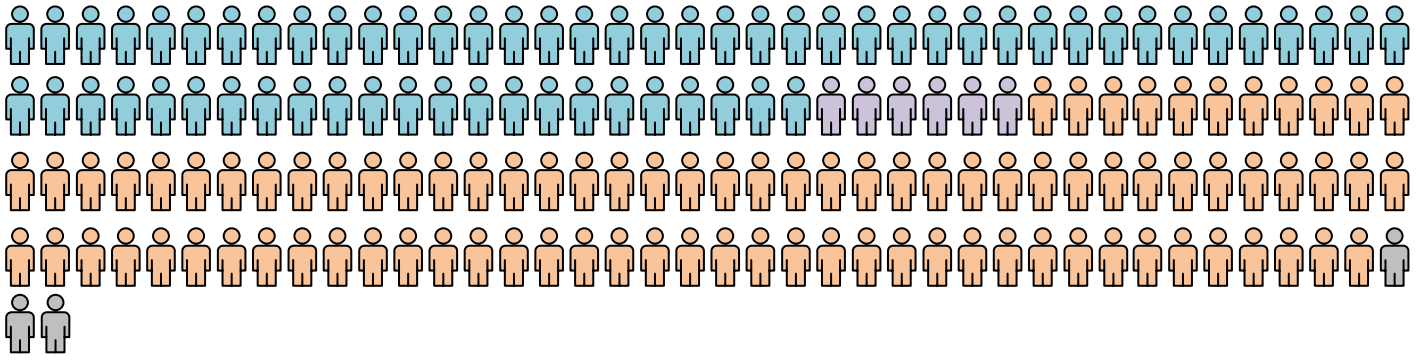
- Page 2-4 Workforce Numbers
- Page 5-7 Workforce Age Range
- Page 8-12 Workforce Main Areas of Work
- Page 13-14 CYP IAPT Training Numbers



