

Children & Young People's
Mental Health Plan

2024 - 2026



Our overall ambition for children and young people's mental health and wellbeing is to enable **every infant, child and young person with mental health needs to achieve their goals and life potential.**



Foreword

NHS Cheshire and Merseyside are committed to working across our geographical area with stakeholders. We will work in partnership with children, young people, families, and carers to support our infants, children and young people to be the best that they can be and to lead healthy and happy lives.

Our Cheshire and Merseyside population data highlights that the health of children and young people is determined by far more than healthcare. Household income, education, housing, stable and loving family life and a healthy environment all significantly influence young people's health and life chances and are protective factors for children and young people's mental health. By itself, better healthcare can never fully compensate for the health impact of wider social and economic influences.

High quality and effective plans are as important as ever and NHS Cheshire and Merseyside, now as an established Integrated Care Board, along with children and young people, partners and other stakeholders, have worked together to refresh our Mental Health Plan for children and young people. Our plan builds on the **Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy for 2023-2028** and is aligned with All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside which highlights the needs of children and young people within its key recommendations.

As part of building this plan, several engagement activities have taken place across our geography. I'd like to sincerely thank everyone who has taken the time to tell us what works well, how we can make improvements and shared their ideas on what the future of mental health services for children and young people should look like so that we can realise our ambition.

The mental health and wellbeing of our children and young people is everyone's business

Our high-level aspirations for children, young people and families are set out in this document. Each of our nine places will assess their progress against the eight priority areas to be addressed and implementation plans will be developed at the appropriate geographic level to reduce unwarranted clinical variation. We will review progress against our plan in the recently established ICB Children's Committee, our forum for ensuring that we focus on driving improvements in outcomes for our children and young people.



Raj Jain

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You may find you are not familiar with some of the language in this document, so we have created a glossary for you, to help you understand better. You can find this at the back of the document.

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The Purpose of the Plan

This plan outlines Cheshire and Merseyside 'at scale' priorities for infant, children and young people's mental health. The priorities have been identified collectively by our 9 geographical Places, using the data and intelligence available to us, and with system wide stakeholder engagement.

The Plan is heavily influenced by what children and young people and their parent/carers have told us. It sets out why these priorities have been chosen and how working in collaboration across the Integrated Care System (ICS), in partnership with all key stakeholders and with children and young people and families, we can strive to improve both outcomes and experience and reduce inequalities for our population. This document has been produced to support our ICS partner organisations and stakeholders. A children and young people and family friendly version is available via the ICB website.

Our Ambition

Our Cheshire and Merseyside ambition is to enable every child and young person with mental health needs to achieve their goals and life potential.

We have come a long way in transforming mental health services for children and young people in Cheshire and Merseyside. The NHS Long Term Plan for Mental Health (2019-2024) contained specific ambitions around mental health services for those aged 0 to 25 years, and NHS Cheshire and Merseyside is committed to the delivery of these national ambitions across our footprint. The North West CAMHS Review (2021-2022) also made a number of recommendations which have been mobilised as priority areas for improvement. Local Place plans and priorities have also driven improvements. Although significant progress has been made, we still have further work to do.

Our Cheshire and Merseyside Principles underpinning the plan

- ✓ Effective and meaningful engagement with children, young people and families will be at the core of all transformation work
- ✓ Opportunities and services for children and young people should be inclusive
- ✓ A person centred and trauma informed care approach will be adopted for all children and young people
- ✓ A 'think family' approach will be adopted
- ✓ Reducing inequalities and improving equity in access, outcomes and experience of care will be central to our ambition
- ✓ An integrated approach to supporting our children and young people will be undertaken (with a clear focus on early intervention and prevention)
- ✓ There will be a strong focus on learning, improvement and innovation to meet the needs of our children and young people
- ✓ We will ensure sustainable and effective use of resources



Where are we now?

We are proud of Cheshire and Merseyside's record of collaborative working and there are countless examples of great care, but there are also examples of variation in service which only serve to exacerbate health inequalities.

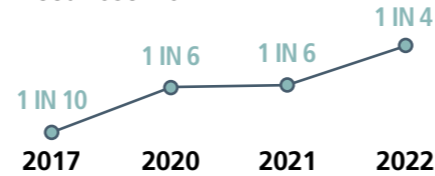
Our vision is for everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer.

We will do this by working together, as equal partners, to support seamless, person-centred care and tackle health inequalities by improving the lives of the poorest fastest. We will continue to target the most deprived 20% of the population to ensure that a tailored healthcare approach to the Core20Plus5 Programme is maintained and strengthened in order to prevent disparities later in life.

Our Cheshire and Merseyside Population

The population of the Cheshire and Merseyside System is around 2.7million, a third of which are children and young people.

In young people aged 17-19 years, rates of a probable mental health need rose from



As of 2023 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder.
20.3% of 8 to 16 year olds
23.3% of 17 to 19 year olds
21.7% of 20 to 25 year olds

Adverse childhood experiences (ACEs)

contribute to poorer mental health outcomes later in life – with children from the poorest 20% of households more likely to experience. There has been a 10% increase in abuse/neglect as a primary need for children in need from 2021-2022.

Children eligible for free school meals have significantly lower expected levels of development, (23%) by the end of reception compared to children not eligible for free school meals.



The average Index of Multiple Deprivation score in Cheshire and Merseyside is **28.6** compared to **19.6** in England. Cheshire and Merseyside is the **6th most deprived** ICB in the country.



35% of our population are deprived and **26%** of our children live in poverty as compared to the England average of **15.6%**.

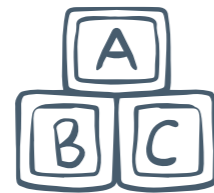


Across Cheshire and Merseyside, it is estimated that **64,446** children and young people aged 6-18 have a probable mental health need.

Nearly half of 17-19-year-olds with a diagnosable mental health difficulty have self-harmed or attempted suicide at some point, rising to 52.7% for young women.



10-25% of young children experience a disorganised attachment relationship with their main carer(s). This can significantly increase the risk of poor social, emotional and cognitive outcomes (First 1001 Days Movement, 2021).



The mental health and wellbeing of children and young people is a huge public health concern, which has been heightened in light of the Covid-19 pandemic.



Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.



Self-harm is more common in young people than any other age group. In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.



There are long standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average.



THE NUMBER OF A&E ATTENDANCES BY YOUNG PEOPLE AGED 18 OR UNDER WITH A RECORDED MENTAL HEALTH NEED MORE THAN TRIPLED BETWEEN 2010 AND 2018-19. THERE HAS BEEN A 37% INCREASE FROM 2018-2023 IN CHESHIRE AND MERSEYSIDE.



The first 1001 days in a child's life has an impact on their health and wellbeing later in life. More children reaching good development milestones will support their later development physically, emotionally and socially.



TRANSGENDER PEOPLE UNDER THE AGE OF 26 ARE TWICE AS LIKELY TO ATTEMPT SUICIDE.

Children aged 8 to 16 years with a probable mental need were 7 times more likely than children unlikely to have a mental need to have missed more than 15 days of school.



Research suggests that 75% of mental health problems become established before the age of 24.

1 in 10 in **2004**
 1 in 9 in **2017**
 1 in 6 in **2022**

7-16 YR-OLDS HAD A PROBABLE MENTAL HEALTH PROBLEM

THE NUMBER OF LOOKED AFTER CHILDREN IN CHESHIRE AND MERSEYSIDE IS 47% HIGHER THAN THE ENGLAND AVERAGE.

Approximately half of those have a probable mental health disorder. The proportion of children and young people with good development at 2-2.5 years old is 15.5% lower than children not Looked After.

