

**Sefton`s Children and Young People`s Emotional Health
and Wellbeing Strategy**

2016 – 2021

Acknowledgements

We would like to give special thanks to all people who have already contributed and helped with this process. Feedback from all partners has greatly contributed to the development of the Strategy.

We would like to give thanks in advance to all those who will be contributing to the future development of the Strategy as we progress to achieving our goals for children, young people and families' emotional health and wellbeing.

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Foreword

Welcome to Sefton`s Children and Young People`s Emotional Health and Wellbeing Strategy. This document is intended to set out the five year strategy for improving outcomes in Emotional Health and Wellbeing for Children and Young People.

The Strategy has been developed and is owned by Sefton Health and Wellbeing Board and produced following consultation with key stakeholders. The Strategy is intended to be a working document which will be reviewed regularly in order to monitor achievements and areas for development.

It is for all stakeholders, professionals, parents or Children and Young People themselves to work together to reduce risk, promote protective factors and to ensure that Children and Young People`s emotional health and wellbeing support Children and Young People`s mental health and that services are available to prevent, support and intervene when required to provide the best possible emotional health and wellbeing for Children and Young People in Sefton.

Our approach has so far led to:

- The establishment of a Sefton Children and Young People`s Emotional Health and Wellbeing Steering Group.
- Sefton has been successfully appointed by NHS England as a Children and Young People`s Improving Access to Psychological Therapies site.
- A joint NHS CQUIN is in place (Commissioning for Quality and Innovation) Programme, involving Alder Hey and Mersey Care Trusts to improve transitions between Children and Adult Services.
- National funding from NHS England to enhance Child and Adolescent Health Services with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community has been made available.
- We have a locally agreed Transformation Plan.
- We have engaged with Children and Young People to help us construct this Strategy.

There is still much to do. With the insight of our Children and Young People and their families, a system wide commitment and increased investment there has never been a greater opportunity to make things better; it is an exciting time!

.....Cabinet Member Children and Young People

.....Cabinet Member Health and Wellbeing and Chair of Health and Wellbeing Board

.....Southport and Formby Clinical Commissioning Group

..... South Sefton Clinical Commissioning Group

Why are we developing a Strategy

Emotional health plays a central role in children's mental, psychological and cognitive development as well as their general health. Mental health problems in Children and Young People may not always present themselves clearly. They can emerge in ways that are less easily defined, for example, through behaviour problems, withdrawal and emotional difficulties, substance misuse and physical injury.

Good emotional and mental health is important in helping to strengthen the child's capacity for relationships, improve educational attainment, promote social inclusion, expand opportunities and improve general health and wellbeing. The foundations of good emotional health and wellbeing are laid at the start of life. Since the majority of mental illness can be traced back to childhood, it is important that interventions which protect health and wellbeing are readily available. If mental health problems occur there should be early intervention. If left untreated there is evidence that these can become lifelong problems.

What is Emotional Health and Wellbeing and what do we mean by Resilience

There is no single definition of emotional health and wellbeing; The World Health Organisation defined emotional health and wellbeing as:

"A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹."

The Mental Health Foundation states that emotional health and wellbeing is:

"Being able to develop physiologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; lay and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and lean from them²."

The Children's Society³ (2015) reported upon 'subjective wellbeing' following extensive research. Children define their wellbeing in two areas, the first being 'life satisfaction' and how children view their lives in various areas such as relationships or educational attainment, and the second being the way children feel emotionally which can change from day to day.

The term emotional health and wellbeing is used throughout the Strategy and is used to encompass the spectrum of need between emotional health and wellbeing and mental illness.

Resilience is not something that people either have or do not – resilience is learnable and teachable and as we learn we increase the range of strategies available to us when things get difficult.

Resilience is.....