Liverpool CAMHS Workforce Numbers



Number of staff employed 2015 / 2016

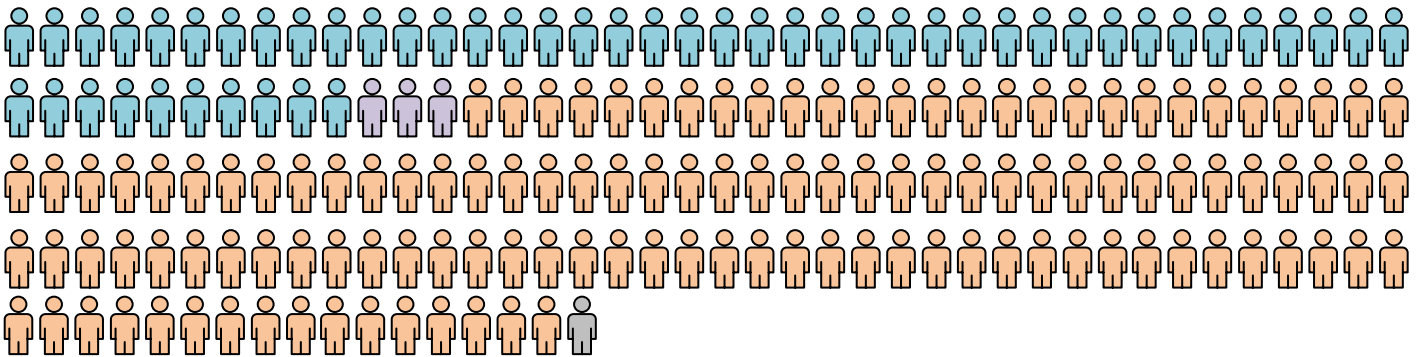


Total Staff – 162

Total filled posts – 153
Total NHS staff (filled and vacant) – 69

Total vacant posts – 9
Total VCS staff (filled and vacant) - 93

Number of staff employed 2016 / 2017

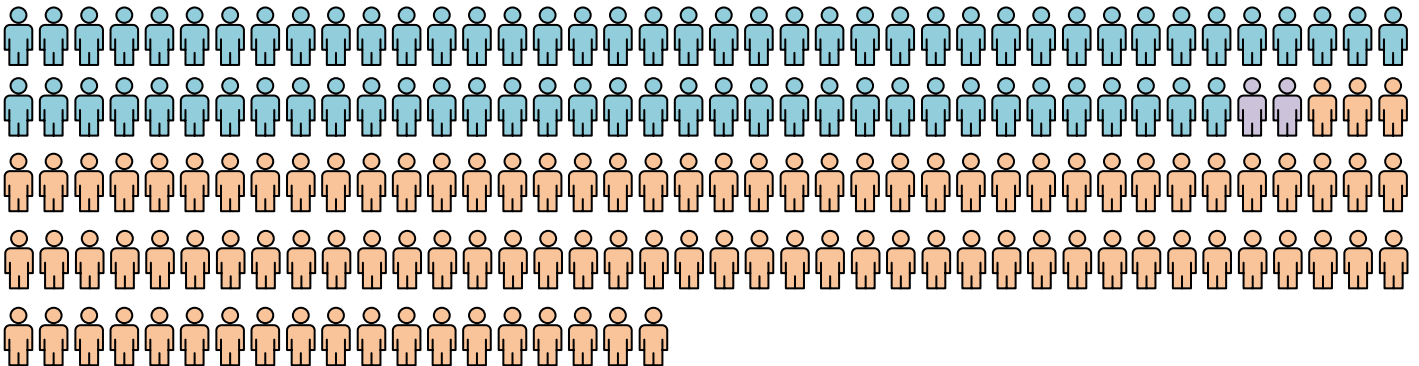


Total Staff – 177

Total filled posts – 173
Total NHS staff (filled and vacant) – 53

Total vacant posts – 4
Total VCS staff (filled and vacant) - 124

Number of staff employed 2017 / 2018








Total Staff – 179

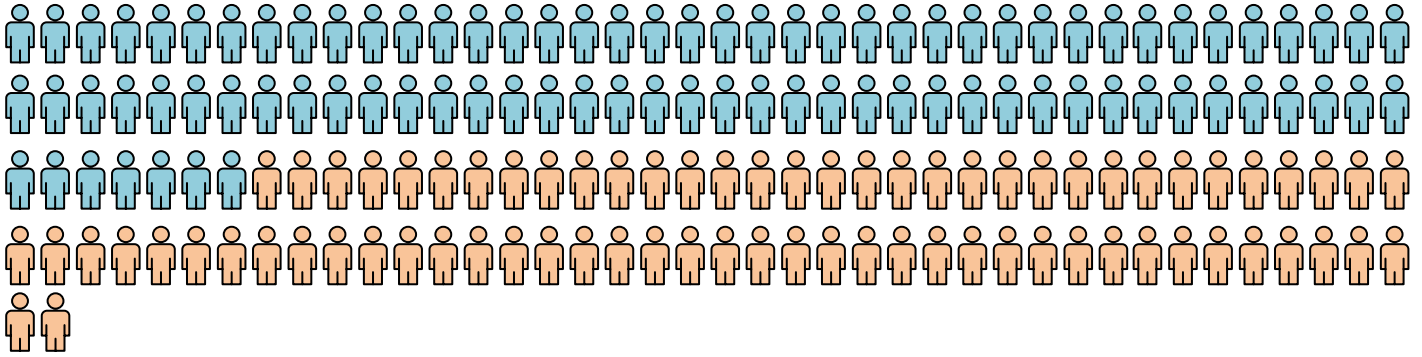
Total filled posts – 177
Total NHS staff (filled and vacant) – 77

Total vacant posts – 2
Total VCS staff (filled and vacant) - 102

Legend

-  1 person = 1 staff member
-  NHS Staff – position filled
-  NHS Staff – position vacant
-  VCS Staff – position filled
-  VCS Staff – position vacant

