

Sefton Place - Community Emotional Health and Wellbeing Services update, 2022 - 2023

1. Introduction

This report focuses on the performance and developments of Sefton's mental health services, specifically in light of the ongoing increases in the volume and nature of demand, and the challenges this presents.

Since the onset of the pandemic in March 2020, the impact of COVID on children and young people's emotional health and wellbeing has been widely reported both at a local and national level. Mental health services have experienced an unprecedented and sustained increase in demand and the number of urgent, high risk and complex cases continues to be a concerning feature. For example, between 2019/20 and 2022/23, Alder Hey Children's Hospital Specialist CAMHS experienced a 42% increase in referrals received, and a 49% increase in referrals accepted to the service.

On a strategic and operational level, the local system and services continue to respond and adapt to the ongoing challenges and are working collaboratively on approaches and new pathways and models of delivery. At the same time, national, regional and local mental health strategies and plans for children and young people's services continue to focus on the implementation of the NHS Long Term Plan ambitions and the associated increases in mental health investment as detailed in the Mental Health Investment Standards.

Notably during 2022/23, these ongoing challenges and developments have been happening against a backdrop of significant change for the NHS, as regional Integrated Care Boards were established on 1 July 2022, taking over the NHS planning and commissioning functions of the former Clinical Commissioning Groups. Whilst this report does not directly focus or reflect the impact of these changes on the planning, commissioning and delivery of mental health services, there are frequent references to NHS Cheshire and Merseyside Integrated Care Board (C&M ICB) and Sefton Place, as the new NHS statutory commissioning organisation.

Throughout the report, there is a key focus on developments in mental health services for children and young people and a dedicated section highlighting projects and initiatives which are improving the emotional health and wellbeing offer across Sefton (section 4). Notably there have been some significant developments in the mental health support and pathways for Sefton's most vulnerable groups, such as implementation of the Key Worker team and establishment of Gateway meetings.

The report also reflects the further development and strengthening of the relationships across Sefton's Emotional Health Partnership and some of the early intervention and prevention work that is happening both in the local community and schools.

2. Alder Hey Specialist Child and Adolescent Mental Health Services

2.1 CAMHS

2.1.1 Overview of Performance

Throughout 2022/23, Alder Hey Specialist Mental Health Services have continued to experience a significant increase in demand following the Covid-19 pandemic. While referrals received have remained steady for 2022/23 compared to the previous year, a higher proportion were accepted for Specialist Mental Health Services and the referral rate is still significantly increased compared to 2019/20 which evidences a continued increase in demand.

Table 1: Number of referrals received and accepted – Sefton Community Mental Health Services

Financial Year	Referrals Received	Referrals Accepted
2019/20	1335	720
2020/21	1234	695
2021/22	1837	935
2022/23	1893	1073

Between 2019/20 and 2022/23, there has been a **42%** increase in referrals received, and a **49%** increase in referrals accepted for the service (**Table 1**).

During 2022/23, there has been an overall improvement in waiting times which is expected to continue to improve following investment in capacity within the service from September 2022. In March 2023, the percentage of children and young people receiving treatment within 18 weeks improved to **74.9%** and there were zero children and young people waiting over 52 weeks for treatment. (**Charts 1 & 2**).

Chart 1: Referral to treatment compliance – Sefton Community Mental Health Services, 2022/23

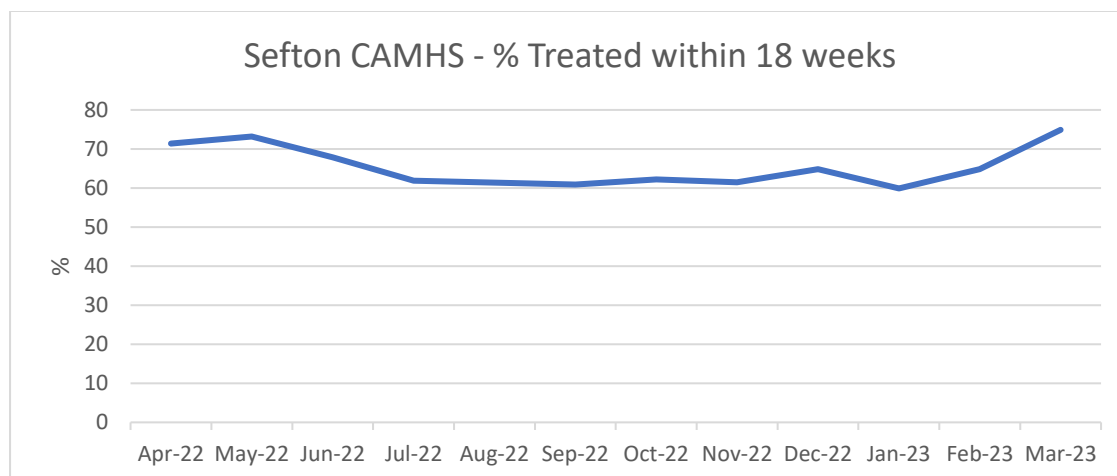
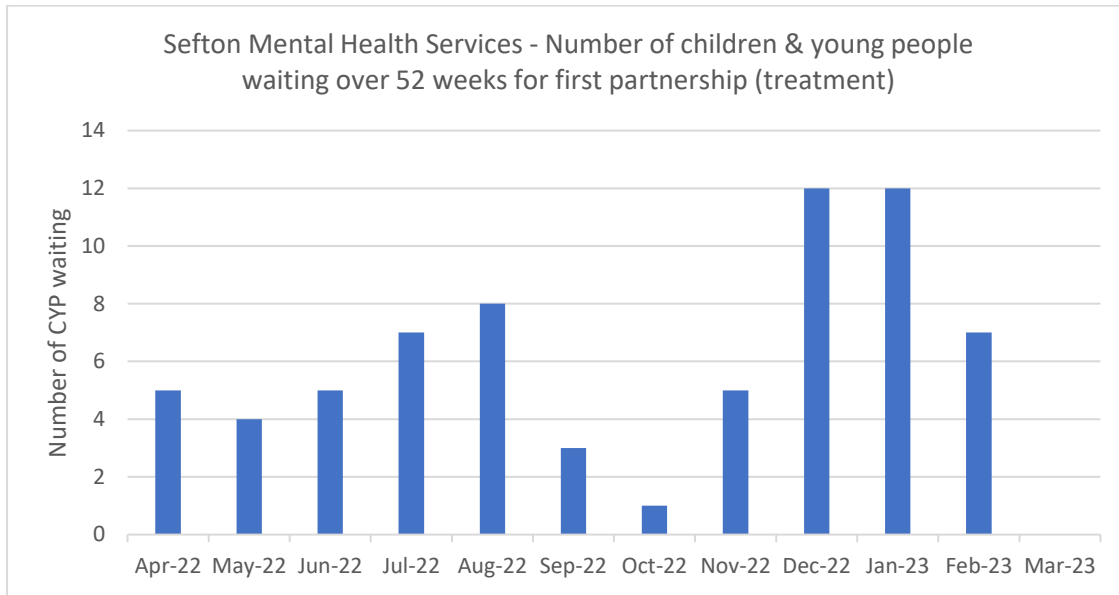


Chart 2: Number of Children and Young People waiting over 52 weeks for their first partnership, 2022/23 – Sefton Community Mental Health Services, 2022/23

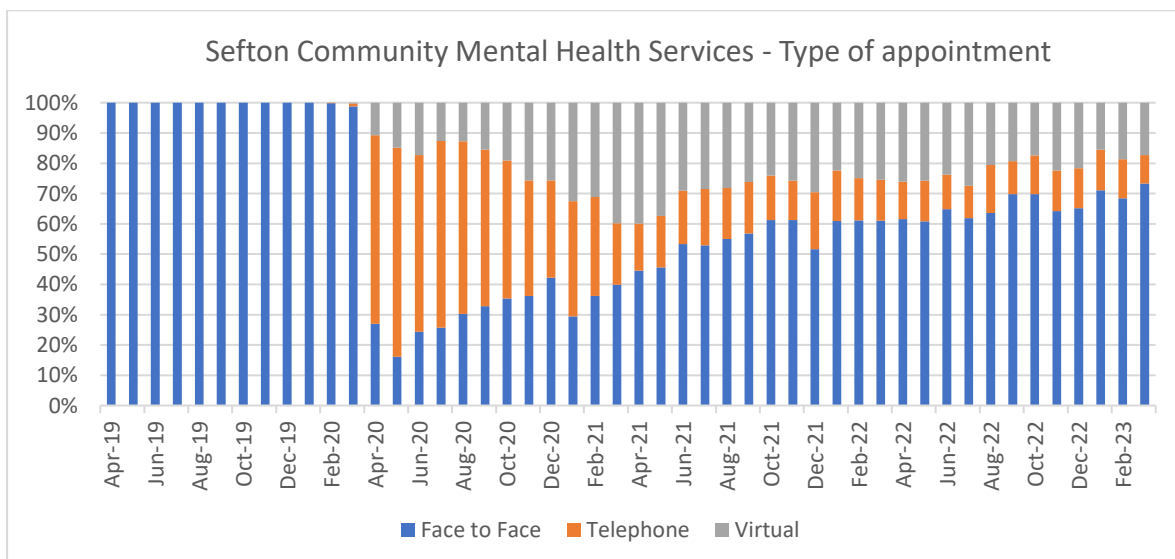


In 2022/23, the service had **9,830** attended contacts with children and young people which is an increase of **21.5%** compared to 2019/20. This increase in contacts is due to increased investment as well as improved productivity within teams.

The covid-19 pandemic saw the rapid introduction of telephone and video appointments, in order to maintain service provision during this period. Whilst services have gradually returned to predominantly face-to-face delivery, virtual options do offer flexibility for children and young people and this still remains an option for delivery of specialist mental health services. In addition, virtual options facilitate staff to attend 'virtual' professional meetings more flexibly and contribute to multi-agency meetings.

In line with national expectation for NHS commissioned services, during 2022/23 approximately 70% of appointments were offered face-to-face and 25-30% of appointments virtually within Sefton Community Mental Health Services (**Chart 3**).

Chart 3: Modality of appointment attended – Sefton Community Mental Health Services



2.1.2 Challenges and risks

- Managing demand and the increased urgency and acuity of demand remains a challenge for all mental health services. A number of young people have poor functioning and a lack of social contact which can make service engagement resource heavy. There are an increasing number of children and young people who have significant risky behaviour and attempts to end life at a younger age; this impacts on service demands, as increasing time in service and intensity of support required over a sustained period.
- Transition to adult services continues to remain a challenge. There have been delays in transition to Adult Community Mental Health Teams by up to 4 months. In addition, young people are supported to complete treatment if that is clinically indicated past their 18th birthday. Sefton Community Mental Health Services continues, along with the Crisis Care Team, to improve the 16/17 service offer provided by Merseycare and Alder Hey.
- In the last year, there have been challenges around recruitment due to a national shortage of appropriately trained mental health staff. There have been some recent improvements, with successful recruitment and vacancies being filled. In addition, new roles, such as wellbeing practitioners, are being recruited to improve timely access and increase the range of interventions provided.