There has been an increase in children starting to be looked after by year from 2019-2023 (16.1% increase). The total number of Looked after children has increased by 8.63% during the same time period.

As a whole, children in Cheshire and Merseyside are comparable to the national average for school readiness. However there is significant variation with only 61.7% of Liverpool children and 62.2% of Halton children ready for school at the end of their school reception year. 5 of 9 Places showed lower than average school readiness in comparison to the national average.



Refugees and asylum seekers are more likely to experience poor mental health (including depression, post traumatic stress disorder and other anxiety disorders) than the general population.



Those young people at the age of 16-17 who are no longer in education, employment and training (NEET) are at higher risk of both poor physical and mental health outcomes. In England as a whole, the percentage of young people NEET in 2021 was 4.7%. Liverpool and Knowsley are significantly higher than England at 7.6% and 5.9%.



Social media is now a part of almost everyone's life, but none more so than our young population. The highest prevalence of social media use is seen amongst those aged 16-24. These years are a crucial period for emotional and psychosocial development and reinforces the need for greater understanding of social media's impact.

8 of our Places have rates higher than the national average of under-18 conceptions in England. In a MBRRACE-UK (2022) report all teenagers who died via suicide had high Adverse Childhood Experiences, vulnerabilities and were under the lens of Children's Social Care or had their baby removed.



Children and young people with a learning disability are three times more likely than average to have a mental health problem.



YOUNG PEOPLE WITH CARING RESPONSIBILITIES HAVE A HIGHER PREVALENCE OF SELF-HARM. YOUNG CARERS ARE TWICE AS LIKELY TO ATTEMPT TO TAKE THEIR OWN LIFE THAN NON-CARERS. THEY ARE SIGNIFICANTLY MORE LIKELY TO EXPERIENCE PSYCHOLOGICAL DISTRESS, 56% COMPARED TO 43% OF NON-CARERS. FOR THOSE CARING FOR AT LEAST TWO YEARS, THE FIGURE WAS EVEN HIGHER, AT 60%.

Neurodevelopmental conditions such as autism and ADHD are not mental health conditions. But just like everyone, neurodivergent people can sometimes face mental health difficulties and struggle with their emotional wellbeing. Being neurodivergent in a neurotypical world can lead to challenges that may increase the risk of stress, anxiety or depression, and research indicates that neurodivergent people are more likely to experience mental health issues than neurotypical people.



In a class of 30, at least 1 or 2 young people will experience difficulties understanding, following and instructions, and concentrating on work tasks, teaching activities and group discussions.



Of children with a probable mental need, 76.5% had a sleep problem 3 or more times over the previous 7 nights compared with 25.0% of those unlikely to have a mental health need. Poor sleep is linked to a wide range of both physical and mental health conditions in adults including depression.



7,118 children across Cheshire and Merseyside are known by schools to have autism – 77.7% of them are estimated to have a probable mental health disorder.



Over the last few years we have seen a significant increase in the number of Cheshire and Merseyside up to age 25 requiring an Education Health Care Plan in England. In Cheshire and Merseyside this is an increase of 71.5% since 2019.

What works well in Cheshire and Merseyside

We have come along way in transforming mental health services for children and young people. Significant improvements include:

- ✓ Increased access to MH support year on year: 2019 2020 2021 2023 2024
- ✓ Introduced Mental Health Support Teams in schools
- ✓ Increased mental health support to meet the needs of infants (our youngest citizens) via expansion of community perinatal mental health teams and parent-infant teams
- ✓ Introduced community mental health crisis/urgent support via 24/7 telephone and community based crisis response services
- ✓ Successfully piloted Crisis Alternatives for children and young people - supporting them closer to home and avoiding the need to attend an Emergency Department
- ✓ Introduced a new model of care for our more complex children and young people which includes Place Based Gateway meetings with multi-professional engagement to ensure children and young people get the most appropriate support if their needs change or escalate, preventing admission to care, custody or inpatient settings where appropriate.
- ✓ The development of the Cheshire and Merseyside children and young people's Complex Needs Escalation tool supports this process
- ✓ New career pathways and new mental health workforce roles introduced, many based on recruit to train roles to expand and grow our workforce
- ✓ Health Equity Collaborative – established an innovative partnership which brings together children's charity Barnardo's, the University College London's Institute of Health Equity (IHE) and Integrated Care Systems (ICs) from Birmingham and Solihull, South Yorkshire and Cheshire and Merseyside. The aim of the Health Equity Collaborative is to identify and address the social determinants of health which both affect and matter most to children and young people across the key issues of Education, Home, and Community. This valuable data will form the basis of a new Children and Young People's Health Equity Framework

Children and young people, Parents and Carers told us it works well when....

- ✓ You see the same professional for help e.g. Care Navigators and Key worker
- ✓ You are listened to
- ✓ Allowed to be involved
- ✓ Communication is good
- ✓ There is a range of services and choice
- ✓ You can access mental health and wellbeing support via youth based groups in the community



Professionals & stakeholders told us it works well when....

- ✓ Co-location of good quality support is provided in community based and non-clinical settings with trained and trauma informed staff
- ✓ Children and young people can input into their own care
- ✓ Children and young people can access help and support via school
- ✓ Collaboration and good communication exists across services that may be supporting a young person. Working together and wrapping around support
- ✓ Staff are friendly, approachable and committed
- ✓ A range of services are available to meet different levels of needs
- ✓ Parental support is provided
- ✓ Online support is offered



Where do we have challenges / gaps?

There are a range of mental health and emotional wellbeing services delivering evidence-based care to children and young people, from universal services focused on early identification and prevention through to specialist inpatient services.

However, there is not always parity in provision of services across our nine Cheshire and Merseyside Places. While some variation in services is warranted based on local need, there are some services we would like to scale up or improve the offer of for all children and young people.

We know that:

- We need to focus on populations of highest inequality
- Mental Health services for children and young people are seeing an increase in referrals and our waiting times are long in some areas
- We are seeing an increased prevalence of eating disorders and disordered eating
- Some children and young people present to Accident and Emergency Departments or have to stay in an acute hospital, with increased demand on Ambulance and Police services
- There has been an increase in self harm behaviours
- There is a rising prevalence of and increase in waiting times for diagnosis of Autism and ADHD which can impact on mental health and wellbeing
- Our service providers report an increase in complexity and acuity of mental health and wider social challenges for children and young people
- There has been an increase in the use of media device and Internet access since the Covid-19 pandemic. A focus on risks correlated to social media use by children and young people is needed to identify rising problems and engage in preventive recommendations
- A skilled, trained and competent workforce (both NHS and other providers) plays a vital part in the delivery of good quality mental health support for our children and young people

Children, Young People, Parents and Carers told us....