Number of WTE staff employed 2015 / 2016



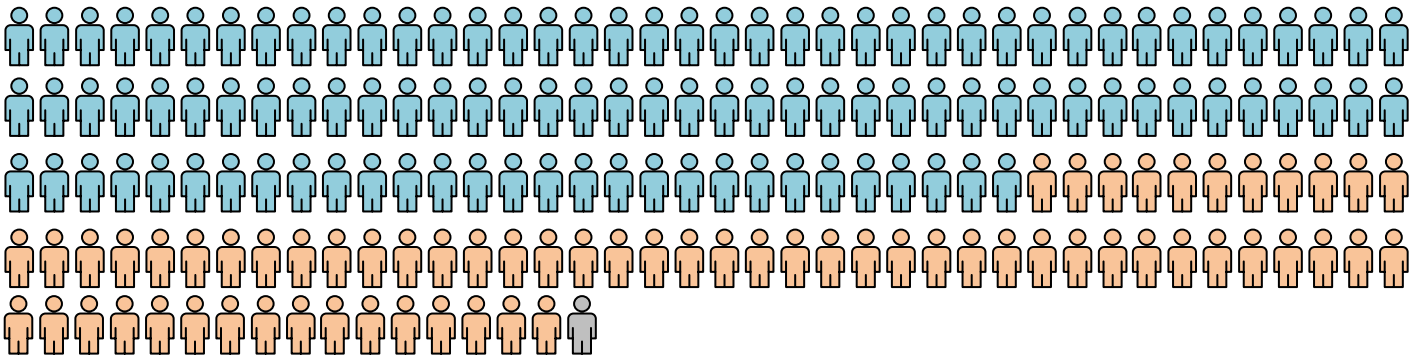
Total Staff – 162

Total WTE posts – 87

Total Part-time posts – 75

Not stated - 0

Number of WTE staff employed 2016 / 2017



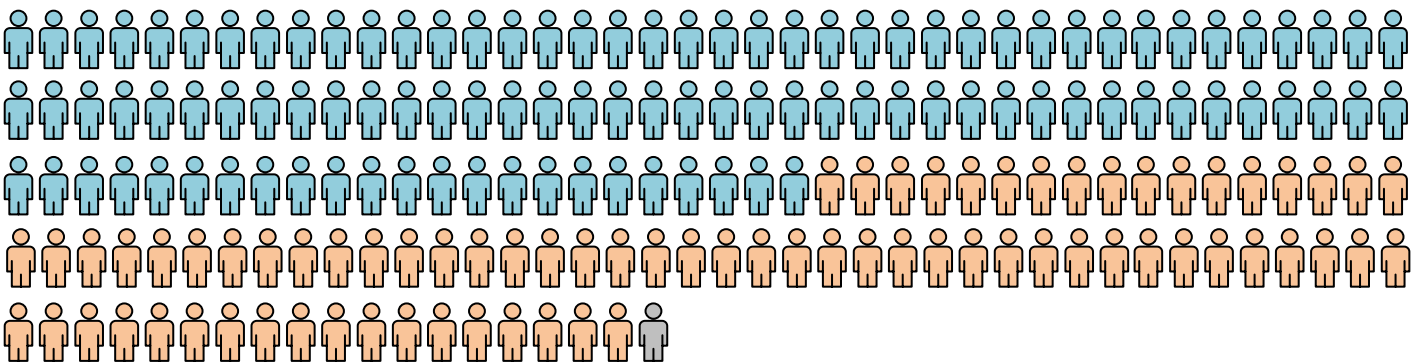
Total Staff – 177

Total WTE posts – 109

Total Part-time posts – 67

Not stated – 1

Number of WTE staff employed 2017 / 2018




Total Staff – 177


Total WTE posts – 109

Total Part-time posts – 67


Not stated – 1

Legend

 1 person = 1 WTE member

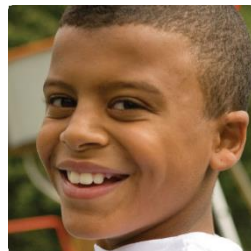
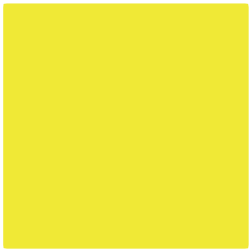
 Whole Time Equivalent Staff