2.1.3 Plans going forward

- Considering new ways of working including piloting of low intensity pathway during 2023/24
- Focus on recruitment incentives to address challenges in recruitment to mental health services, a national issue
- Continued development of new roles within mental health services
- Accessing additional training for entry level staff; working with the Improving Access to Psychological Therapies (IAPT) collaborative to attract HEE funding for new roles.
- Along with the Crisis Care Team, Sefton Community Mental Health Services continue to work on 16/17-year-old transition pathway with Merseycare.

2.1.4 Oversight and management of risk

- Oversight of mental health access and waiting times is via the Alder Hey performance framework and is reported to commissioners through the Alder Hey contract monitoring process.
- All urgent children and young people who breach a three week wait, or children and young people waiting over 18 weeks receive a harm review and / or a waiting list appointment to enable re-triage and escalation, if needed
- While waiting, all parents are offered a “while you wait” parent support offer
- Continued co-production of services with service users to ensure the voice and views of children and young people is at the heart of service delivery

2.1.5 Managing demand

- All children and young people on choice and partnership waiting lists are sent a waiting list letter. This includes details of the offer from Kooth, information on Crisis Care Support and details of parent support (Fresh Plus).
- Waiting list appointment/harm reviews for all children and young people waiting over 18 weeks are done, which ensure an outreach re-triage and escalation if needed
- Low intensity group work is offered as an intervention where appropriate

2.2 Alder Hey Eating Disorders Service

2.2.1 Overview of performance

Referrals have remained steady in 2022/23 compared to the previous year but are still significantly increased compared to 2019/20 showing an overall sustained increase in demand. In 2022/23, **243** referrals were accepted to the service which is an increase of **66%** on 2019/20 (**Table 2**).

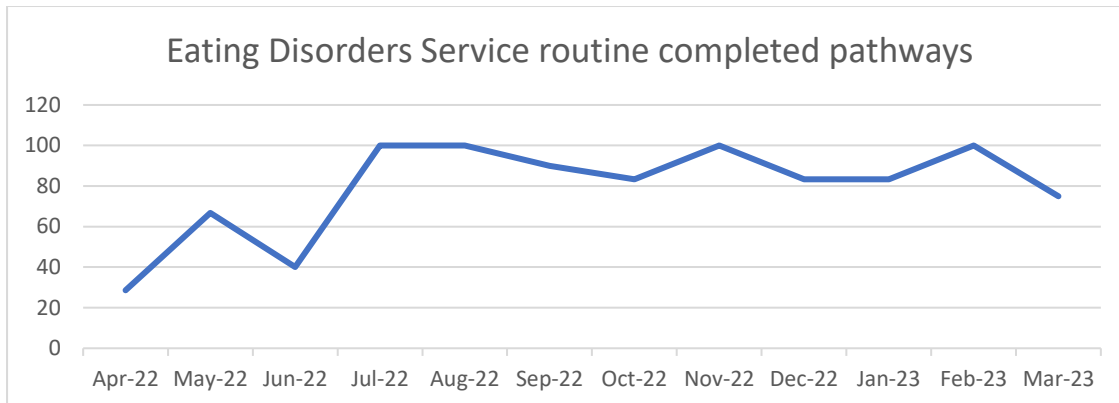
Table 2: Referrals received and accepted – Eating Disorder Service

Financial Year	Referrals Received	Referrals Accepted
2019/20	179	146
2020/21	265	182
2021/22	446	267
2022/23	403	243

In 2022/23, the service had **3,979** attended contacts with children and young people which is an increase of **87%** compared to 2019/20. This increase in contacts is due to increased investment and recruitment, as well as staff working additional hours to meet demand. There has also been an improvement in waiting times to access the service throughout 2022/23 (**Chart 5**).

There have been **14** urgent referrals received within the last 12 months, with **8** seen within 1 week. The reason for urgent and routine breaches is often due to parent/patient choice or non-attendance, rather than capacity issues.

Chart 5: Percentage of routine pathways completed within four weeks of referral – Eating Disorder Service



During summer 2022, a pilot was undertaken to provide a day programme of support for young people admitted to an acute paediatric ward at Alder Hey with an eating disorder. Initial feedback was positive but was paused during the winter period in response to acute paediatric bed capacity pressure. It is anticipated that this will re-start in the summer and the model will continue to develop whilst works start on the proposed standalone Eating Disorder Day unit.

In November 2022, a phased approach to offer a service to young people with Avoidant Restrictive Food Intake Disorder (ARFIDs) commenced with referrals initially being received from acute physical health colleagues. This has been rolled out to accept referrals from community services in March 2023, with plans to further roll out to wider health teams in September 2023.

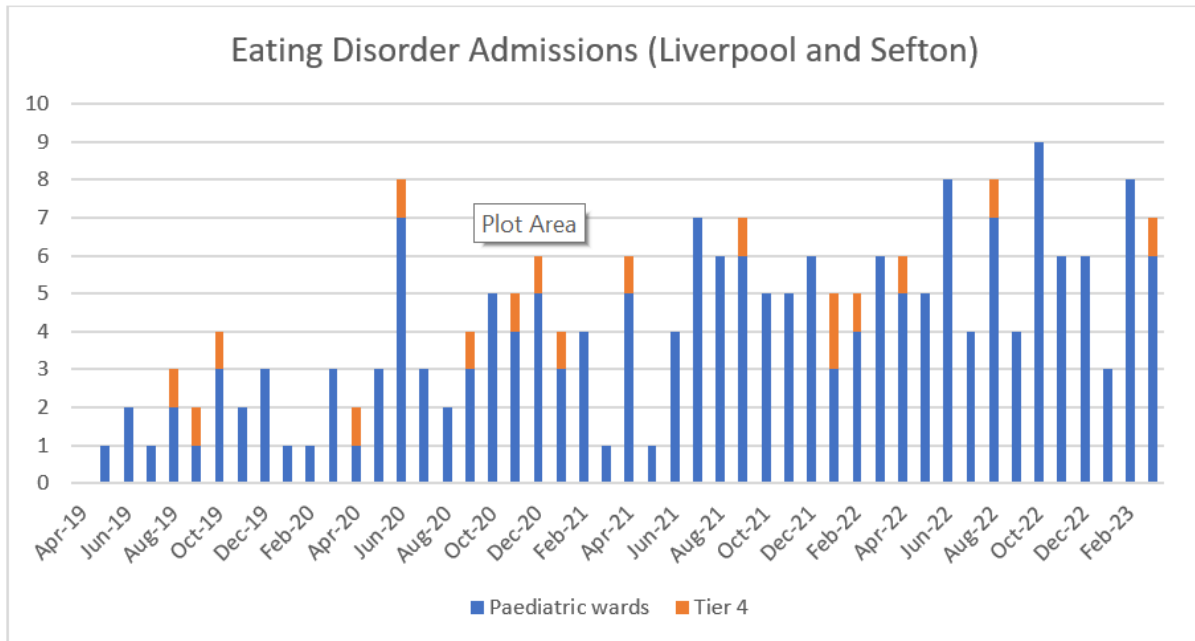
In addition to increased referral rates, the service has also seen:

- An increase in admissions to paediatric wards or Tier 4 inpatient units, with an increased length of stay due to a lack of Specialist Eating Disorder beds (**Table 3 & Chart 6**)
- Late referrals from primary care services have led to an increase in the number of children and young people presenting at their first assessment at a high physical risk due to weight loss and requiring a paediatric admission to stabilise their physical health and support re-feeding
- A decline in the health of young people known to the service

Table 3: Number of admissions, and length of stay – Eating Disorder Service (all areas)

Financial Year	Total Number of Admissions (Paediatric and Tier 4)	Average Length of admission Paediatric Ward	Average Length of admission Tier 4
2019/20	23	10	137
2020/21	47	14	234
2021/22	63	19	328
2022/23	74	17	142

Chart 6: Number of Eating Disorder Admissions to paediatric and Tier 4 beds – Eating Disorder Service (all areas)



2.2.2 Challenges and risks

- Lack of Specialist Eating Disorder beds nationally, but particularly locally meaning that there is a requirement to admit young people to paediatric wards, sometimes with additional support from Prometheus at a significant cost (approx. £320k 2022/23)
- The service continues to see an increase in demand and acuity
- There are continued challenges with recruitment as services are expanding nationally

2.2.3 Actions to address

- Increased the number of support staff for Eating Disorder Team, including supporting recruitment of Health Care Assistants (HCAs) for paediatric wards, with additional eating disorder training. This is providing additional support to young people admitted to Alder Hey.
- Utilisation of additional specialist support, provided by Prometheus, when young people are admitted to a paediatric ward while waiting for a specialist eating disorder Tier 4 bed.
- Day programme pilot to reduce length of admission.
- Consideration of new roles / career pathways, with additional training for entry level staff.
- Commissioning of whole team training to ensure staff are appropriately trained for the patient cohort.
- Introduction of recruitment benefits to attract new staff to the services.
- Increased links with Cheshire and Merseyside Eating Disorder Service (CHEDS), which is a regional Tier 4 service.
- Clinical Lead is the C&M Eating Disorder development group lead

2.2.3 Developments:

- Development of a standalone Eating Disorder Day Unit following a successful NHS England capital bid.
- Continued expansion of the ARFID offer.

2.3 Alder Hey Crisis Care Service

2.3.1 Overview of performance

Alder Hey provide a 24/7 service for children and young people in Sefton and Liverpool which offers mental health advice and guidance to children and young people, their families and carers and any professionals supporting their care. They also receive calls from the ambulance service and the police amongst other agencies where a young person is in crisis at home or in a public area. The service offers direct support to Alder Hey and Ormskirk emergency departments and provides face to face and virtual assessments for children and young people presenting in crisis. The service also offers access via a Freephone telephone line and text messaging service.

During 2022/23, the demand for the service has continued to increase, with an increase in levels of risk, complexity and acuity (**Charts 7 & 8**). During this period, **45%** of the calls made to the Crisis Care team were regarding young people not previously known to Alder Hey Specialist Mental Health Services, with March 2023 being the busiest month for the service since April 2020 (**Charts 7 & 8**).