- The workforce could be better equipped to support young people:
 - from LGBT+ communities
 - with a suspected neurodiversity and/or learning disability
 - who have experienced trauma
- Professionals could work better together to provide more seamless and joined up care – no wrong door approach across services
- We need to improve our communication and pathways of care so children and young people only need to tell their story once
- Families would value support with early family/Infant relationships from birth to age 5
- Waiting times can be long to access support
- Children and young people would like to see improvements in support when transitioning to adult support, but also between services depending on their needs
- We need to increase access to early help and support and provide this in a place that children and young people (and their parents and carers) can easily access
- We need to work towards no age-based thresholds and focus on the needs of each individual
- Co-occurring needs should be better supported e.g. Mental Health and Autism

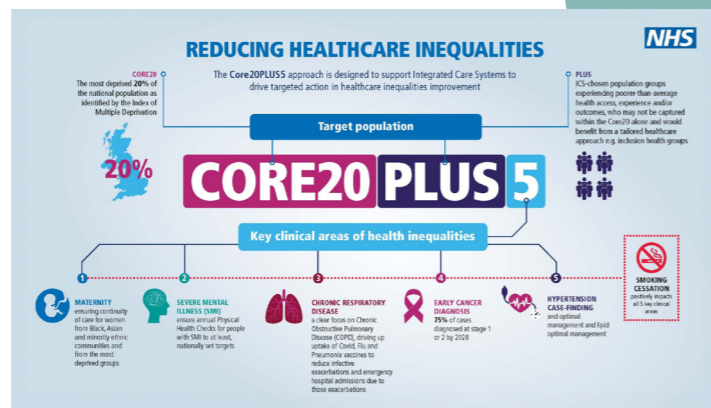
Professionals and stakeholders told us

- Waiting times are too long
- There is a need to focus more on earlier intervention and prevention
- Thresholds to access services can be high and too rigid.
- To build relationships based on trust takes time (patience and tenacity), a different (skilled) way of working.
- That Eating Disorder services need to be trauma informed and services provided for Avoidant Restrictive Food Intake Disorder (ARFID)
- We need to better understand the impact of services
- Early years services are a gap and there is an inequitable offer across places



Developing our system-wide priorities - our Core20PLUS5 approach

Michael Marmot's review of health inequalities in England identifies "giving every child the best start in life" as a key policy objective (Marmot et al., 2020). There are two versions of NHS England's (NHSE) Core20PLUS5 framework for reducing health inequalities – one for adults (NHS England, 2021) and the other for children and young people (NHS England, 2022a).



This approach further demonstrates the need to differentiate actions by age, to address different clinical needs at different stages of development as well as to take into account social, educational and communication skills as children and young people develop.

The Core20PLUS5 approach is designed to support integrated care systems like ours to drive action in health inequalities improvement.

Target population Core20: The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

PLUS: Integrated care system-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups.

Mental health: Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

By adopting this approach throughout our work we will continue to target the most deprived 20% of the population to ensure that a tailored healthcare approach to the Core20Plus5 Programme is maintained and strengthened in order to prevent disparities later in life.

Developing our system-wide priorities – using the THRIVE framework

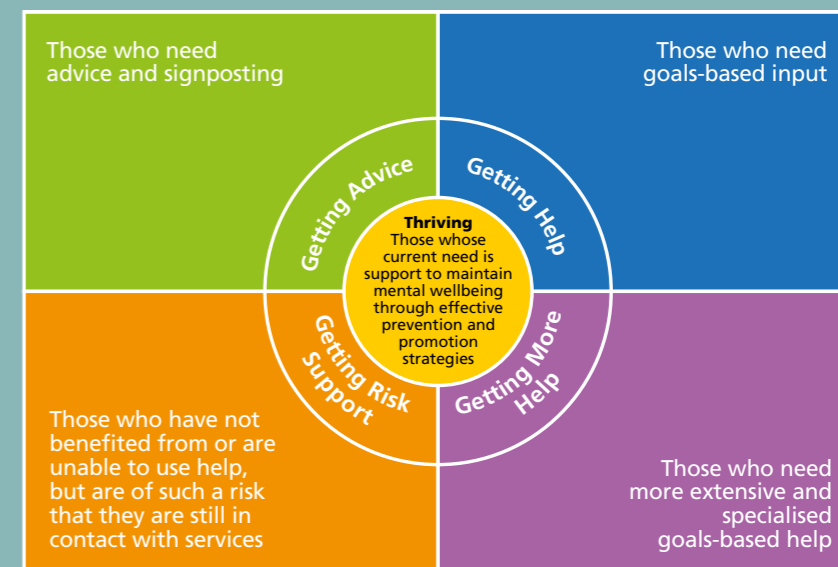
We will continue to work together to actively protect children and young people and families emotional health and wellbeing, helping them to develop the skills and resources to be able to cope and be resilient to life's challenges. Work to develop clear pathways of care from mental health promotion and early intervention (including improving integration with public health, Education, Social Care, Community/VCSFE partners, Criminal Justice System and Primary Care) through to specialist inpatient care. As part of this work, our nine Places along with services in our system are working towards implementing the THRIVE Framework. That means that our pathways and care offer is being organised to follow the THRIVE framework: Getting

Advice, Getting Help, Getting More Help, Getting Risk Support. It is recognised that children and young people may move between domains and occupy more than one.

THRIVE promotes cross agency working and a shared language and understanding across health, education, and social care. This is in line with the SEND (special educational needs and disabilities) agenda, which also requires collaboration across services who support children with additional educational and emotional needs.

The Framework is needs-led which means that mental health needs are defined by the children, young people and their families, alongside professionals, through shared decision making. Needs are not based on severity, diagnosis or care pathways.

Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.



System Wide Priorities and Delivery Programmes for 2024/25 and 2025/26

Having reflected on the current challenges faced by the system; understood the emerging and unmet need and listened to children, young people and their families/carers, we have identified ICS priorities where it makes sense to plan, develop or deliver transformation and improvements at scale to enable us to deliver our commitments.

To demonstrate our commitment to advancing mental healthcare equality for children and young people and their families across Cheshire and Merseyside our transformation plan is organised into 8 priority areas.



INCLUSIVE:

Co-production with children, young people and families to support transformation and continuous improvement



TIMELY ACCESS:

For children and young people needing emotional wellbeing and mental health support



18-25 YEARS OFFER:

Design and develop an equitable offer of mental health support for young adults



EATING DISORDERS:

Children and Young People have timely and equitable access to high quality and evidenced based eating disorder support



CRISIS RESPONSE:

To anticipate and support children and young people who may experience mental health crisis or escalating needs



APPROPRIATE PLACES OF CARE:

Address gaps in our current support offer for children and young people with the most complex needs



SPECIALIST MENTAL HEALTH CARE

Provide high quality and evidence-based specialist mental health care based on the needs of our Cheshire and Merseyside population



INNOVATIVE:

System change and transformation to be actively driven through research and innovation

Inclusive co-production with children, young people and families to support transformation and continuous improvement

What is the need we are trying to address?



Young people have a right to influence the key decisions that shape their lives. This right is recognised in Article 12 of the United Nations Convention on the rights of the Child.

We are committed to work towards the Lundy Model of Participation to ensure services are improved and made more relevant by the involvement of users.

Research has shown that a third of children struggle to understand information given to them from healthcare staff and over half of children do not feel like they are involved in decision-making around their health and care (NICE, 2021). We want to improve this.

Cheshire and Merseyside is required to assure the delivery of high quality evidenced based care with a better understanding of the outcomes for children and young people. We want to develop a better understanding of this so that we can meet the needs of our children and young people in ways that work best for them.



Children and young people told us...

We would like more opportunities for public participation across services.

Family support is often crucial for the success of mental health services for children and young people.