 Part-time Staff

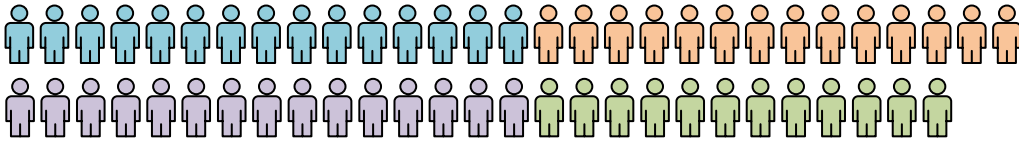
 Not Stated



Liverpool CAMHS Workforce Age Ranges

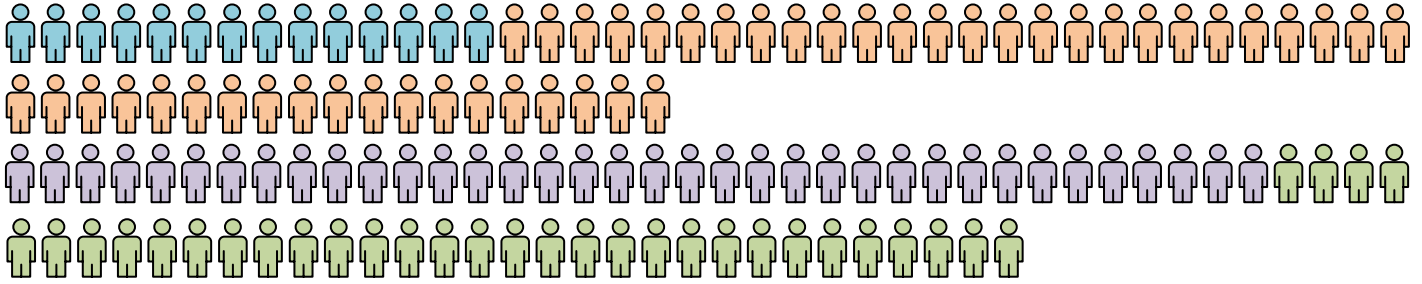


Age range of staff 16 – 25



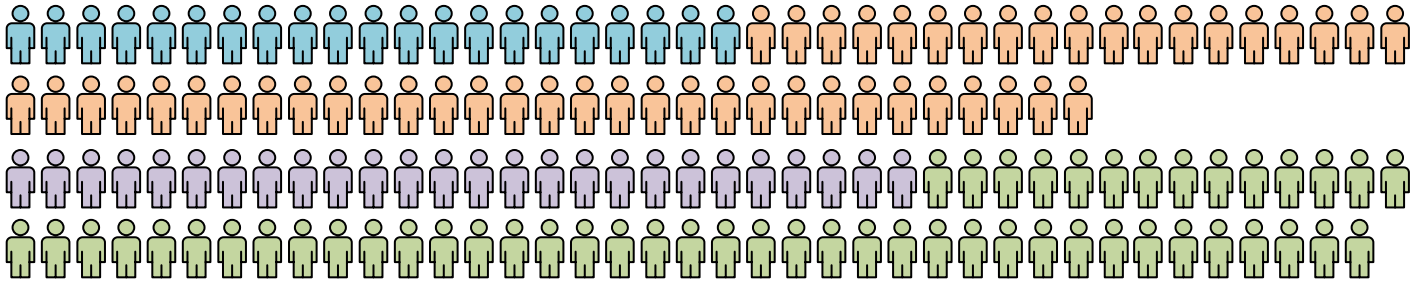
2016/2017	Total Staff – 29	Total NHS Staff – 15	Total VCS Staff – 14
2017/2018	Total Staff – 27	Total NHS Staff – 15	Total VCS Staff – 12

Age range of staff 26 – 39



2016/2017	Total Staff – 59	Total NHS Staff – 14	Total VCS Staff – 45
2017/2018	Total Staff – 69	Total NHS Staff – 36	Total VCS Staff – 33