Whilst the demand for the service has continued to increase, the number of children and young people attending Alder Hey Emergency Department due to their mental health has reduced (**Chart 9**), with the number of children and young people needing an acute paediatric admission to Alder Hey following an attendance at Alder Hey Emergency Department also reducing (**Chart 10**).

Chart 7: Total number of calls made and received – Alder Hey Crisis Care Service

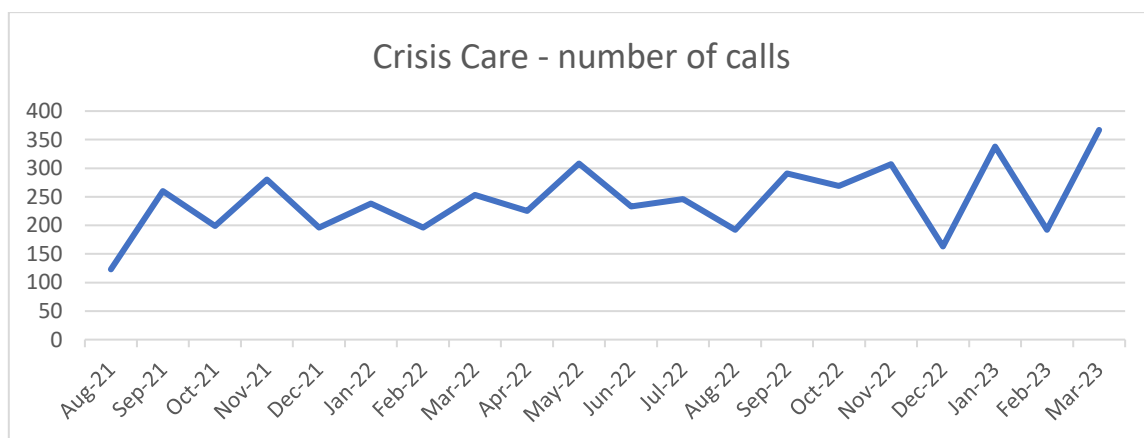


Chart 8: Total number of outpatient appointments – Alder Hey Crisis Care Service

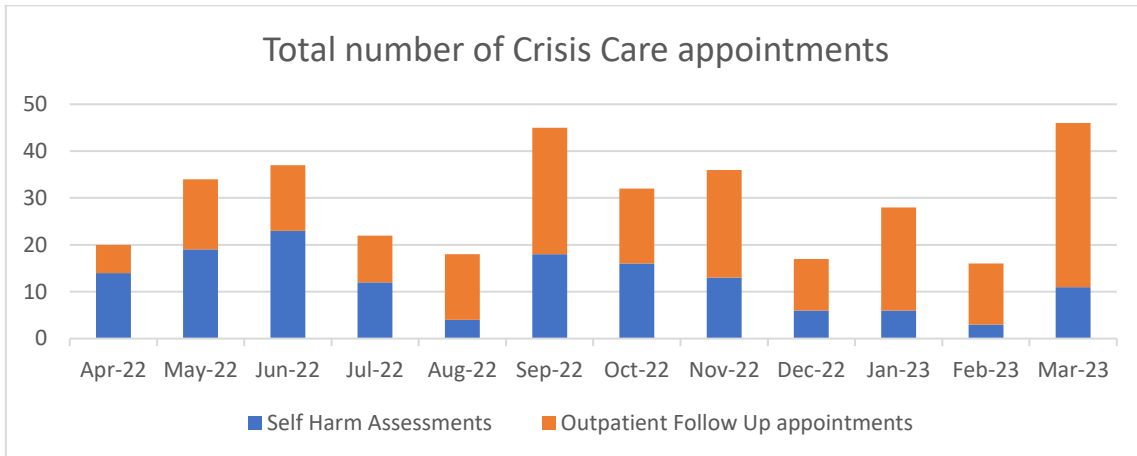


Chart 9: Number of mental health attendances at Alder Hey Emergency Department (all areas)

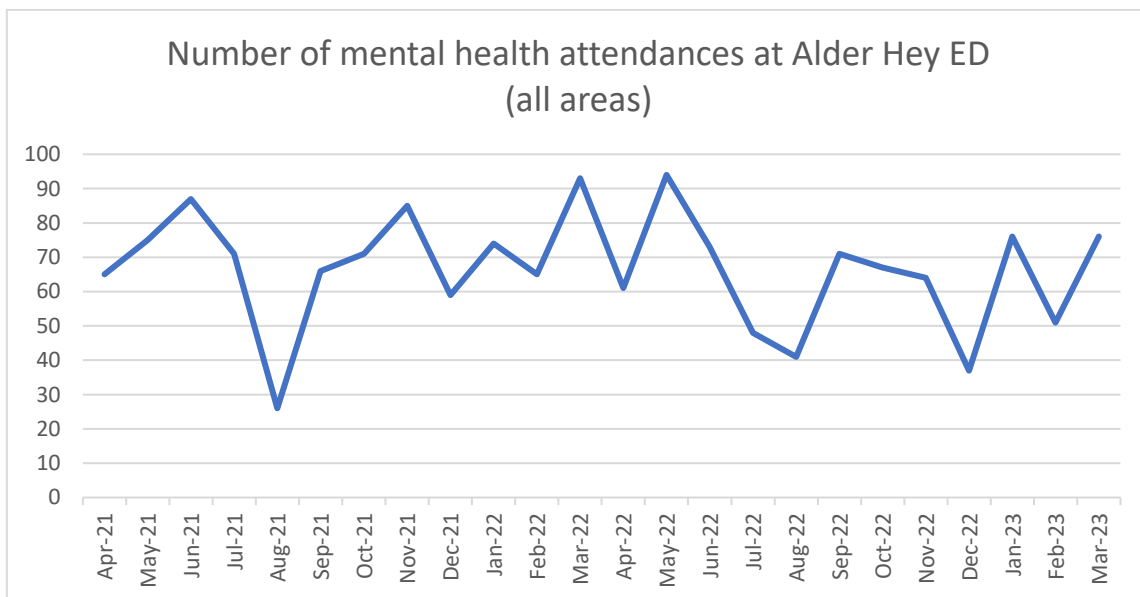
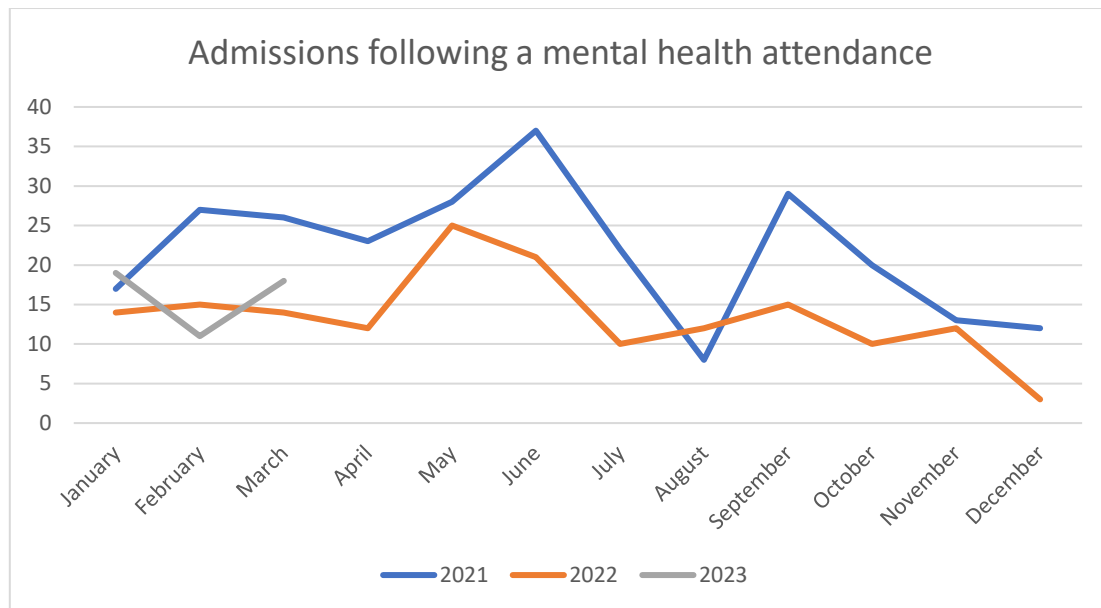


Chart 10: Total number of admissions to Alder Hey Hospital following a mental health attendance at the Emergency Department



The Crisis Care Service received investment in 2021/22 as part of the Mental Health Investment Standard and Delivery Plan to sustain the 24/7 Crisis Care line and develop a home-based intensive treatment team. All four functions of the crisis care service model are now in place:

- 24/7 phone line
- Home Based Treatment Team (HBT)
- Crisis response
- Crisis resolution

2.3.2 Challenges and risks

- In the last year, there have been challenges around recruitment due to a national shortage of appropriately trained mental health practitioners. There have been some recent improvements, with posts starting to be filled.
- Risk of burnout of current workforce due to demands/additional shifts.
- Transition to adult services remains a concern – along with Sefton Community Mental Health Services, the Crisis Care Team will continue to work on the 16/17 transition pathway with Merseycare.

2.3.3 Plans for future

- Along with Sefton Community Mental Health Services the Crisis Care Team will continue to work on 16/17 transition pathway with Merseycare.
- Introduction of recruitment benefits to attract new staff to the services
- Reviewing skill mix across service to attract newly qualified staff into posts within the team

- Introduction of new posts (Youth Intensive Psychological Practitioners, Advanced Clinical Practitioner)
- Improved training offer – including sleep practitioner training, Solution Focused Therapy training
- Beat the Burnout programme introduced for all staff
- Introduction of a ‘relationship meeting’ between Alder Hey Children’s NHS Foundation Trust, Southport and Ormskirk NHS Foundation Trust and West Lancashire NHS Foundation Trust to improve communications between providers

2.3.4 Developments

- CAMHS/AMHS Transition worker now in post – to support transition between children/young people and adult services, and to support improvements in the 16/17-year-olds crisis pathway.
- Home Base Treatment/Intensive Support Team (HBT/IST) model – recruited to appropriate staff groups and the clinical pathway has been finalised. Team members are participating in Gateway and DSD meetings/processes (see sections 4.2 and 4.3). Improved links with Sefton Community Mental Health Services, with representatives from Sefton Community Mental Health Services attending MDTs to improve patient pathways. The team has prevented admissions and facilitated discharges.
- Advanced Clinical Practitioner in post from January 2023, supporting Crisis Care and HBT/IST teams.
- Continuing to work with local providers and NHSE regarding 111 options for Mental Health, and Mental Health Response Vehicle plans. On track to go live with 111 in March 2024.
- Involvement in National Crisis Young Persons Task and Finish Group

2.4 Mental Health in Schools Teams (MHSTs)

2.4.1 Overview of performance

Sefton Mental Health in Schools Teams (MHSTs) provide evidence based, low intensity intervention and are provided by Alder Hey Children’s Hospital. Sefton has two fully established MHSTs and implementation of a third team commenced in January 2023. Through a national bid process, Sefton was successful in securing its third mental health support team as part of Wave 8 of the national roll out of the programme.