Theme	What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
Strategic Transformation	Lundy Child Participation Training rolled out across the ICS to ensure that children's voices are considered within strategic transformation, service improvement and service delivery.	<ul style="list-style-type: none"> Organisational Checklists to be created and circulated to colleagues across the ICS, to ensure consistency in approach before engaging with children and young people, inline with the Lundy principles. Children and young people Feedback Forms to be created and circulated to colleagues across the ICS to capture honest opinions on the engagement piece.
	To build on existing networks, youth forums, advisory groups working with engagement leads across the ICB footprint to hear the collective voice of our children, young people and families.	<p>Work with the VCSFE children and young people Network to harness the collective power, relationships and resources of nine ICB Places to create a sustainable and more effective regional force for change.</p> <p>Address current barriers to accessing services including young people from vulnerable groups and CORE20PLUS5 population.</p>
	Infant, children and young people, Parent/Carer/family representation through transformation governance, including representation in all of the priority workstreams.	<p>Ensuring their needs and lived experiences are at the centre of any integrated service design and delivery.</p> <p>All transformation workstreams to include representation and/or the voice of children and young people and families as standard.</p>
	Work with partners at place and within the ICS to increase understanding of children and young people's health needs in their local area through joint analysis of JSNA information and health service data.	Place based governance and action plans.
	CORE20PLUS5 - Identification of specific groups of children and young people that require targeted support and interventions, which may vary in each locality (the 'PLUS' groups). Review existing initiatives to reduce health inequalities and consider whether they address inequalities in access and outcomes experienced by children and young people and share best practice.	CORE20PLUS5 outcomes measured.
Service delivery/ development	Services to collect ongoing feedback from children and young people as part of quality improvement and service development.	Children and their families feel that their views have been heard and this leads to improvements in the help and support that they receive.
	Ensure families are, where a CYP requests it, engaged and part of the support offered.	Communication of family support approach available online. Families and CYP report feeling part of the process.

Children and Young People (children and young people) to have timely and appropriate access to emotional wellbeing and mental health support

What is the need we are trying to address?

1 in 10 in 2004 **1 in 9 in 2017** **1 in 6 in 2022**
7-16 YR-OLDS HAD A PROBABLE MENTAL HEALTH PROBLEM

Across Cheshire and Merseyside, it is estimated that 64,446 children and young people aged 6-18 have a probable mental health need.

Accessing support can be harder for some communities for example our children and young people with learning disabilities and autism or those groups with protected characteristics.

Demand for children and young people's mental health services has also grown as a result of the Covid pandemic.



Children and young people and parents/carers told us...

- Waiting times to access support are too long
- A constant worker, where possible it appreciated to build rapport and understanding
- More support is needed for Ethnic communities. We need more awareness in the community to share knowledge to explain to people how it can feel and how it is normal and acceptable to receive help and support
- Autistic children and young people sometimes find it hard to communicate and talk about problems
- Stigma surrounding mental health issues can prevent children and their families from seeking help
- Barriers such as limited financial resources, lack of transportation, or inadequate awareness of available services can hinder access to mental health care

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
Continue to increase access to MH support to meet the NHS England Long Term Plan target.	Cheshire and Merseyside and Place level children and young people MH Access Metric.
<p>Early Intervention & Prevention:</p> <ul style="list-style-type: none"> • Increasing partnership co-ordination of early intervention and prevention offers. Focusing on the areas of greatest deprivation and population health need • Greater Integration between all system partners. Working collaboratively with partners such as our Local Authorities, Primary Care, VCSFE, community and faith groups to reach more infants, children, young people and families – alignment with Healthy Child Programme • Agencies will share information effectively and work together to identify children who display signs of mental ill health, intervening to ensure that children get the right help at the right time and monitoring the impact of interventions so that their needs are met, with focused efforts to support our Looked After Children • Assess current provision against the 'Improving the mental health of babies, children and young people: a framework of modifiable factors published by the Department for Health and Social Care' (January 2024) 	<p>System is intelligence driven and directed by the Marmot Review Principles and our CORE20PLUS5 population with a focus on those with protected characteristics.</p> <p>Services are developed at Place to meet needs of local populations. Increased collaboration with the VCSFE to develop services tailored to the need at Place and effectively engage with harder to reach communities.</p> <p>Robust data and intelligence monitored to better understand the demographics and characteristics of children and young people using services against the known prevalence and population health needs.</p> <ul style="list-style-type: none"> • Develop local frameworks to improve infant/children and young people mental health • Identify where there might be gaps and opportunities for taking further action
Phase 2 implementation of As One Platform (digital single point of access).	Mobilisation agreed for phase 2 and sustainable funding agreed.
Expansion of Specialist Parent Infant Relationship Support services. Services to evolve to support relationships and mental health from conception to age 5 ensuring alignment with family hubs.	Increase in services to support the relationships and mental health of our 0-5 years across Places. Support the development of Family Hubs led by Local Authority partners. Family hubs as a place for families to access Start for Life services.
Be clear about the resources, services and support available across our Places. Continue to develop parent support as a universal offer.	Range of interventions offered for families and parents which are evidence-based Increase equitable access to resources so that families are supported to improve resilience.
Mental Health in School Team Expansion: Implement wave 11 of Mental Health Support Teams.	Teams mobilised and population coverage increased.
Children and young people Primary Care Mental Health Pilots mobilised to explore the effectiveness of mental health professionals working in Primary Care Networks as part of increasing access to emotional wellbeing and mental health support.	Pilot evaluation. Recommendations for future models.
Robust data collection and analysis of clinical and patient reported outcome measures to ensure services are effective.	Develop a consistent approach to collecting, reporting, and analysing activity and outcomes data across Places.

2. Continued

What is the need we are trying to address?

Neurodivergent children and young people do not necessarily have poor mental health. However, due to social expectations and a lack of support and understanding, neurodivergent children and young people may be particularly susceptible to mental health problems - especially in environments where differences are not understood and respected.

Across Cheshire and Merseyside 7,118 children are known by schools to have autism - 77.7% of them are estimated to have a probable mental health disorder.

Children and young people with a learning disability are three times more likely than average to have a mental health problem.



Children and young people and parents/carers told us...

- Getting support early is important to us. Young people currently feel that they need to reach crisis before they get the right support
- We would like opportunities to engage online or in person
- Having groups that can be accessed without waiting times, "while you wait" before being able to access therapy
- More promotion of services available for young people would be helpful
- Some children who are currently being cared for said they often feel different and are treated differently by other adults and their peers. The young people said they sometimes feel judged, and this is a barrier to opening up about their mental health as they feel misunderstood
- Being a deaf young person can make it hard to access to right level of support

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
Work with MH service providers to ensure services can flex to meet the needs of CYP with co-existing 'suspected' or 'diagnosed' neurodiversity. Mental health service providers to consider the required reasonable adjustments to improve access and treatment for autistic children and young people and those with a learning disability.	Increase in children and young people who are neurodiverse reporting positive experience in services.
Reasonable adjustments and sensory considerations are facilitated where possible to support people with a Learning Disability and/or Autism.	The increased use of autism/LD communication/health plans in services. Ensuring that there is a descriptor of any sensory needs. Services to undertake a sensory audit of their current environment to establish safe areas for waiting, or look at the waiting areas as a whole.
Autism training and Oliver McGowan training is considered for NHS MH providers to strengthen skills when supporting those with LD/Autistic young people.	Training completed for all children and young people workforce (NHS providers). Continued improvement of policies within Trusts to provide training for staff, students, and volunteers, increased use of health passports, digital flags on hospital records, improved early identification of patients with learning disabilities. Strengthen skills when supporting those with LD/Autistic young people.
The Cheshire and Merseyside Children and Young People's Neurodiversity Pathway Group will collaborate on the development of the Cheshire and Merseyside Children and Young People's Neurodiversity Pathway; focusing on Autism and ADHD initially. <i>Detailed here in this plan to ensure synergy and alignment with access to mental health support and waiting times.</i>	<ul style="list-style-type: none"> • Place variance understood • Opportunities to ensure greater consistency identified • Cheshire and Merseyside children and young people neurodiversity capacity and demand model developed, enabling more effective service and workforce planning • Collaboratively designed Cheshire & Merseyside Neurodiversity Pathway developed, that supports diversity and need over disability, using a graduated response
Trauma informed practice and supporting behaviours that challenge: <ul style="list-style-type: none"> • A programme of work designed with a range of stakeholders, to include trauma informed training and peer support, with the aim of embedding positive behaviour support across services • A review and recommissioning across a broader footprint of a specialist behaviour support service in Cheshire and Merseyside <i>Detailed here in this plan to ensure synergy and alignment with access to mental health support.</i>	<ul style="list-style-type: none"> • Reduce admissions to tier 4 beds • Reduced length of stay • Greater consistency of service available across Cheshire and Merseyside, with clear pathways in place • Uptake of behaviour training to families • Training completed for CAMHS staff • Training needs analysis across Cheshire and Merseyside
Partnership for Inclusion of Neurodiversity in Schools (PINS). A Department for Education funded NHSE project whereby health provides support for whole school development in pilot schools. <i>Detailed here in this plan to ensure synergy and alignment MH Support Teams in Schools.</i>	Reported via ICB SEND Collaborative Unit. <ul style="list-style-type: none"> • Number of schools involved in project • Baseline comparison of key school based measures
A collaborative Health and LA approach is required to address the 71.5% increase in requests for Education Health Care Plans. <i>Detailed in this plan to ensure synergy and alignment MH Support Teams in Schools.</i>	Reported via ICB SEND Collaborative Unit. <ul style="list-style-type: none"> • A Cheshire and Merseyside graduated response process designed as a practical tool of good practice to include steps that should be followed in school