Age range of staff 40 – 59

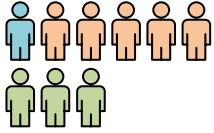


2016/2017	Total Staff – 71	Total NHS Staff – 21	Total VCS Staff – 50
2017/2018	Total Staff – 79	Total NHS Staff – 26	Total VCS Staff – 53

Legend

- 1 person = 1 staff member
- NHS Staff 2016/2017
- VCS Staff 2016/2017
- NHS Staff 2017/2018
- VCS Staff 2017/2018

Age range of staff 60 – 79



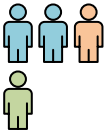
2016/2017
2017/2018

Total Staff – 6
Total Staff – 3

Total NHS Staff – 4
Total NHS Staff – 0

Total VCS Staff – 5
Total VCS Staff – 3

Age range of staff Not Stated








2016/2017
2017/2018

Total Staff – 3
Total Staff – 1

Total NHS Staff – 2
Total NHS Staff – 0

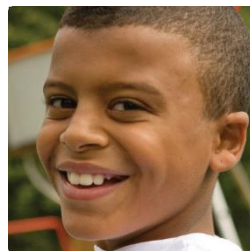
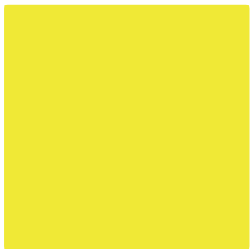
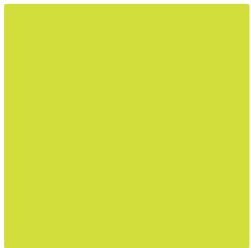
Total VCS Staff – 1
Total VCS Staff – 1

Legend

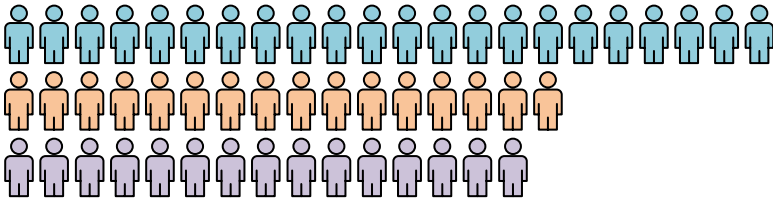
-  1 person = 1 staff member
-  NHS Staff 2016/2017
-  VCS Staff 2016/2017
-  NHS Staff 2017/2018
-  VCS Staff 2017/2018



Liverpool CAMHS Workforce Main Areas of Work

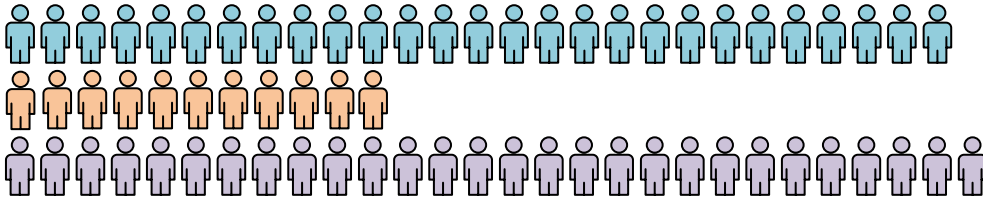


Advice and Support



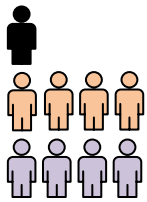
2015/2016 Total Staff – 22
2016/2017 Total Staff – 16
2017/2018 Total Staff – 15