The three MHSTs provide support to 60 identified schools across Sefton with a focus on early intervention through Whole School Approach (WSA) and 1:1 interventions. Sefton MHSTs have successfully engaged with all schools and have developed new interfaces to maximise co-production with Mental Health Leads (MHLs) which has been reviewed positively.

In 2022/23 referrals increased significantly across both north and south teams with a total of 69 referrals in Q2 and 208 in Q3, following the service opening to all referrals from schools. This has stabilised in Q4 2022/23 (**Table 4**).

Table 4: Number of MHST referrals from schools in Q2 - Q4, 2022/23

Quarter	North	South	Central (new team)	Total
Q2	23	46	N/A	69
Q3	101	107	N/A	208
Q4	67	80	7	154

2.4.2 Challenges and risks

- The main challenges in 2022/23 relate to recruitment and retention of qualified Educational Mental Health Practitioners (EMHPs) due to progression opportunities elsewhere, impacting capacity.
- Limited capacity of EMHP trainees during initial 12 month training programme, however case load numbers increase once qualified.
- Development of internal waiting list during Q2 following increased demand which is not equal across schools.
- Capacity challenges for the EMHPs/MHPs (Mental Health Practitioners) linked to schools with higher demand.
- Low intensity model does not meet the needs of children in Pupil Referral Units (PRUs) and Social Emotional Behavioural Difficulties (SEBD) specialist schools due to the complex nature of their presentations.

2.4.3 Actions to address

- A significant recruitment drive was undertaken during Q2/3 resulting in successful recruitment of the Wave 8 team. There is further fixed term recruitment ongoing within the team.
- The service has seen an improvement in the ability to recruit qualified EMHPs
- Focus on group offer for schools to support management of increased demand.
- Improved training offer – with staff undertaking additional training to meet the needs of the young people.
- Regular consultation with Mental Health Leads (MHLs) in schools regarding any young people on the waiting list.
- To support PRUs and SEBD specialist schools, senior MHPs and Team Leads have undertaken additional training (NVR, IAPT) to facilitate WSA, psychoeducation and consultation.

2.4.4 Plans for future

- Facilitation/development of group work and WSA
- Close monitoring of waiting list in collaboration with schools

2.4.5 Managing demand

- All young people on the waiting list will be allocated to MHPs and EMHPs recently recruited. The service is confident that all young people referred will receive assessment within the academic year.
- All young people on the waiting list have received a letter and confirmation that the service will be in contact with signposting information i.e. crisis care.

2.4.6 Developments

- To support staff retention the service is nominating Qualified EMHPs to complete the Senior EMHP course and for MHPS to complete the Supervision course.
- The service has also supported staff training in high intensity models ensuring a greater range of interventions are available to meet a broader range of needs.
- The national registration process for qualified EMHPs has recently been launched. As a large employer of these roles Alder Hey has engaged with the national team and will support individuals to achieve this registration, further supporting staff retention.

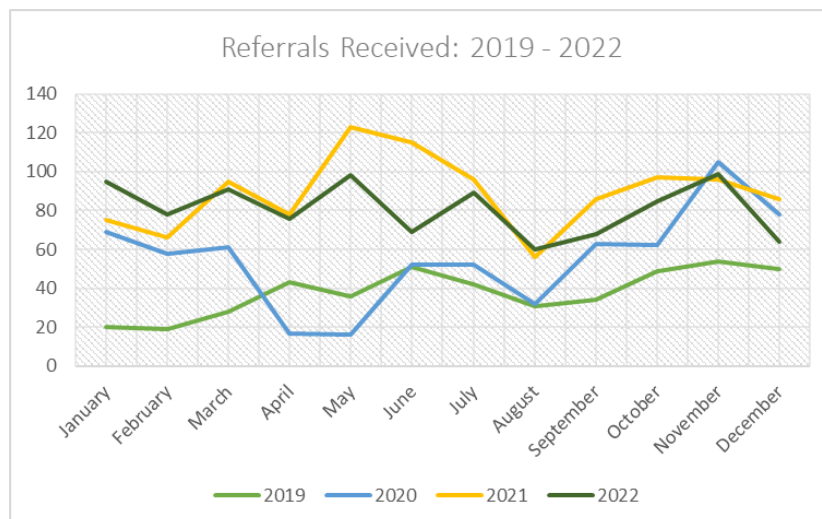
3. Third sector mental health providers

3.1 Referral rates

Throughout 2022/23, levels of demand have continued to be challenging for third sector providers, Venus and Parenting 2000 and the services continue to experience a sustained increase in referrals as outlined in the tables and graphs below. At its peak, Venus experienced a 134% increase from pre-pandemic levels. These have remained at a high rate throughout 2022 with an 112% increase from 2019 figures.

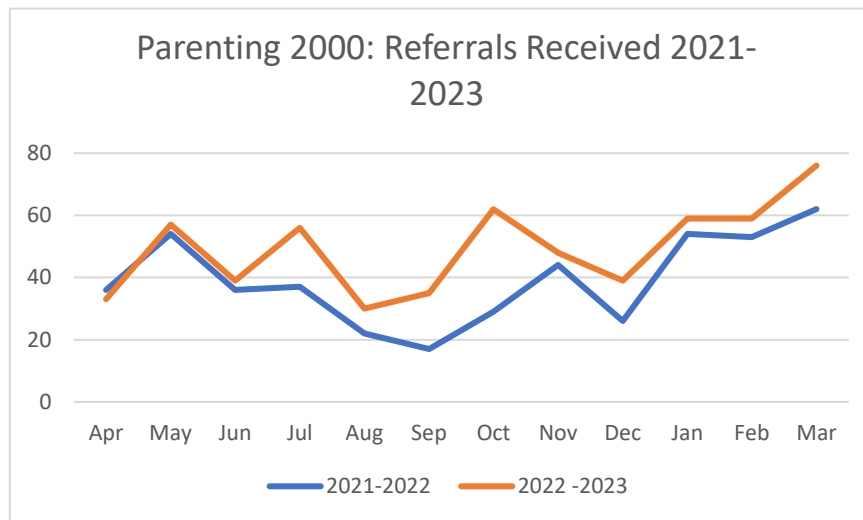
Venus referral rates, 2019 - 2022

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	20	19	28	43	36	51	42	31	34	49	54	50	457
2020	69	58	61	17	16	52	52	32	63	62	105	78	665
2021	75	66	95	78	123	115	96	56	86	97	96	86	1069
2022	95	78	91	76	98	69	89	60	69	84	99	65	973



Parenting 2000 referral rates, 2022 - 23

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-2022	36	54	36	37	22	17	29	44	26	54	53	62	470
2022-2023	33	57	39	56	30	35	62	48	39	59	59	76	593



3.2 Waiting times and new waiting time management initiatives

The challenges of the ongoing high levels of demand has had some significant impacts on waiting times as outlined below. To provide some short term additional capacity and support, C&M ICB (Sefton Place) agreed some further non recurrent funding in January 2023 to enable Venus and Parenting 2000 to deliver ongoing 'open access' support for those children and young people on the waiting list. Providers have also reviewed and developed differentiated assessment and treatment pathways and introduced some new ways of working to facilitate more appropriate and timely access to emotional health and wellbeing support.

3.2.1 Venus Star Centre

Due to increased service demand and loss and reduction of funding streams, 2022/23 was an especially challenging year for Venus. In January 2023, the service took the very difficult decision to close its service to new referrals to bring waiting lists down to a reasonable level. At the time of the pause, 250 children and young people were on the initial assessment waiting list, with the longest wait at 8 months, together with a wait of up to 8 months for allocation for intervention. This meant that from referral to treatment a young person requiring routine treatment could be waiting as long as 15 months which represented an increase risk.

Introducing the pause allowed Venus to completely clear the back log of assessments and make considerable inroads into the treatment wait list, enabling the service to reopen its doors to new referrals from 15 May 2023.

With funding secured for 2023/24, Venus plan to adjust their offer to maximise access:

- A 4 week wait for assessment and improved waiting times for therapeutic treatment at around 3-6 months depending on the intervention.
- Introduce a new pathway following assessment to engage young people and their parent/carers in group sessions where there is a mild to moderate presentation. This will allow the service to offer interventions to a larger number of young people and their carers
- The separate pathway will reduce the delay in accessing support for all young people and their families, and support a reduction in the waits for one-to-one interventions for those with higher complexity or mental health risk.

3.2.2 Parenting 2000

In September 2022 and in line with 4 week waiting time ambitions, the service introduced the offer of a 'Ticking Over' session which is available within 3 weeks of referral and initial triage by a clinician. A 'Ticking Over' session is an initial half hour session with a therapist which provides a brief intervention and identifies any children and young people with further higher risk presentations who can be escalated for priority treatment.

Lower risk children and young people are provided information of low intensity group activity and other suitable resources within the community. During 2022/23, Parenting 2000 successfully diverted 95 lower risk referrals from one-to-one therapy to low intensity group activity, such as the Youth Well Being Mentoring Programme and 'Youth Circle' educational psychologist led support group.