“Normal development under difficult circumstances”

“The human capacity to face, overcome and ultimately be strengthened by life’s adversities and challenges.”⁴

Population Needs Analysis

Nationally

According to Young Minds, 1 in 10 Children and Young People aged 5 - 16 suffer from a diagnosable mental health disorder that is around 3 children in every class. In terms of self harm, around 1 in every 12 and 1 in 15 Children and Young People deliberately self-harm. Around 25,000 are admitted to hospital every year due to the severity of their injuries and there has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.⁵

British Medical Association estimates that 1.1 million children under the age of 18 would benefit from specialist mental health services. More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time. In terms of when Children and Young People are in education, only one in three teachers said they would be comfortable covering the topic of self-harm in lessons, despite the fact that 97% of young people said self-harm should be addressed in schools. For secondary school age children (11-16): About 195,000 (4.4%) has an anxiety disorder and about 62,000 (1.4%) are seriously depressed.⁶

Wellbeing in adolescence suggests a ‘u-shaped’ curve, with wellbeing reaching its lowest ebb around the age of 14-15. This decline appears to be sharper for girls. A recent review showed that between 12 and 18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing –between £8 billion and £13 billion in England each year. Moreover, by interacting with and exacerbating physical illness, the researchers calculated that total healthcare costs are raised by at least 45% for each person with a long-term condition and a comorbid health problem.⁷

Some Children and Young People have increased vulnerabilities and risk factors which place their emotional health wellbeing at risk – especially when the risk factors accumulate.⁸

Some of the vulnerable groups are identified as

- Black and Minority Ethnic
- Lesbian Gay Bisexual and Transgender
- Children who live in poverty
- Young Offenders
- Young Carers
- Looked After Children
- Children with Special Educational Needs
- Children and Young People who have physical illness and disability

- Children in lone parent households
- Children who have parents with mental health difficulties
- Children who live in households where domestic abuse is prevalent
- Children whose parents misuse substances
- Children who have had an adverse childhood experience

"It is the experiences we find hardest to talk about in our society which have a lasting impact on the mental health and wellbeing of Children and Young People. Be it family breakdown, bereavement, domestic violence or sexual abuse, we must ensure that all services are better able to identify childhood adversity and help to resolve the trauma related to it." Young Minds

Locally

The current population of Sefton Children and Young People is 59,580 and is broken down into the following age groups.

| Mid 2014 Population Figures for Under-19s Age range (years) | Total |
|---|---------------|
| 0 - 4 | 14,899 |
| 5 - 9 | 14,495 |
| 10 - 14 | 14,322 |
| 14 - 19 | 15,864 |
| Total | 59,580 |

Local data is limited on young people's emotional health and wellbeing however based on national prevalence data, it is estimated that, in Sefton approximately;

- 9.4% of children aged 5-16 (3301) have a mental health problem
- 3.7% (1188) an emotional disorder (anxiety disorders and depression)
- 5.7% (1831) a conduct disorder
- 1.5% (482) a hyperkinetic disorder

Source: Children & Young People's Mental Health and Wellbeing tool, PHE, 2016

Approximately 2,800 women living in Sefton give birth each year and 10-20% of women are affected by mental health problems at some point during pregnancy or in the first year after childbirth. The table below details the estimated number of women with mental health problems during pregnancy and after childbirth for Sefton:

| | |
|---|------------|
| Estimated number of women with postpartum psychosis | 10 |
| Estimated number of women with chronic Severe Mental Illness | 10 |
| Estimated number of women with severe depressive illness | 85 |
| Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate) (upper estimate) | 270 405 |
| Estimated number of women with Post Traumatic Stress Disorder | 85 |
| Estimated number of women with adjustment disorders and distress (lower estimate) (upper estimate) | 405 810 |

Key findings from Child and Maternal Health Observatory 2014 and the 2014 Sefton Strategic Needs Assessment reported that:

- Approximately 22% of the population of Sefton is under the age of twenty.
- Almost six percent of school children are from a black or minority ethnic group.
- The health and well-being of children in Sefton is generally worse than the England average.
- Infant mortality rates (less than 1 year old) and Child Mortality rates (1-17 years) are similar to the England average.
- Sefton is ranked 76 out of 326 authorities in the 2015 Index of Multiple Deprivation (1 is most deprived). Approximately 18% of Sefton's residents live within the most deprived 10% of areas within England and Wales.
- The level of child poverty is worse than the England average with 19.8% of children aged under 16 years of age living in poverty.
- The rate of family homelessness is significantly lower than the England average.
- Children in Sefton have average levels of obesity. Approximately ten percent of children aged 4-5 years and 18% of children aged 10-11 years are classified as obese.
- 59.3% of children participate in at least three hours of sport a week which is significantly better than the England average.
- 14.6% of 15 year olds physically active for at least one hour per day seven days a week. This is not significantly different to the England average.
- The teenage pregnancy rate (21.1 per 1,000) is not significantly different to the England average but is significantly lower than the North West rate.
- The rate of young people under 18 who are admitted to hospital because of alcohol specific conditions, such as alcohol overdose, has declined in the period 2012/13-2014/15 when compared with the period 2006/07-2008/09. However, overall rates of admission in the period 2012/13-2014/15 are significantly higher than the England average.
- The rate of young people aged 10-24 years who are admitted to hospital as a result of self-harm has increased in 2014/15 when compared with figures from 2012/13 and 2013/14. Overall rates of admission in 2014/15 are significantly higher than the England average. In this period, the rate of self harm hospital admissions was 487.0 per 100,000 young people aged 10-24. Nationally, levels of self-harm are higher among young women than young men.
- The rate of Sefton CYP admitted to hospital as a result of a mental health problem in 2014/15 was 117.8 per 100,000 young people aged 0-17. This is significantly higher than the England average.
- 15.1% of school children in Sefton receive free school meals, similar to the England rate (15.6%) but significantly lower than the rate across the North West (17.7%).
- The percentage of children achieving a good level of development at age 5 in Sefton is 66.2% which is line with the national average for 2014/15.
- In 2014, approximately 5.7% of 16-18 year olds were not in education, employment or training (NEET). This figure has reduced when compared with previous years but remains higher than the England average.

Suicide - The suicide rate for young people in England is below that of the general population. Narrative verdicts are more common as deaths of undetermined intent in under 15s cannot be assumed to be suicide due to the possibility of unverifiable abuse, neglect or accidents. Suicide Reports provide data on a 3 year rolling basis so trends can be identified. In Sefton there were 88 suicides for the period 2012-14, (the latest we are able to report suicide data). None of which were under 18.

Suspected suicide deaths are reported to the Coroner, who will consider the needs of bereaved families and may return a narrative, open or misadventure verdict. The Child Death and Overview Panel can provide reports on trends, risks and safeguarding issues. Young people are at risk of suicidal feelings, with an increased risk in those with mental health or behavioural problems, when they misuse substances, have experienced family breakdown or suicide in the family.

Effective preventative interventions include:

- A whole school approach to emotional health & wellbeing
- Early Intervention and prevention
- Self Care
- Resilience
- Suicide awareness training for staff to enable them to identify and respond to high risk signs
- Signposting for parents to sources of support
- Clear referral routes to mental health services
- Anti-bullying programmes
- Outreach and accessible service for young offenders and vulnerable Children and Young People
- Workforce development
- Pre and post-natal support

Self-harm - Self harm is considered a risk factor for suicide; however self-harm is a sign of serious emotional distress in its own right. Looked after children and care leavers are between four and five times more likely to self-harm. In comparison with the 2012/13 and 2013/14 periods, the rate of young people aged 10-24 admitted to hospital as a result of self-harm increased in 2014/15 Overall the rate of admission in 2014/15 is higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

Looked After Children - Children and Young People who are on the edge of care and those under child protection plans are likely to have poor mental health. In the year ending March 2015, the rate of Looked after Children in Sefton was 85 per 10,000 children (450 children), an increase of 52% since 2006 (56 per 10,000). Approximately 64% of Looked after Children are placed in foster care and a further 11% are placed in children's homes or secure units. In respect of the age profile the biggest percentage is between 10 and 15 which equates to 161 and for those aged 16-17, the figure is 66 young people.

Listening to Children and Young People

Sefton has a Public Engagement and Consultation Framework⁹ in place. This Framework gives us clear information on how to speak with and listen to our communities and get them involved in the work we do.