To design and develop an equitable offer of mental health support available to young adults (18-25 year olds)

What is the need we are trying to address?

The nature of support within child and adult services can be different and the experience for our young people varies significantly. In young people aged 17 to 19 years, rates of a probable mental disorder rose nationally from 10.1% in 2017 to 17.7% in 2020.

17 to 25 year olds with a probable mental disorder were 3 times more likely to not be able to afford to take part in activities such as sports, days out, or socialising with friends compared with those unlikely to have a mental disorder (26.1% compared with 8.3%).

In 2023, 12.0% of young people aged 17 to 22 years reported often or always feeling lonely, this was double the figure for children aged 11 to 16 years (5.5%). Loneliness was higher among young people with a probable mental disorder: 29.5% reported that they often or always felt lonely, compared with 5.2% of those unlikely to have a mental disorder.



Children and young people and parents/carers told us...

- Transition points are very difficult, both internal transitions e.g. from children/young peoples services to adult services or transition to another service

- Understanding who does what, referral pathways, it's a confusing picture
- Waiting times during transitions need to be decreased. Not knowing how long you will have to wait or not meeting criteria for support is really hard. Young people need to understand what's happening for them so they know what to expect

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
<p>MH access & waiting times (18-25 years) – Overview of current provision to understand the engagement of communities harder to reach/engage where we see highest inequality for this population.</p>	<p>Cheshire and Merseyside and Place level increase total number of 18-24s receiving at least one contact from an NHS funded services. Cheshire and Merseyside and Provider level Waiting Times & Outcome Measures.</p>
<p>Cheshire and Merseyside scoping exercise of current MH support for 18-25 years olds, including the collation of data and intelligence available to us. Student population and those children and young people not in employment, education or training to be included.</p>	<p>Cheshire and Merseyside Scoping exercise complete and recommendations made to ICB.</p>
<p>To consider evidence-based models to co-design a best practice model of care for 18-25 year olds working with children and young people, stakeholders, professionals, parents and carers across Cheshire and Merseyside.</p>	<ul style="list-style-type: none"> • Develop local expertise and knowledge about the needs of young people aged 18-25, with an emphasis on diverse, cultural and vulnerable groups. • Cheshire and Merseyside best practice model for young adults co-produced and published.
<ul style="list-style-type: none"> • Establish and understand our current workforce competency and skills and identify areas that require training and development • Consideration of new and emerging roles to support workforce challenges 	<ul style="list-style-type: none"> • Identify gaps in training and education • Consider new and emerging roles to support this population group based on population need and co-designed model
<p>Support joint working arrangements between children and young people and Adult services to support effective, strategic transition planning ending the use of rigid age-based thresholds that mean automatic transitions for 18-year olds. Specifically focused on:</p> <ol style="list-style-type: none"> 1. Young people (YP) who transition from children and young people mental health services and are accepted by adult mental health services (AMHS); 2. YP who do not meet the criteria for AMHS but have continuing needs and require care; 3. YP presenting for the first time (including those with pre-existing need but not previously seen by children and young people). 4. YP known to children's social care who require transition to adult support 	<p>Cheshire and Merseyside Transition Policy in place.</p>
<p>Development of a Cheshire and Merseyside wide Transition Policy that has been co-produced with young people.</p>	<p>Cheshire and Merseyside Transition Policy in place and adherence to this by providers.</p>

Children and Young People have timely and appropriate access to high quality and evidenced based eating disorder support

What is the need we are trying to address?

- Increasing prevalence and acuity
- Online influence (social media impact / positive body image)
- Changing demographics (increased recognition of ED in boys)
- Increased diversity of eating disorders including presentations such as Avoidant Restrictive Food Intake Disorder (ARFID)

In England during 2023, eating disorders were identified in 12.5% of 17 to 19 year olds, with rates 4 times higher in young women (20.8%) than young men (5.1%).

2.6% of 11 to 16 year olds were identified with eating disorders, with rates 4 times higher in girls (4.3%) than boys (1.0%).

5.9% of 20 to 25 year olds, were identified with eating disorders with no difference in rates evident between women and men.

This is a significant increase in prevalence.



Children and young people and parents/carers told us...

- Accessing support quickly when you most need it is really important
- More awareness of eating disorders is needed across professionals
- Services could be more accessible in terms of location (outside of hospital settings) and more appointments available out of school hours

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
To meet waiting time standards for children and young people ED (Urgent and Routine waiting times). Where not met to investigate and recover.	National waiting times standards (Urgent and Routine).
Review the NHS England National children and young people Eating Disorder Commissioning Guidance (2024) to consider how community eating disorder services and integrated care pathways can be further developed to better support children and young people with an eating disorder / disordered eating.	Development of Eating Disorder pathways in line with national guidance and best practice models.
Establish and embed a Cheshire and Merseyside children and young people Medical Emergencies in Eating Disorders (MEED) Oversight Group to improve pathways of care for children and young people with an eating disorder or disordered eating in line with MEED Guidance. Development of tools, advice and guidance and management protocols to improve quality of care and the management of risk for children and young people in line with MEED guidance.	Reduction in the number of unplanned admissions for eating disorders. Lived experience indicators – improved experience of care through services, between teams and along the care pathway.
Development of an early detection Avoidance Restrictive Food Intake Disorder (ARFID) Tool and online resources to support all children and young people with ARFID including those with a learning disability and/or Autism. This work will include universal health visiting and early years to increase skills around early identification /early help.	Reduction in admissions for disordered eating.
Align eating disorder community pathways with specialist eating disorder bed-based care with a focus on the experience and outcomes of those transitioning in and out of specialist services.	Reduction in admissions to specialist eating disorder bed-based care and reduction in length of stay. Reduction in children and young people going out of Cheshire and Merseyside footprint for support.

5.

To anticipate and support children and young people who may experience mental health crisis or escalating needs

What is the need we are trying to address?

A mental health crisis is a situation in which a child, young person, family member, carer or any other person requires immediate support, assistance, and care from an urgent and emergency mental health service. This includes situations where there is significant intent or risk of harm to themselves or others.

Self-harm is more common in young people than any other age group.

Rates of self-harm are increasing in our children and young people population.



Children and young people and parents/ carers told us...