Average current waiting times:

- Referral to 'Ticking Over' session - average 3 weeks
- 'Ticking Over' to assessment – shortest is 4 - 6 weeks for high risk with treatment straight after assessment
- Referral to treatment 'routine' waiting times for low risk who choose not to access any of Parenting 2000's waiting time initiatives is 10 -12 months

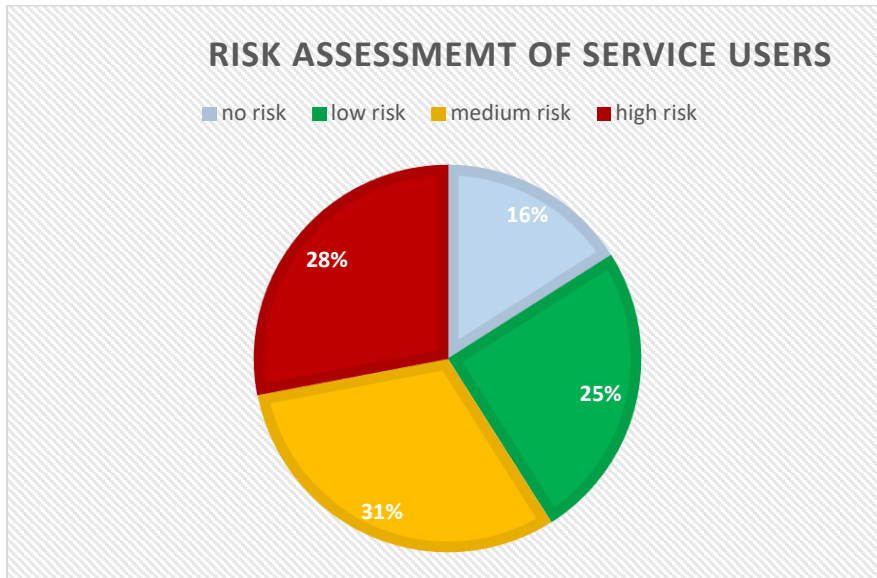
3.3 Assessing and managing risk

As with specialist CAMHS, 3rd sector partners have continued to witness high levels of mental health risk and complexity, particularly with regards to intentional self-harm, suicidal ideation, and disorder specific presentations. Both Venus and Parenting 2000 prioritise cases with identified risk for urgent assessment and/or treatment, which results in longer waiting times for routine appointments.

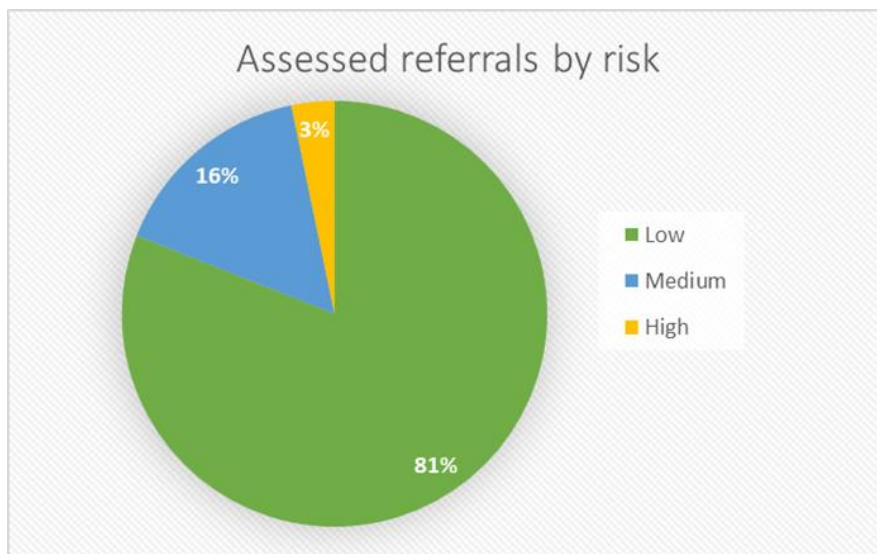
For both providers, cases with identified risk are prioritised for urgent assessment within 6 weeks. Following this, those with identified high risk commence treatment within 2 weeks and those with medium risk within 10 weeks.

The charts below show percentage of levels of risk for assessed cases.

Parenting 2000 - levels of risk, 2022/23



Venus - levels of risk, 2022/23



4. Mental health system – further developments and updates

4.1 Tier 4 inpatient mental health

As with all mental health services, there has been a continued high level of demand for T4 mental health inpatient beds since the pandemic and there is a ongoing recognised shortage of beds both locally and nationally, resulting in some young people with significant mental health needs being ‘stuck’ in acute beds and/or more frequently being placed ‘out of area’. Similarly, there are also insufficient specialist placements and/ or specialist community provision/support for when young people are ready for discharge, so delayed discharges can also be a common issue.

Whilst NHS E Specialist Commissioning is the responsible commissioner for Tier 4 secure and non-secure Child and Adolescent Mental Health Services (CAMHS) (including eating disorders), when there are no Tier 4 beds available, the local health system must hold and manage the risk and look for alternative solutions. In an increasing number of cases, this has involved the commissioning of additional specialist mental health support from private providers to contain and keep patients safe whilst they are in acute settings (as described in section 2.2.2). This spot purchasing of additional support has increased across all Cheshire and Merseyside 'places' and represents a significant financial burden for the system. C&M ICB is looking at an ICB commissioning solution to address the issues in the short to medium term and so reduce inefficiencies and costs.

Similarly, for those young people who present in crisis with challenging behaviour, but who do not have a mental health condition, the Local Authority is challenged in finding specialist community provision and/or specialist placements, as there is a shortage. This can also result in these young people getting stuck in an acute setting as timely and safe discharge is not possible and/or being placed in 'out of area' placements. The trauma and challenges of this situation are exacerbated for those children and young people in care and/or who have a learning disability and/or autism.

There are a number of national, ICB and Sefton Place specific workstreams which are addressing these system wide provision issues, some of which have been implemented or are in development, for example:

- Transforming Care – for those young people with a learning disability and/or autism, implementation of intensive support/home treatment services (section 2.3.4), key worker initiative (section 4.2) and development of 'places of safety';
- National new models of care and admission avoidance strategies, including introduction of 'Gateway Meetings' (section 4.3)

4.2 Implementation of Key Worker team

As part of the national and C&M ICB Transforming Care programme and developments (4.1), Sefton Place was successful in being selected to be a pilot site for the key worker initiative.

The team commenced in post in January 2023 and are employed by NHS C&M ICB (Sefton Place). Consisting of a manager and 3 key workers, the team supports Sefton's most vulnerable children, young people (and their families) with a diagnosed learning disability and/or autism, with the express aim of preventing a mental health hospital admission and/or family/placement breakdown.

Those who are assessed at high risk of a Tier 4 admission sit on Sefton's Dynamic Support Database (DSD) and have access to the support of a key worker. The key workers have specialist knowledge and skills in working with people who have either a Learning Disability and/or Autism. They are not a clinical team.

To note, the DSD is for children and young people who have been diagnosed with a Learning Disability and/or Autism who display challenging behaviours and/or have mental health conditions which put them at risk of admission. This database has information about the child/young person and what areas of their care may require enhanced community support. The information helps services to work more closely together to manage a person's

support effectively and ensure good outcomes in the community. These children are discussed at a monthly multiagency tracker meeting.

4.3 Establishment of Sefton Place ‘Gateway meetings’ and processes

Over the last 12 months and in line with national new models of care and admission avoidance strategies, Sefton Place commissioners have been leading the development and establishment of ‘Gateway Meetings’ across the Sefton partnership. This is being supported by the wider C&M ICB through its dedicated ‘Gateway meeting’ project team.

Gateway meetings are a multi-agency approach to meeting the needs of young people who have moderate to severe mental health difficulties who have been identified at high level of risk of admission to Tier 4 CAMHS and/or placement breakdown. They are designed to ensure that the local system takes collective responsibility for the care and welfare of their young people. These are not to replace existing MDT meetings and frameworks, but are focused on the cases where there are specific system barriers and issues to securing appropriate support. Unlike those children and young people who sit on the DSD, a diagnoses of Autism or LD is not required to benefit from this process, however, as the concept and multi agency approach required for these different cohorts is essentially the same, Sefton has combined its Gateway and DSD tracker meetings. The combined group meets on a monthly basis and includes senior representation from social care, education, SEN team, CAMHS providers and Early Help teams.

Further information of the Gateway meetings and processes can be found here:

<https://www.levelupcm.nhs.uk/CYPMH-gateway>

To support with the management and oversight of complex cases and establishment/management of the Gateway processes, C&M ICB (Sefton Place) appointed a Complex Case Commissioning Manager who commenced in post in December 2022. The role is closely aligned to the work and developments of the Key Worker team functions and they are working together to develop and strengthen a whole system approach to the management and over sight of Sefton’s complex children and young people. This includes support in developing Sefton’s approach and offer for ‘Cared for Children’ and those on the ‘edge of care’, as part of Sefton Council’s Inspection of Local Authorities Children (ILAC) improvement plans.

4.4 Crisis escalation pathways

There has been a strengthening of systems and processes across the local mental health provider landscape, notably in developing crisis escalation pathways for those young people aged 16 – 18 who present in crisis at an adult A&E. A Cheshire and Merseyside wide pathway and protocol has been developed by adult and CYP community and acute trusts, who have also collaborated in the development of Standing Operating Procedures for management of crisis cases in an acute setting.

In addition, the newly established Gateway processes also includes a C&M ICB wide escalation or ‘resolution’ process for urgent and crisis cases. The resolution process is initiated should an initial Gateway meeting not be successful in agreeing and mobilising an appropriate system-wide plan to prevent further escalation of a young person’s mental health and/or placement breakdown.

The 'resolution' process includes a number of escalation levels from Level 1 at 'place' to Level 4 at NHSE regional, for exceptional cases when a resolution cannot be agreed at place or ICB levels. The expectation is that the majority of cases requiring resolution should be dealt with at a Level 1, place-based resolution meeting. Further escalation would only be required if there continued to be significant place-based disagreements about needs, provision or funding.

4.5 Developing services for Cared for and Care experienced young people.

Alder Hey Children's Hospital has sought the view of cared for young people who access Sefton's Community Mental Health Services to understand how services can be developed. Access data for this group of children and young people is reviewed quarterly and difficulties with data quality have been identified which are being reviewed.

In response to these audits, and with a focus to improve timely access for cared for children, a pilot project was introduced in September 2022. This pilot introduced a "professional" consultation with adults who look after the children and young people prior to meeting the young people themselves. This provided an opportunity to understand the context and to think about the best way to engage the child or young person in their mental health appointments, recognising the demand services can place on children to tell their story. This pilot improved timely access for cared for children and young people and has been positively received by social workers. Young people are also matched to practitioners to promote a better patient journey.

In addition, Sefton Place commissioners and colleagues are supporting Sefton Children's Social Care to develop a system wide approach and offer to improve the emotional health and wellbeing support available to cared for and care experienced young people.

Through the Safeguarding Partnership improvement work, Sefton Place is also leading on the delivery of an Emotional Health and Wellbeing action plan for this cohort, which includes a focus on increasing the awareness of the emotional health and wellbeing offer amongst professionals, so they can refer and signpost accordingly.

Health system partners are also supporting increases in the annual completion of the strengths and difficulties questionnaire (SDQ) which is a brief behavioural screening tool informing professionals of the status of a young person's emotional and behavioural development used as part a holistic assessment of need. This forms part of the child's health plan and appropriate referrals are completed with consent from the young person.