What we mean by 'engagement and consultation'. The words 'engagement' and 'consultation' can mean different things. To us, engagement is more than simply making information available or gathering opinions and attitudes. We should use the views and opinions we receive to help us make decisions on or changes to our service plans. We believe it is important to get our community involved in designing and assessing services. This should improve things for local people.

We must consider what we can do to communicate effectively with all local people, so that everyone can have their say. It is important that the wider community understand how they can get involved in activities before they start, and that they feel able to do so. It is also important that we keep local people informed throughout the process, and tell them: -what is going to happen with the information they have given us; what changes we will make as a result of the work we have done with them; and how else they can get involved. For this strategy the public engagement and consultation framework, supports us in our approach working with all Children and Young People. We will aim to include all perspectives and reflect the wide experiences of our Children and Young People.

Sefton CVS through the Youth Engagement and Participation Lead and Sefton Young Advisors are working with Children and Young People to find out what they think needs to be done to help. On the 14th July an event was held. The purpose of this event was to help shape the Emotional Health and Wellbeing Strategy. The report findings now inform the priorities and actions to ensure that in the future we use all our resources to make sure Children and Young People have the best opportunities to be emotionally healthy and that services are accessible, supportive and help them keep well and live a good life. The Event focused on 3 key questions.

Q. What does it mean to be emotionally healthy/to have good mental health?

Q. What is working well in your school to support you and your friends?

Q. What would you like to see happening/what would a perfect school?

environment look like to ensure you and your friends have the best emotional health and wellbeing?

The outcome of the event identified four areas that Children and Young People wanted focus on. These were;

- ✓ Help Children and Young People better understand emotional health.
- ✓ Help to build Children and Young People's resilience.
- ✓ Improving access to effective support.
- ✓ Understand what Children and Young People need from the workforce.

And finally

- ✓ Recognise the Vision Children and Young People have for the future of Emotional Health and Wellbeing in Sefton.

In addition to this, we know that Children and Young People are digital natives, we should be utilising the platforms and media they access to promote emotional wellbeing and mental health as cited in “Building resilience through technology” Young Minds⁴.

Policy Context

National

For very young children, the **Five to Thrive**¹⁰ programme promotes five activities, in order to give children the best start in life. Success of Five to Thrive is founded on the fact that it is not a rigid, one-size-fits-all programme. Rather, an array of resources, tools and training content is available to help tailor a strategy that best fits with local needs and aims. Central to the Five to Thrive approach is the set of five key activities:

Respond · Cuddle · Relax · Play · Talk

These are our ‘building blocks for a healthy brain’. They are drawn from research into the key processes of attachment and attunement that forge bonds between young children and their carers. Crucially, they are designed to support positive feedback processes, enabling practitioners to observe and reinforce positive interaction between parents and their children.

The government strategy for mental health **No Health without Mental Health**¹¹ 2011 captures the ambition to mainstream mental health in England and gives emphasis to the notion that mental health is everyone’s business, as demonstrated by the subtitle ‘a cross government mental health outcomes strategy for people of all ages’. A firm emphasis is placed on early intervention to stop serious mental health issues developing, particularly amongst children and its six key objectives detail how:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

In March 2015, the Department of Health and NHS England produced a taskforce report **Future in Mind**¹². The task force considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how Children and Young People’s mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of Children and Young People were identified. In summary, the themes are:

- A. Promoting resilience, prevention and early intervention.
- B. Improving access to effective support – a system without tiers.
- C. Care for the most vulnerable.
- D. Accountability and transparency.
- E. Developing the workforce.

A. Promoting resilience, prevention and early intervention

This means

- Promoting good mental wellbeing and resilience, by supporting Children and Young People and their families to adopt and maintain behaviours that support good mental health.
- Preventing mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk.
- Identifying needs earlier, so that Children and Young People are supported as soon as problems arise to prevent more serious problems developing wherever possible.

B. Improving access to effective support – a system without tiers

This means

- Changing how care is delivered and builds it around the needs of Children and Young People and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that Children and Young People have easy access to the right support from the right service at the right time.