- When you are at crisis point getting support from the right person in the right way can really make a difference

- We should teach families how to support a young person in crisis
- Better communication is needed
- Young people should be involved in their safety plan
- There needs to be increased awareness of autism. My daughter was unable to know or ask for what she needed due to autism

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
Implementation of the children and young people Crisis 4 functions, combining crisis assessment in the community 24/7, including brief response and intensive home treatment functions across 3 NHS Mental Health Provider Trusts.	<ul style="list-style-type: none"> • Activity measures across all 4 functions • Increase in the number of children and young people being successfully managed in the community • Reduction in the number of Crisis related admissions
Design an all age Crisis Alternatives best practice model that highlights the key principles to support a children and young people from reaching crisis in the first place and how they can be better supported when in Crisis as an alternative to A&E. Establish funding streams to increase this provision across areas of highest need.	<ul style="list-style-type: none"> • An increase in the number of Crisis Alternative Service Providers for children and young people • For children and young people with an LD/A need to ensure Intensive Support Function and/ or Key Worker support is available
Ensure that all age crisis transformation developments such as NHS 111 option mental health, mental health response vehicles, Right Care, Right Person and S136 consider the experiences and outcomes required that are specific to children and young people.	<ul style="list-style-type: none"> • Implementation of all age transformations to increase access and speed to Crisis care for children and young people • A reduction in the number of children and young people experiencing a mental health crisis presenting to hospital A&E • Develop a Cheshire and Merseyside process for children and young people who are placed on a 136. This will include clear escalation support and handover routes, multidisciplinary lines of accountability and appropriate places of care / places of safety
MH Champions in Acute – 8 Acute Trusts have an allocated MH champion to ‘champion’ the mental health and wellbeing of children and young people in their care and to act as a facilitated support into wider Crisis support and mental health teams.	<ul style="list-style-type: none"> • MH Health Champions (MHCs) in post across all 8 provider Trusts • Trusts should ensure that MHCs within their organisation have dedicated time to carry out the functions of the role, share learning and to advocate for children’s mental health
Safe spaces in Urgent and Emergency Care departments - A hospital can be a stressful environment for any child or young person but particularly those in mental distress and or those who have a neuro-developmental condition.	Improve the design of paediatric wards and emergency settings to ensure they are fit for purpose and take into account the increase in children and young people presenting in acute mental needs.
Review of C&YP self-harm practice guides and where appropriate implement changes. Undertake a pilot on safety planning for C&YP in education settings.	<ul style="list-style-type: none"> • C&YP self-harm practice guide review complete • C&YP friendly safety planning guidance for education • Settings developed for testing across Cheshire and Merseyside • Pilot is complete and full evaluation undertaken
Support for Liverpool John Moore’s University Multimodal Approach to Preventing Suicide in Schools (MAPSS).	
Place children and young people Gateways – Continue to develop and hold Place Gateways working across health and social care in all 9 Places in Cheshire and Merseyside. To collectively identify escalating risks in children and young people to prevent admission (care, custody and inpatient). Support timely, appropriate care, for mental health needs.	Professionals supporting children using the CNEST tool and actively contribute to multi-agency plans to support children’s care and treatment. This includes health and care staff, and the voluntary and community sector commissioned to provide mental health services for children.
Establish and understand our current workforce competency and skills for children and young people Crisis services, including our acute and specialist trust providers working alongside the Cheshire and Merseyside Acute and Specialist Trust (CMAST) children and young people Alliance.	Development of new and emerging roles to support workforce challenges for children and young people.
Working as part of the Cheshire and Merseyside Crisis Oversight Group, monitor crisis transformation impacts to ensure services are operating as planned and to share learning to inform next steps. This will be included within an overall framework for crisis intelligence and data that is being developed.	Data set developed that captures the new all age crisis transformations to evaluate impact and share cross learning / interdependencies.

To design and develop Appropriate Places of Care where we have gaps in our current support offer for children and young people with the most complex needs

The North-West CAMHS review, commissioned in 2020, focussed on the need to transform delivery of care for complex children and young people (children and young people) who required responsive Mental Health support and inpatient care.

The review identified that there remained a cohort of children and young people who need support that crosses organisational delivery boundaries and:

- Cannot be supported in their family home
- Are assessed as not being suitable for inpatient mental health provision
- Where Local Authorities are unable to source regulated provision that can meet the breadth of children and young people needs

Data indicates a rising prevalence in children experiencing complex social and emotional difficulties within the context of a changing commissioning landscape.

There is increased pressure on health and social care systems resulting in children and young people being placed in settings that do not meet their needs effectively.

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
Develop a cross organisational data set to explore rising prevalence of children and young people experiencing complex social and emotional difficulties to support the development of a best practice model.	To provide oversight of health and local authority quantitative data. To develop associated data sets to maintain an understanding of the number of children and young people classified as "not at home".
To design with system-wide stakeholders a best practice model known locally as an 'Appropriate Place of Care'. The model is to meet the needs of our most complex children and young people, likely known to both mental health services and Local Authorities.	Children and young people with complex needs will have access to responsive mental health provision to meet their needs. Children and young people with complex needs will be able to access appropriate places of care to support their needs.
To develop business case/s based on population need at the appropriate scale to support the development and mobilisation of 'Appropriate Places of Care'.	There is reduced pressure on both health and social care systems with no children and young people being placed in settings that cannot effectively meet their needs. Care provision will be supported across organisational delivery boundaries.



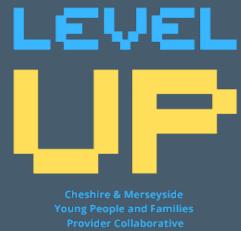
Children and young people and parents/carers told us...

- Being passed between services and not knowing what will happen next increases anxiety

To provide high quality and evidence-based specialist mental health care based on the needs of our Cheshire and Merseyside population

What is the need we are trying to address?

Some young people may have more complex mental health needs and require a higher level of support.



Our Cheshire and Merseyside NHS-Led Provider Collaborative, known as Level Up is a new way of planning and providing specialist mental health, learning disability and autism services for young people aged 13-18 years. NHS-Led Provider

Collaboratives mark a new era for specialised mental health, building on the success of New Care Models for tertiary mental health services.

The Level Up Provider Collaborative will work towards delivering care closer to home and as much as possible out of hospital, seeking to drive improvements in patient outcomes and experience. The Provider Collaborative is working with people who use these services as well as people who deliver these services to plan what needs to change in the future. Children of a younger age currently access services such as these via NHS England.

Further information about Level Up can be found here <https://www.levelupcm.nhs.uk/>

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
<p>Undertake an assessment and re-design of our local Inpatient Mental Health services for young people aged 13 up to their 18th birthday with a focus on the following developing programmes and needs:</p> <ul style="list-style-type: none"> • New national Transformation and Quality CAMHS Model of Care for specialised mental health services, reviewing opportunities to commission at scale across the North West if appropriate • Specialist Eating Disorder Services, taking account of the pathway wide review undertaken in 23/24 	<p>A reduction in the number of avoidable admissions and the length of stay in Children and Young People's Mental Health inpatient services.</p> <p>A reduction in out of area placements for young people requiring specialist mental health care.</p>
<p>Enhance our collection, analysis and use of data to understand and improve patient care and experience.</p>	<p>Gather and utilise patient feedback to improve the experience of care in specialist services.</p>
<p>Continued focus on delivery and analysis of impact of the three elements of the co-design New Care Model:</p> <ul style="list-style-type: none"> • Cheshire and Merseyside Children and Young People's Complex Needs Escalation and Support Tool (CNEST) • Gateway • Ancora CARE 	<p>A reduction in the number of avoidable admissions and the length of stay in Children and Young People's Mental Health inpatient services.</p> <p>Reduction in delayed transfer into and out of specialist services.</p>
<p>Further integrate and align specialist mental health provision with place based community services across Cheshire and Merseyside.</p>	<p>Joint children and young people mental health dashboards accessible by key stakeholders.</p>

To lead system change and transformation by actively engaging and developing opportunities for research and innovation

What is the need we are trying to address?