4.6 Building Attachments and Bonds Service (BABS)

A parent infant Building Attachment and Bonding Service (BABS) was introduced in Sefton in January 2022 to support parents to prevent the impact of Adverse Childhood Experiences (ACEs) on their parenting capabilities.

This service allows for early identification of parent/infant attachment issues to facilitate support or referrals into specialist services, ensuring positive parent and child relationship and wellbeing, with supported transition to parenthood through the use of targeted specialist psychological support. 34 families have so far been supported by this service.

Initially funded by funding secured by the Local Authority's Public Health programme, in 2023/24 this will be jointly funded by the Local Authority and NHS C&M ICB.

4.7 Primary Care pilot – children and young people mental health roles

Alder Hey Children's Hospital is working with the Primary Care Networks to pilot a collaboration between primary care and young people's mental health services and partnership agencies to deliver low intensity support to children and young people with mild to moderate mental health difficulties.

This has created additional workforce capacity to strengthen the integration of children and young people's mental health services in primary care. Two Band 5 Mental Health Practitioner and a Band 7 Senior Mental health Practitioner have been recruited and are due commence in post June/July 2023.

Exciting opportunities exist to bring in peer support workers and children's social prescribing which are also being explored.

4.8 Framework for Integrated Care – national vanguard programme

Sefton and Liverpool Places (then CCGs) were successful in their joint North Mersey expression of interest to be part of this national vanguard programme, which commenced in November 2022 with funding extended to the end of 2025

This new psychology led model aims to build on the current Youth Offending Team (YOT) provision and work with children and young people who are at risk of being criminally and/or sexually exploited and their families. It aims to embed an enhanced case management and trauma informed, strengths-based approach through training, consultation, assessments and interventions to the most vulnerable children and young people with complex needs. It is to be an integrated offer and will enhance existing provision including CAMHS and NHSE Liaison and Diversion.

The new staff team includes a Complex Needs Lead, Case Manager and Targeted Support Officers who are co-located with Sefton's Safeguarding Hub to facilitate joint working.

4.9 Outreach for Youth Offending Team

Through the development of the Framework for Integrated Care project, the interface between Alder Hey's Community Mental Health Services and the Youth Offending Team was identified a useful opportunity to improve access for this population. Violence Reduction investment secured by Youth Offending Team has enabled a mental health practitioner to be deployed for two days a week into the Youth Justice Service, which is timely given the national requirement to include access KPIs to mental health services for this cohort. This practitioner will offer timely assessments and brief interventions

4.10 4 Week Wait Programme

Sefton and Liverpool Places (then CCGs) were successful in receiving national investment for the 4 Week Wait Programme with the aim of reducing waiting times and being part of the

consultation into introducing a national access standard for children and young people's mental health.

The project focused on how referral pathways for NHS commissioned mental health services could be streamlined to avoid any unnecessary delays in waiting times, but also to explore what other types of 'help' that young people may benefit from while they wait for an assessment/treatment.

The initial scoping and process mapping was completed and facilitated by Aqua consultancy. The outputs from this work has initiated two further local workstreams, to include establishment of a redesign group to identify local pathway improvements and a separate capacity and demand workstream. Further development of these will commence in June 2023.

4.11 SHOUT text service

The SHOUT service is a 24/7 text message service for anybody that may be struggling with anxiety, loneliness or depression through to self harm or suicidal thoughts. The service is commissioned by C&M ICB on behalf of all nine places across the region, including Sefton.

Anyone messaging the service can expect a reply within 5 minutes of their text, and is supported to work through their worries and is signposted to any resources and potential services which may assist that individual's situation and circumstances.

5. Kooth

Online support via Kooth has been available in Sefton for over 3 years and the number of logins has grown to 4,856 during that time. Following a successful evaluation of the service in the summer of 2020, the service was re-procured on a 3-year contract, with the option to extend for another year. The age range was extended for those who can benefit from the service from 11 - 18 to 10 - 25 year olds.

A Kooth Stakeholder Management group has also been created to provide oversight and performance management of the service. It meets on a quarterly basis with membership including the three funding partners, schools, and children and young people – meaning the voice of the child is at the heart of making sure the service works for its key demographic.

During 2022/23, 735 new users registered with Kooth and there were 4,856 logins. There were more than 200 chat sessions with counsellors and 3,007 messages exchanged with counsellors and users. The most prominent presenting issue during chat sessions was anxiety/stress, followed by suicidal thoughts and self harm. 93% of users said they would recommend the service to a friend.

6. 0 – 19 Services, Mersey Care NHS FT

6.1 Health Visiting

Throughout 2022/23 the Health Visiting service in Sefton continued to support the emotional health and well-being of children and families by supporting and enabling parents to maintain and enhance their own emotional well-being and reduce their vulnerabilities to mental health

problems, as well as promoting the emotional well-being of children through giving advice around bonding and attachment and baby brain development.

The Service has reviewed and relaunched the Parent Infant Mental Health Screening Pathway to reflect NICE guidance to support improved identification of mental health support needs for parents.

The service provides support to parents through universal contacts in accordance with the Healthy Child Programme (2009) and when additional need is identified, universal plus support is provided through targeted contacts. In 2022/23 the service provided Universal plus contacts, which impact on children and family's emotional health and well-being as follows:

- 3186 additional contacts to support parenthood and the early weeks
- 1202 additional contacts for maternal mental health
- 1426 additional contacts to support Healthy 2 year olds and getting ready for school

6.2 Infant feeding

Mothers with challenging mental health are supported to make informed choices about feeding /responsive parenting and understanding normal new-born behaviour, building resilience.

In collaboration with the BABS service, infant feeding discussions are included in the initial assessment as of March 2023.

Through a Specialist Service Audit, 94% of mothers stated that input from the service had positively impacted their mental health and understanding of safe and responsive feeding with commercial milk formulas and weaning.

6.3 School Health

Working with children and families in schools, for example in school health drop-in sessions, community setting and in homes, school nurses provide holistic assessment of children and young people's mental health and wellbeing needs, and provide mental health promotion, prevention, and early intervention approaches, conducting health assessments to identify risk-taking behaviours and supporting children to keep safe.

6.4 ChatHealth text messaging service

In May 2022, the School Health Service launched Chat Health, a text messaging service where young people can get confidential help and advice. School nurses offer advice and support about issues affecting young people including, emotional health, sexual health, relationships, alcohol and drugs and bullying. Children aged 11 to 19 living in Sefton can access this service. A trained healthcare professional will reply between 9am and 4.30pm and within 24 working hours.

ChatHealth aims to improve patient experience as it allows for an improved and more convenient access to the school Health service, enabling people to contact school nurses during the school holidays, and bringing improved response to need, leading to earlier intervention and improved, quick and easy access to health advice and support for young people.

Targeted provision is delivered to more vulnerable young people who may find it difficult to access services. Chat Health extends service provision to service users who may have not previously accessed the service. Research shows males are more likely to use a messaging service than seek face to face support.

The highest percentage of messages received in 2022/2023 relate to emotional health & wellbeing with 36% of contacts to the service with support, advice, and signposting to other services as needed. A number of these messages resulted in a face to face contact.

6.5 HealthForm – digital health questionnaire

In 2022/2023 School Health have introduced ‘touchpoints’ as part of delivery of the Healthy Child Programme, a new electronic health questionnaire for children and young people. This is an opportunity for children in years 6,9,11 to complete a digital health questionnaire (HealthForm).

The Health Form provides an opportunity for young people to complete a health questionnaire, allowing them to respond to questions about their wellbeing. This identifies where individual support can be directed and develops a needs-led service. Questions relate to emotional health and wellbeing, including reported personal happiness. It also ascertains the impact of mood on ability to do tasks that are important to them. Year 9 and year 11 pupils receive a personalised health plan to support well-being. Onward referrals are made for appropriate support by a partner agency if needed.

An example of an intervention provided following the year 6 HealthForm delivery in 2022/2023 is the Year 6 Worries sessions (age appropriate) that the school health team delivers to promote resilience in those schools where elevated levels of worry are identified.

6.6 Happy ‘N’ Healthy Sefton

The 0 -19 Service is part of the Happy ‘N’ Healthy Sefton, which consists of a range of public health commissioned partners working collaboratively to improve children and young people’s health and wellbeing by promoting a holistic approach, whilst reducing health inequalities.

The service, which is newly formed in 2022 and due to be launched in the coming months, has a core team consisting of three staff members, with a 0-19 (Mersey Care) lead, Active Sefton lead and a Public Health Support Officer.

The core team act as the central point to co-ordinate integrated working and ensure that children and young people are signposted or referred into any support services that would meet their needs. They also provide advice, easy navigation into services, training and partnership working with wider stakeholders.

It is the role of the core team to ensure that public health messaging across all themed areas is embedded in service delivery of partners, whilst raising awareness of the service with wider stakeholders to ensure children and young people can access public health support that will benefit their needs and compliments other support they may be receiving.

7. Sefton CVS, Mental Health Programmes

7.1 The Getting Back Project

Delivered by staff from both MYA SPACE (performance art hub) and Person Shaped Support. It uses creative arts as a binding point in the learning process. Tailored to meet individuals' needs, offering advice & guidance to build confidence within a safe environment, helping each cohort make a successful return to school settings or get back to being themselves. Students experienced theatre, music and structured group work and were given the opportunity to focus on individual likes and needs. Young people set goals and built a pathway to either re-engage back fully into education or regain confidence to be themselves again.

7.2 Emotional Regulation (ER) Project

Delivered by Venus. Not being able to understand and find the words to communicate how we feel to others can be the biggest barrier for a child or young person. These difficulties can often result in frustrations and anger. Feedback from education staff and parents/carers indicated that there was an increase and escalation in children and young people presenting with emotional dysregulation problems, which impacted on their daily emotional wellbeing, progress at school and relationships with family and friends.

7.3 'Bridging the Conversation'

Delivered by Parenting 2000 these intensive therapeutic interventions work with young people to help them to tackle and reverse their emotionally based school avoidance/low attendance. The young people were matched to one of the three therapists for themed one-to-one sessions to establish the root causes of their low school attendance, working with them, their parent(s)/carer(s) and school to find a solution to reverse this.

7.4 Education and Mental Health Network

Meetings take place each half term on a Zoom video call. The content includes a school sharing good practice, a partner agency sharing information about their offer, and an update from Mental Health Support Teams in Schools. There is also an opportunity to share information and network. Guests speakers for 2022/23 have included: Savio High School, Crosby High School, Meols Cop High School, Springwell School, Christ the King School, SEAS, Roberts Music, KOOTH, Samaritans, Thrive Network, ADDvanced Solutions, MYA SPACE, and Sefton Carer's Centre.