Administrative







2015/2016 Total Staff – 27
2016/2017 Total Staff – 11
2017/2018 Total Staff – 28

Key Worker

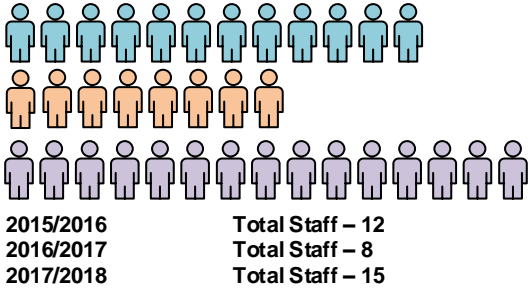


2015/2016 Total Staff – 0
2016/2017 Total Staff – 4
2017/2018 Total Staff – 4

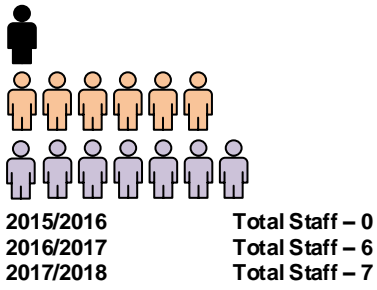
Legend

-  1 person = 1 staff member
-  Staff 2015/2016
-  Staff 2016/2017
-  Staff 2017/2018

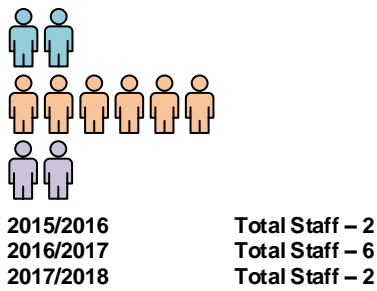
Management







Medical



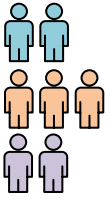
Mental Health Promotion



Legend

-  1 person = 1 staff member
-  Staff 2015/2016
-  Staff 2016/2017
-  Staff 2017/2018