Reduce inequalities of access to support by developing existing and new services.

Ensure commissioned services are safe, effective and give children, young people and families the best experience.

What work will support us to deliver this?	Key indicators to measure our improvement or beneficiary impact
<p>Together with children and young people, their families and industry partners, we will co-produce research priorities, realising the importance of research and innovation to find answers to current challenges with the overall aim to improve the outcomes for children and young people.</p>	<p>Establishing clinical networks for clinicians where research projects can be developed and supported. This will be a vehicle for developing the culture of research and innovation across our workforce and services.</p>
<p>There are numerous research activities underway across Cheshire and Merseyside a few examples are highlighted below. We will endeavour to connect our transformation and innovation work to:</p> <ul style="list-style-type: none"> • Explore the use of new digital tools, such as apps and gaming, to assess and support mental health • Scale up place-based arts initiatives that support the mental health of children and young people • Bring together, education, training and research in the fields of neurodevelopmental disorders and intellectual disabilities 	<p>Together with children and young people and industry partners, we will co-produce and evaluate low-intensity (<2 hours per week) digital interventions to improve educational attainment, wellbeing, life chances and quality of life.</p> <p>Increase capacity and capability in children and young people digital technology research with industry investment and NIHR funding.</p> <p>Create digital platform with arts-based interventions, therapies and activities that have been evaluated with recommendations for applicable age groups and mental health needs.</p> <p>Creating evidence-based innovations and service improvements addressing health inequalities for CPY with learning disabilities and neurodiversity.</p>
<p>Evaluation and publication of local innovations.</p>	<p>Monitor the impact of recent innovations which include:</p> <ul style="list-style-type: none"> • CNEST – Complex Needs Escalation and Support Tool • Place based Gateways – Multiagency collaboration to meet the needs of children and young people with escalating risk and/or complexity • Ancora Care – new non-bed-based offer of specialist Tier 4 MH support • Children and young people MH waiting time initiatives – with a view to potentially to scale up to support a reduction in waiting times
<ul style="list-style-type: none"> • Undertake a review of the impact of social media on the emotional and mental health of C&YP • Raise public and medical awareness over the use of social media and identify new prevention measures to tackle associated problems such as sleep, addiction and anxiety in conjunction with caregivers, health practitioners and websites/application developers 	<p>To inform a set of recommendations for consideration across Cheshire and Merseyside.</p>



Professionals told us...

We aim for the highest standards and seek to continually improve our services, harnessing our ingenuity



Key enablers – things that we need to help us

Our data commitments include:

- Establishing a data rich and intelligence driven children and young people mental health system across Cheshire & Merseyside. This needs to be multi-agency to include Social Care, Education, Health and VCSFE sectors as examples
- Collecting high quality data in a timely way that can be appropriately shared to avoid duplication and making sure that people have access to high-quality evidence and information to make the right choice for them or their patient
- Greater data sharing and linkage across system partners to support hard to reach groups to access services
- To ensure that all providers, including in-scope third sector and independent sector providers, submit comprehensive and valid data to the MHSDS on a monthly basis, the breadth and completeness of which should reflect a true picture of local activity and enable national reporting of data. This includes ensuring that all providers are flowing accurate data using SNOMED CT, with particular focus on interventions and outcome measures
- Having high quality and timely data to inform service planning and development, commissioning, and understand patient outcomes and ensure that Cheshire and Merseyside can rapidly demonstrate the delivery of mental health services, the extent to which they are meeting the needs of patients and local populations
- Work to ensure that all providers are improving quality of data in line with national ambitions and monitor the progress of data quality via the MHSDS Data Quality Dashboard and SNOMED DQ Dashboard
- Address the underlying determinants of health inequalities and overcome inequalities in access, experience and outcomes via partnership working. Improving the quality of data based on protected characteristics is key to this, including age, disability, gender, marriage/civil partnership, ethnicity, religion/belief, sexual orientation, deprivation, accommodation status, looked after child status, and ex-British armed forces status

- Work with NHS England, Improvement and Digital to support providers in increasing the reporting of outcome measures to the MHSDS and monitor the progress of the children and young people's outcomes metrics and data quality via the NHS England outcomes dashboard
- To continue to make use of National data and reporting tools published on Future NHS by the National Analytical Services and Performance Analysis Teams, including the Core Data Pack, along with additional resources from NHS Digital and Public Health England to support activity and performance monitoring and to drive performance across Cheshire & Merseyside's Mental Health services
- To develop local Business Intelligence products (to be shared via Cheshire & Merseyside's Business Intelligence Portal) to support transformation of services, working with stakeholders using our collective intelligence better

Our digital commitments include:

- To support the development of an ICB Digital Sub Strategy for Mental Health which will support the transformation of our services
- To align our digital investment plans to improve the efficiency, safety and quality of our Mental Health Services with the Digital Mental Health Priorities which outline a mission that "we will help meet the increasing demand for mental health services and address unequal access and outcomes, using digital and data to design new and more flexible care options, identify and respond to unmet needs earlier, release more time to care, and effectively share information across people's circle of care"

Our Workforce commitments

Sitting as a key enabler at the core of this plan is the importance of ensuring we have an appropriate and confident workforce with a common core of knowledge and understanding about children's mental health and emotional needs and how to support these across a spectrum of need. This involves:

- Streamlining ways of working to ensure pathways for services are integrated and accessible
- Embed 'whole setting' approaches to promoting and delivering good mental health services which include changes to how support is delivered and workforce development
- Developing a learning culture, which includes investment in developing opportunities for restorative practice and trauma informed approaches to be implemented across the whole of the children and young peoples' workforce
- Ensuring there is a clear and consistent understanding and application of the Spectrum of Support, particularly focusing upon early and targeted support
- Building local partnerships around our Schools and Community and/or Family Hubs
- Valuing voluntary and community services
- Supporting our workforce to work with all family members

In Cheshire and Merseyside we have adopted a combined service and workforce modelling approach that asks the key questions to be able to define what the right service models need to be in order to meet population need and to match the workforce to the delivery of the service models and associated interventions.