7.5 Thrive Network

Meetings continue to take place bi-monthly on Zoom chaired by CVS's Children and Families Development Officer. Partners that attended in 2022/23 included: Sefton Early Help, Acting Angels, SWAN, Sefton SEN & Inclusion, Samaritans, Parenting 2000, Sefton Young Advisors, Place 2 Be, RASA Merseyside, Forefield Infants School, Sefton Carers Centre, We are with you, Merseycare, Larkfield Primary School, Sefton Local Offer, Mental Health Support Teams in Schools (MHST), Deyes High School, Sefton Children's Social Care, Roy Evans Foundation, Sefton Parent Carer Forum, Linaker Primary School, Active Sefton, KOOTH.

8. Access targets

NHS planning includes a commitment to increase the number of children and young people being supported by NHS funded community services, this is called an “access target”. It is the percentage of children young people accessing support compared to the suggested prevalence.

	17/18 (Target 30%)	18/19 (Target 32%)	19/20 Target 34%)	20/21 (Target 35%)	21/22 (Target 35%)	22/23 Provisional (Target 35%)
South Sefton	23.3%	29.4%	29.9%	34.6%	39.6%	44.7%
Southport and Formby	30.6%	38.1%	33.7%	37.0%	42.1%	45.8%
Sefton Place	26.9%	33.8%	31.8%	35.5%	40.5%	45.1%

There has been continued good progress in increasing access and meeting the access target across Sefton since 2017/18. Despite the impact of Covid-19 pandemic on the 2019/20 figures, preliminary end of year data indicates that we are again on target to exceed the 35% target for north and south Sefton and across Sefton Place in 2022/23.

8. ASD and ADHD services

To note, an update on these services has been included in the report given the close association between neurodevelopmental conditions and emotional health and wellbeing.

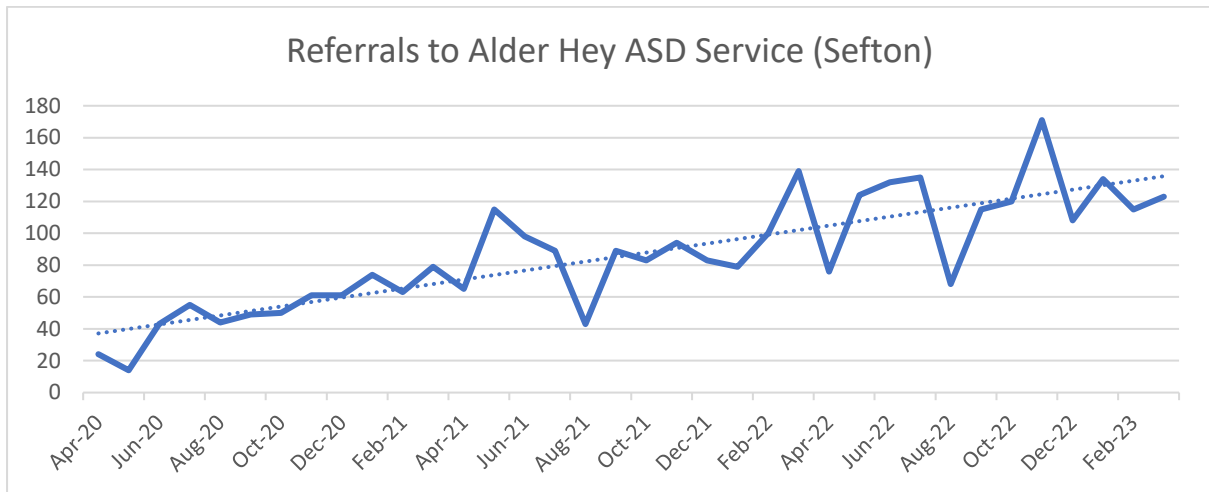
8.1 Alder Hey’s ASD & ADHD Assessment & Diagnostic Services (0 – 18)

8.1.2 Overview of performance

There has been a sustained increase in demand for diagnostic assessment for ASD and ADHD since April 2020. This increased demand continues to impact significantly on capacity within the diagnostic pathways and has led to delays in completion of assessment pathways within locally agreed timescales.

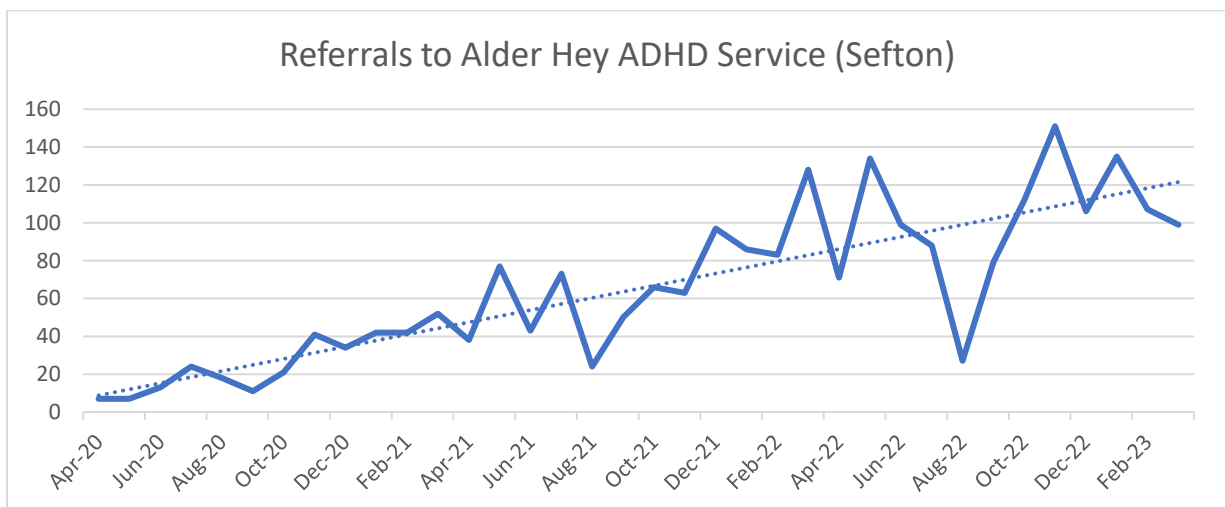
The Alder Hey ASD service has experienced an increase in referrals of **130%** in 2022/23 compared to 2020/21 which is detailed in **Chart 10**

Chart 10: Referrals to Alder Hey ASD Service (Sefton)



The Alder Hey ADHD Service has experienced an increase in referrals of **287%** in 2022/23 compared to 2020/21 which is detailed in **Chart 11**

Chart 11: Referrals to Alder Hey ADHD Service (Sefton)



The increase in demand over and above commissioned capacity has had a significant impact on waiting times and has resulted in a deterioration in compliance with the locally agreed metric of 90% of children and young people waiting for conclusion of their diagnostic pathway within 30 weeks. **Chart 12** demonstrates the deterioration in compliance with the agreed maximum time standard since May 2022.

Chart 12: Reported Waiting Times May 2022 – March 2023

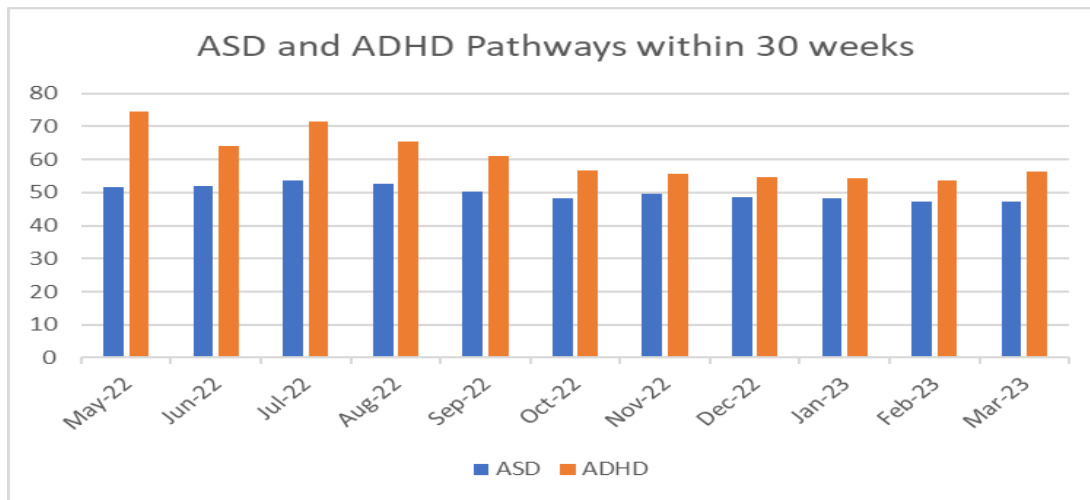


Chart 12 illustrates the % children and young people who are currently on the waiting list, where their waiting time for conclusion of their diagnostic pathway is within 30 weeks of referral. Children and young people may receive multiple assessments from members of the multidisciplinary team prior to an MDT discussion to conclude their diagnostic pathway.

8.1.3 Challenges and risks

- Demand for the service significantly exceeds available capacity. The service experienced a considerable increase in referrals during the COVID-19 pandemic and although referrals have been closely monitored to understand if this would stabilise following the pandemic this has not been the case and referral numbers have continued to grow.
- There are workforce recruitment challenges in the service due to a national shortage of appropriately trained and experienced staff. This is a particular challenge in the ASD service for the psychology workforce. The ADHD Service has experienced a high turnover of nursing staff over the past year, fortunately the service has recruited 8 new nurses who are starting in post April – June 2023.

8.1.4 Actions to address

- The ICB have agreed access to assessment and diagnosis for ASD and ADHD as a priority and discussions remain ongoing regarding investment into the service.
- Recruitment to vacancies is continuing and alternative career pathways and new roles are being explored.
- Service improvements to optimise the assessment and diagnostic pathways continue to take place, this is co-produced with children and young people and the Sefton Parent Carer Forum.
- Discussions continue with primary care regarding shared care arrangements for children and young people who are prescribed ADHD medication.

8.1.5 Plans / trajectories for recovery

A recovery plan was shared with the ICB in October 2022 highlighting the sustained increase in demand and corresponding insufficient capacity in the service and required capacity and investment to address. Alder Hey proposed a recovery plan based on the timescales in the NHS England covid recovery delivery plan for tackling the backlog of elective care.

8.1.6 Managing demand

The ASD and ADHD Services prioritise children and young people for assessments based on their waiting time length and on clinical urgency.