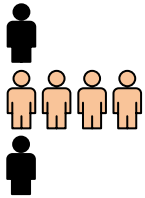
Participation



2015/2016
2016/2017
2017/2018

Total Staff – 2
Total Staff – 3
Total Staff – 2

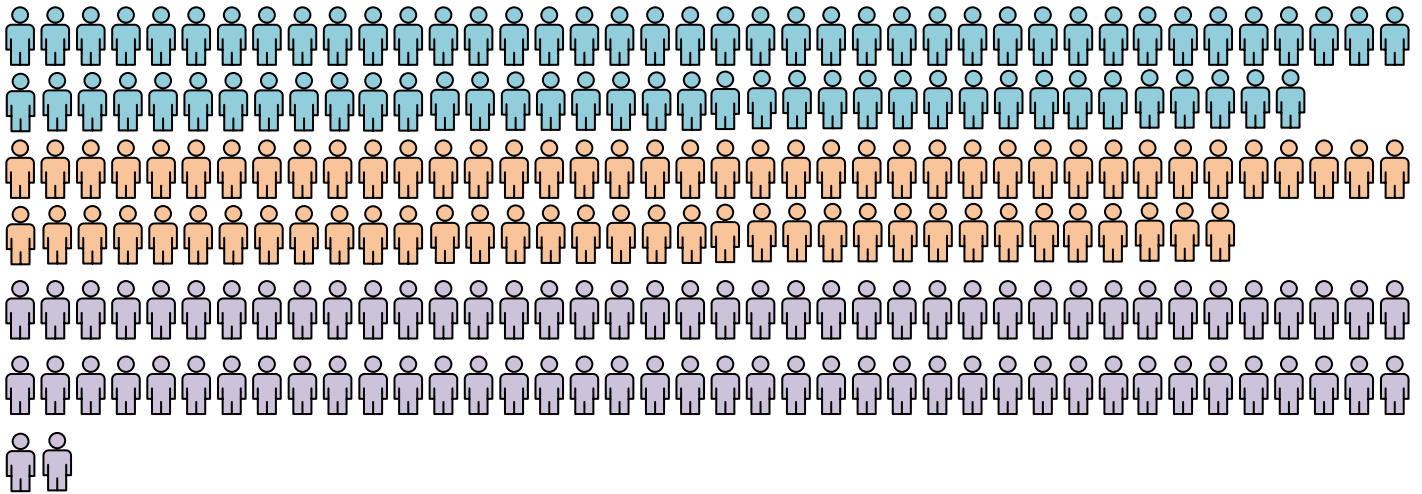
Supervision



2015/2016
2016/2017
2017/2018

Total Staff – 0
Total Staff – 4
Total Staff – 0





Therapeutic



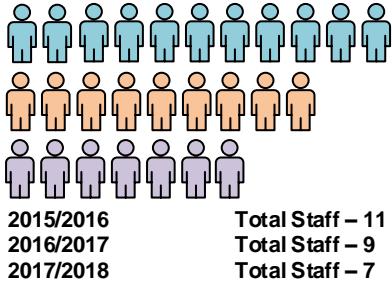
2015/2016
2016/2017
2017/2018

Total Staff – 77
Total Staff – 75
Total Staff – 82

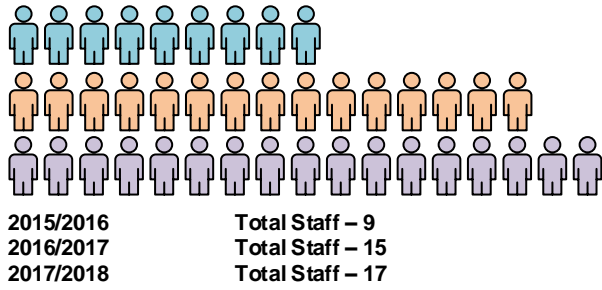
Legend

-  1 person = 1 staff member
-  Staff 2015/2016
-  Staff 2016/2017
-  Staff 2017/2018

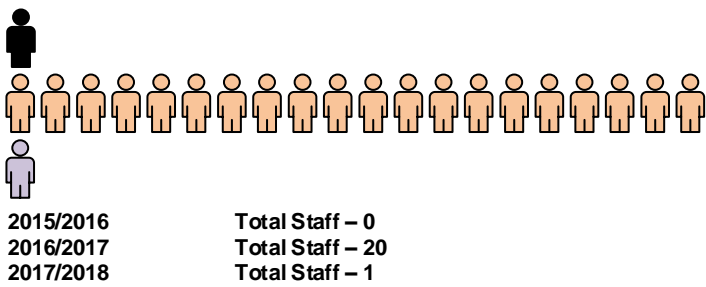
Training







Other



Not Stated

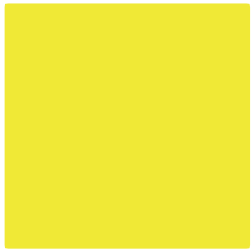


Legend

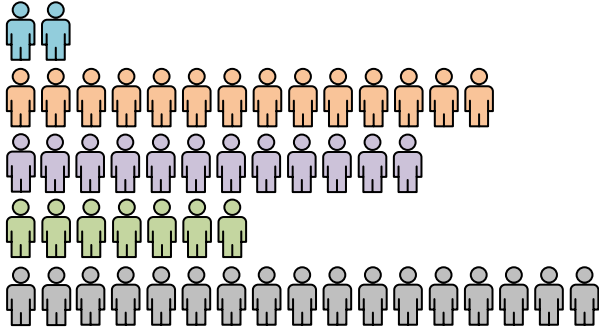
-  1 person = 1 staff member
-  Staff 2015/2016
-  Staff 2016/2017
-  Staff 2017/2018



Liverpool CAMHS CYP IAPT Training Numbers and Funding



CYP IAPT trained staff









Phase 2 Total Staff – 2
 Phase 3 Total Staff – 14
 Phase 4 Total Staff – 12
 Phase 5 Total Staff – 7
 Phase 6 Total Staff – 17

Total Trained Staff – 52

CYP IAPT Funding per Academic Year

Phase	Academic Year	Funding Amount
2	2013 / 2014	£ 10,000.00
3	2014 / 2015	£ 295,000.00
4	2015 / 2016	£ 150,000.00
5	2016 / 2017	£ 405,000.00
	Total	£ 860,000.00

Legend

-  1 person = 1 staff member
-  Phase 2
-  Phase 3
-  Phase 4
-  Phase 5
-  Phase 6



Liverpool
City Council



Liverpool
Clinical Commissioning Group



NHS Liverpool Clinical Commissioning Group Headquarters
The Department
Lewis's Building
Renshaw Street
Liverpool
L1 2SA