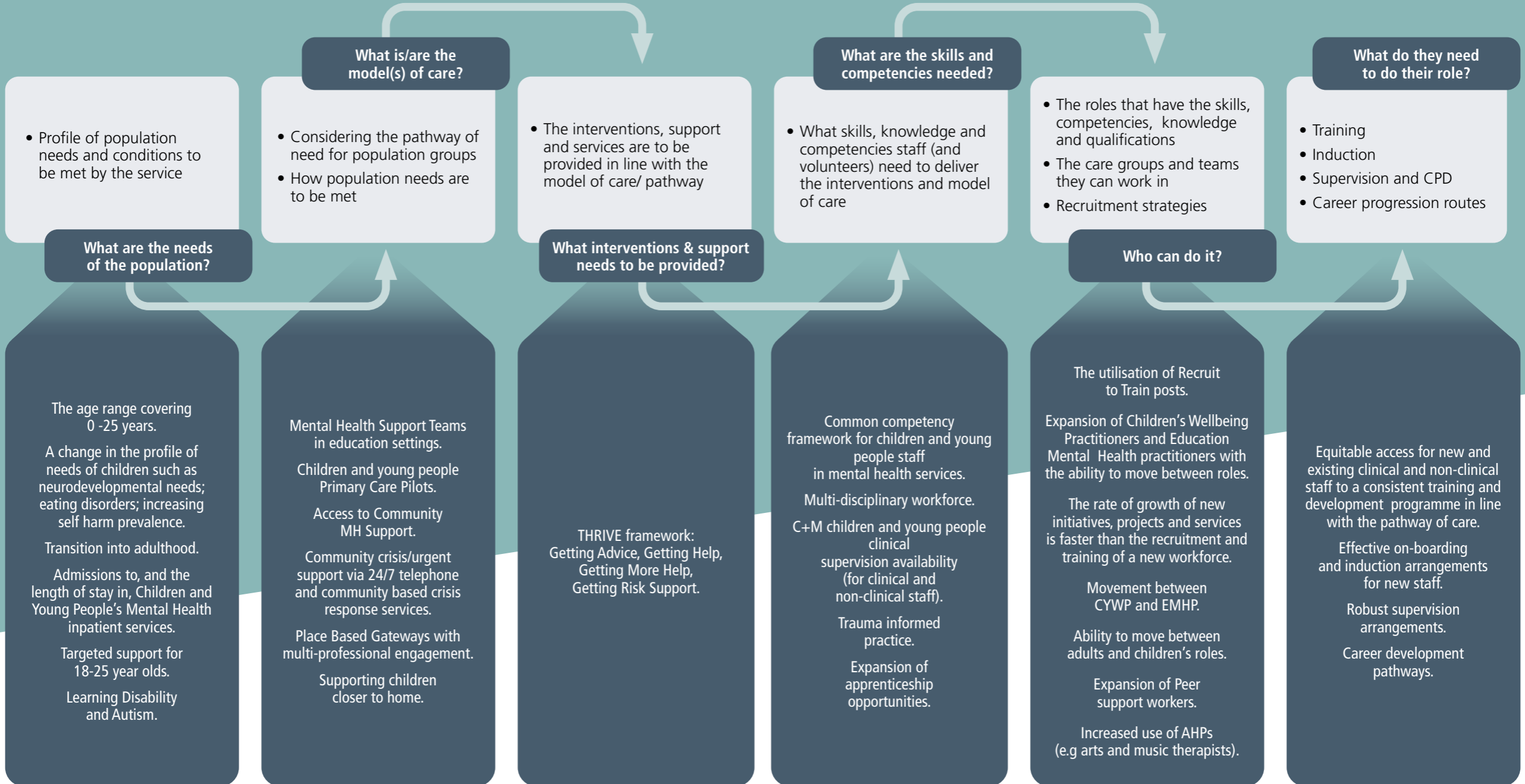
It is important to have a children and young people workforce that is multi-disciplinary and maximises the potential for workforce innovation through embracing new roles and diversification and is representative of the patient.

Children and young people and parents/ carers told us...

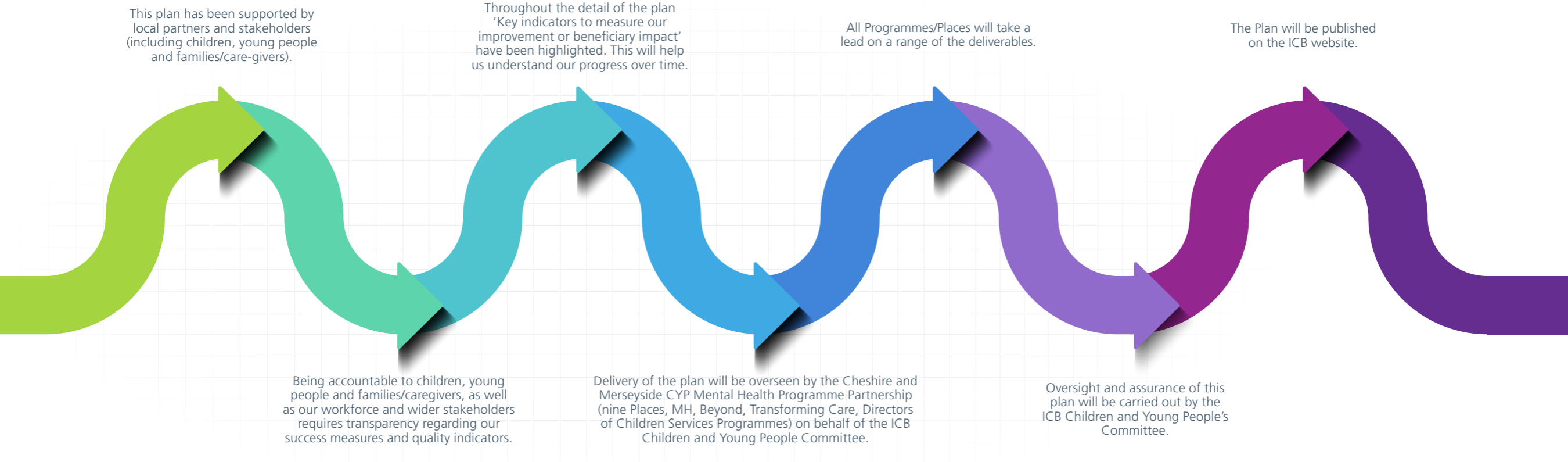
- It works well when I can see the same professional who knows me
- We want to feel listened to by professionals
- I want to not feel judged and be accepted as I am
- It's important to me to get support from someone who can relate to me and my experiences
- It would be better if people did not assume stuff about me (being LGBT and autistic)
- I sometimes have felt that clinicians seem overworked, exhausted and pressured
- Constant changes in key worker, either because of transition to another service or because of staff changes means you have to tell your story again and again
- People are welcoming and encourage you out of your comfort zone
- Having someone to oversee treatment or care plan such as a care coordinator/navigator has helped as they were able to see gaps in my care plan and could then suggest other options/places/treatment
- Having a clinician who has personal experience or lived experience of mental health is helpful. This helps you to see and believe there is light at the end of the tunnel



This diagram outlines the six step model we will adopt to support workforce development



We cannot show our progress and success without being clear about what we are aiming to achieve and how we will measure this:



Our children and young people are at the heart of our plan. We are committed to delivering this plan and our ambition to enable every child and young person with mental health needs to achieve their goals and life potential.

Glossary of terms

You may find you are not familiar with some of the language in this document, so we have created a glossary for you, to help you understand better.

Acronym	Meaning
ACES	Adverse childhood experiences
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professionals
AMHS	Adult Mental Health Services
ARFID	Avoidant Restrictive Food Intake Disorder
ASD/ASC	Autistic Spectrum Disorder or Condition
Cheshire and Merseyside	Cheshire and Merseyside
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CNEST	Complex Needs Escalation Support Tool
CPD	Continual Professional Development
CTO	Community Treatment Order
Children and young people	Children and Young People
Children and young peopleMHS	Children and Young Peoples Mental Health Services
ED	Eating disorder
EHCPs	Education Health Care Plans
ICB	Integrated Care Boards

ICP	Integrated Care Partnership
ICS	Integrated Care Systems
JSNA	Joint Strategic Needs Assessment
LAs	Local Authorities
LEAs	Lived Experience Advisors
LD	Learning Difficulty
LGBT	Lesbian, Gay, Bisexual and Transgender
MBRRCE	Mother and Babies Reducing Risk through audits and Confidential Enquires
MEED	Medical Emergencies in Eating Disorders
MH	Mental Health
MHSDS	Mental Health Service Data Set
MHST	Mental Health School Teams
NEETs	Young People not in Education, Employment or Training
NHSE	NHS England
NICE	National Institute of Health and Care Excellence
NIHR	National Institute for Health and Care Research
SEND	Special Educational Needs and Disabilities
SNOWMED CT	Systematized Nomenclature of Medicine Clinical Terms
SNOWMED DQ	Systematized Nomenclature of Medicine Data Quality
VCSFE	Voluntary community faith sector enterprises
YP	Young Person