8.1.7 Developments

8.1.7 (i) ASD post diagnostic support programme

As part of a pilot programme, delivered in partnership with third sector partners Addvanced Solutions, the ASD service has delivered an ASD post diagnostic programme of support which includes support for parents and carers through a social model of learning including telephone, email and online support, an Autism learning programme delivered to families and a targeted support programme called 'Riding the Rapids'. In addition, for all secondary age children, a workshop is offered to gain an understanding of autism as well as a specific intervention for a targeted group of children and young people who are offered additional support through 1:1 coaching for up to 10 sessions. This programme has been positively evaluated and opportunities for recurrent expansion are being explored.

An independent evaluation of the pilot was undertaken which demonstrated the positive impact for children, young people and families and the return on investment for the local system. On the basis of the evaluation, C&M ICB Transforming Care Programme agreed recurrent funding of £194k in 2023/24 to continue with the delivery of this service across Sefton and Liverpool Places.

8.1.7 (ii) Neurodevelopmental community support programme

C&M ICB (Sefton Place) has been successful in securing £50k non recurrent funding for the this support offer, as part of the C&M Learning Disability and Autism Transformation Programme (Beyond Programme). The neurodevelopmental community support offer is 'open access' and provides community based learning programmes and support for families with children/young people who have neurodevelopmental needs, regardless of a diagnosis. It is delivered by third sector partners ADDvanced Solutions.

Sefton families can access this support whilst they are on the ASD/ADHD assessment and diagnostic pathway if they wish.

8.1.7 (iii) ASD peer support worker programme

The Health Education England ASD peer support programme is due to launch in 2023 with training underway for peer support workers from both the voluntary sectors and parent carer

forums, as well as young people with support and supervision provided through the Alder Hey ASD Service. The development of the new autism peer support worker roles is an exciting opportunity for health service providers to harness the skills and lived experiences of autistic people, who, as part of the workforce will offer peer support to help other autistic people to maintain their wellbeing.

8.1.7 (iv) ASD Schools Project

A project has been developed in partnership with schools, school SENCO's and the Sefton Parent Carer Forum to ensure that the graduated approach had been followed and was included as information in referrals to the Alder Hey ASD Service. This is to safeguard children and ensure they are supported appropriately at school. Practitioners in the Mental Health Support Team and Venus Star Centre have received training, and this is due to commence in September 2023.

8.1.7 (v) Neurodevelopmental (ND) pathway developments

Development of a local All Age Autism Strategy and an integrated ND pathway have been highlighted as a priority of Sefton's Start Well programme and Sefton's SEND Joint Commissioning Strategy. These programmes of work will focus on the development of a graduated offer of ND support, which provides the appropriate level of support and provision regardless of diagnosis. Through these developments, it is hoped that ND needs will be met holistically and that families, professionals and the wider system will become less diagnosis focused.

8.2 Mersey Care's ASD & ADHD Assessment & Diagnostic Services (18 – 25)

8.2.1 ASD Performance

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Av. Waiting Times for ASD Service Diagnostic Assessment in Weeks	84.2	84.7	86.2	87.5	88.1	87.3	89.2	88.5	89.3	91.1	90.3	85.2
Total number of accepted new referrals to ASD service	203	203	205	216	210	201	199	195	191	182	179	174

During 2022/23 waiting times for diagnostic assessment fluctuated and reach their peak in January 2023, and then decreased in February and March 2023. The data detailed above reflects a decrease in ASD referrals during 22/23 however, demand for the service continues to exceed assessment capacity.

As part of a waiting list initiative, SEND referrals continue to be prioritised and individuals are identified as part of the triage process, for those on the waiting list who are awaiting assessment, they are provided with information and/or signposted to local and national agencies/services that offer health and wellbeing support.

8.2.2 Funding

Additional funding of £100k was committed to the service in 21/22, 22/23 and again in 23/24 to enable the service to recruit additional staff to support the post diagnostic support groups and to increase diagnostic assessment capacity. A business case that was submitted to Cheshire and Merseyside Transforming Care Partnership for additional non-recurrent funding to increase capacity for diagnostic assessments and post-diagnostic support was successful and this was awarded across North Mersey which includes Liverpool Place, as the service is jointly commissioned. This funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list.

8.2.3 Service Transformation

A service transformation group has been established with place leads from across North and Mid Mersey working in partnership with Mersey Care NHS Foundation Trust to review current service models, identify best practice and alignment of pathways to ensure parity of provision, whilst reducing variation.

8.2.4 ADHD Performance

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Av. Waiting Times for ADHD Service in Weeks	54.9	56.3	51.7	52.2	54.7	45.8	40.4	40.4	26	16.4	15.3	9.9
Total No. of accepted new referrals to ADHD service	213	218	286	307	317	351	365	373	377	379	371	370

During 2022/23 waiting times for the ADHD service has improved significantly, with waiting times reducing from 54.9 weeks in April 2022 to 9.9 weeks in March 2023. The average waiting time for SEND individuals transitioning into the service is 6-8 weeks.

The data detailed above highlights a significant increase in referrals to the service and demand continues to outweigh capacity.

8.2.5 Funding

Additional funding has been committed to the service in 20/21, 22/3 and again in 23/24 which has enabled the service to complete a waiting list initiative which has identified individuals who no longer met the criteria for an assessment or did not wish to proceed, and a general welfare review was also completed as part of this process. The funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to reduce the waiting list further, which has resulted in a significant decrease in waiting times during 2022/23.

8.2.6 Challenges / Risks

At present, the view of the provider is that they are unable to discharge patients from the service due to a lack of shared care arrangements with primary care. As a result, annual reviews are having to be completed by Mersey Care which reduces their capacity to undertake new assessments and in turn impacts upon the waiting list.

Sefton Place does have a shared care agreement in place for ADHD medication, although difference of opinion on how this works in reality between Mersey Care and primary care mean that it is not being utilised as effectively as it could be.

Meetings have taken place with clinical leads in primary care and Mersey Care to understand the issues from both sides.

8.2.7 Service Transformation

A service transformation group has been established with place leads from across North and Mid Mersey working in partnership with Mersey Care NHS Foundation Trust to review the current service models, identify best practice and alignment of pathways to ensure parity of provision, whilst reducing variation, which will be an interim measure whilst we develop a more sustainable model across Cheshire and Merseyside ICB.

A full-scale review of ADHD services commissioned across Cheshire & Merseyside is currently being progressed by the ICB, and this piece of work is being supported by the Innovation Agency who will assist with future service re-design and implementation. The first stage of this review is currently being progressed, which is to gain a detailed baseline understanding of the model and pathway that is currently operating in each place, which will conclude in June. Consultation and engagement with primary care, wider clinical services and experts by experience will be vital to ensure that the development of a new service model is sustainable long term.

9. Engagement and co-production

9.1 Mental Health snapshot

The Sefton Emotional Health Partnership has an established dedicated Communications and Engagement Group to help develop and drive a coordinated strategy and approach to its communication and involvement with Sefton's children, young people and their families.

In 2022/23 the group collectively developed and co-produced a of services, which provides an overview of commissioned children and young peoples' (CYP) mental health services that are available in Sefton. This aims to support professionals in making appropriate referrals into CYP mental health services, allowing CYP to access appropriate and timely support.

The mental health snapshot was developed following stakeholder feedback to provide an updated alternative to the previously created Mental Health Toolkit, which is a comprehensive directory of services to support young people. Frontline practitioner feedback helped shaped the development of the snapshot as it specified a need for a short, concise document that outlines mental health support for Sefton's young people.

The 2- sided snapshot has been created using the THRIVE model of mental health support and can be viewed here: <https://www.sefton.gov.uk/media/6226/cyp-mental-health-snapshot-final.pdf>

9.2 Sefton Young Advisors

Currently, the Sefton Young Advisors are the key group supporting community engagement and co-production activities with CYP across Sefton. Managed and recruited by Sefton CVS, they are trained consultants aged from 15-22 who support local organisations to engage CYP on a range of subjects and issues, helping the views and opinions of young people to be heard and understood. They are also members of Sefton Place's People and Communities Group, the local Thrive Network, Education and Mental Health Network, Strategic Youth Voice Steering Group and the Healthwatch Steering Group.

Some recent examples of how they have supported young people to share their views on emotional health & wellbeing services are highlighted below:

- Sefton Young Advisors Supported CCG with COVID Vaccine promotion Videos
- Young Advisors designed an on line survey re young people and mental health
- Young Advisors attended Healthwatch Patient Participation Group Meeting and did Q&A
- Young Advisors Supported Sefton Public Health with naming Happy & Healthy Hub Service
- Young Advisors have reviewed and updated the Youth Voice and Participation Toolkit working with the Sefton Youth Voice Strategic Steering Group. Currently developing training to go along side this
- Young Advisors took part in the Violence Reduction Partnership Funded Hope HAC, they facilitated a local event and attended a LCR event representing Sefton Mental Health was one of the topics discussed

9.3 Alder Hey Children's Hospital's Youth Forum and Camhelions Group

A key aspect of the engagement and co-production work at Alder Hey is to ensure that children and young people's voices are heard at all levels within the Trust. They aim to empower children and young people to be able to have a genuine impact upon decision making processes within the Trust.

The Camhelions are a participation group who work alongside Alder Hey's Community Mental Health Services and who aim to improve the service for other young people. The Camhelions work closely with the Alder Hey Youth Forum with many children and young people from Sefton being a member of both groups.

Below are some examples of the work and activities the Camhelions and Alder Hey Youth Forum have been involved in and which support development of mental health services:

- **The Big Emerging Minds Summit** – the summit took place at St Catherine's College, Oxford University to develop a workshop called 'Design your dream school for good

mental health'. Young people from Camhelions partnered with a research group called 'My Mind is My Own' to deliver the workshop to a cohort of people from educational settings.

- **Supporting interview panels and recruitment** - the Camhelions have taken part in interviews across the Trust, some of these involving senior staff interviews such as the head nurse and other roles within Sefton Mental Services.
- **Developing leaflets** - the Camhelions have also had the opportunity to attend meetings where the Crisis Care team were developing leaflets for young people.

Some of the reasons young people joined the Camhelions:

"I joined to help improve the service because a lot of the adults don't see the service from a young person's perspective, and I felt that I had the experience to help improve the service and get involved."

"I joined the Camhelions because I had a few negative experiences in CAMHS and wanted to have a say so that other young people don't have a similar experience. I have loved my time so far in the group as I have met lots of lovely people who have helped me."

Report written and coproduced by the Sefton Emotional Health Partnership

Membership includes: Alder Hey Hospital NHS Foundation Trust, Mersey Care NHS Foundation Trust, Venus Star Centre, Parenting 2000, Sefton CVS and NHS Cheshire and Merseyside ICB (Sefton Place)

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