C. Care for the most vulnerable

This means

- Dismantling the barriers that services construct which make it difficult for many vulnerable children, young people and those who care for them to get the support they need.

D. Accountability and transparency

This means

- Removing the lack of accountability and transparency that defeats the best of intentions and hides the need for action in a fog of uncertainty. Drive improvements in the delivery of care, and standards of performance to ensure a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

E. Developing the workforce

This means

- That everyone who works with Children and Young People and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

In August 2015, guidance was issued to CCGs about developing **Local Transformation Plans**¹³ for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG's to support transformation programmes. Accessing this funding is dependent on demonstrating "strong local leadership and ownership at a local level through robust action planning and the development of publically available Local Transformation Plans for Children and Young People's Mental Health and Wellbeing." These plans will be based on the 2015 Department of Health and NHS England taskforce report '**Future in Mind**'. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

Key objectives of the investment are:

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

Objectives, actions and investment plans have been developed by bringing together current strategies and priorities and through further discussion with stakeholders.

Investment was released for plans fully assured by NHS England in late 2015/16. This investment supports realistic and viable plans to spend investment within a financial year. Such expenditure must make direct and tangible contributions to the development and implementation of any plan and/or meaningful and immediate improvements in local service delivery, some of the activity may be non-recurrent.

In February 2016, NHS England published the **Five Year Forward View for Mental Health**¹⁴. This report from the independent Mental Health Taskforce to the NHS found half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most Children and Young People, the report finds, get no support. Even for those that do the national average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. It recognised that a small group need inpatient services but, owing to inequity in provision, they may be sent anywhere in the country, requiring their families to travel long distances.

The report went on to detail that Children and Young People are a priority group for mental health promotion and prevention, and called for the Future in Mind recommendations to be implemented in full. Early intervention and quick access to good quality care is vital – especially for Children and Young People. Waiting times

should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care. By 2020/21, at least 70,000 more Children and Young People should have access to high-quality mental health care when they need it. This will require a fundamental change in the way services are commissioned, placing greater emphasis on prevention, early identification and evidence-based care. NHS England should continue to work with partners to fund and implement the whole system approach described in Future in Mind, building capacity and capability across the system so that by 2020/21 we will secure measurable improvements in Children and Young People's mental health outcomes.

In February 2016, **Counselling in Schools – A Blueprint for the Future**¹⁵ was published by the Department of Education. This advice is non-statutory, and has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for Children and Young People. It also sets out the Government's expectation that over time we would expect to see all schools providing access to counselling services. It is equally relevant for schools with counselling services and those that currently have no access to them. It reflects views of Children and Young People on counselling, as well as those of schools. It recognises that effective counselling is part of a whole school approach to mental health and wellbeing.

The future expectations are

- The mental health and wellbeing of Children and Young People is everyone's business. The benefits to the individual and to society in preventing problems from arising, and intervening early where they do, are significant. For schools this can result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient pupils.
- The current extent of counselling provision in schools, alongside a range of other interventions and support programmes for pupils, makes it clear that many schools already recognise the value of making counselling services available in school settings. Schools have adopted a wide variety of approaches, and prioritised this within their existing funding, whether through the Dedicated Schools' Grant, or in some cases, the Pupil Premium.
- While in some cases school based counselling services may have been introduced to address problems with access to services 'outside of schools, it is clear that they are not only an established part of the school landscape, but play a significant role in overall provision of mental health services for Children and Young People.
- There is a strong expectation is that, over time, all schools should make counselling services available to their pupils. In line with the Government's wider approach to schools, allowing schools autonomy to make their own decisions about how to use their funding in the best interests of their pupils, we are not requiring this. But this guidance sets out the issues schools will want to consider where they do not have services in place.

- For the many schools that already have counselling services in place, the priority is to address the areas for development identified above. We want to support schools to ensure that the services they offer are of high quality, delivering value for money and improved outcomes for Children and Young People. This guidance draws on the direct experience of schools, the views of Children and Young People about counselling, and advice from an expert group drawn from key organisations.⁸ Many of these organisations have produced more detailed guidance and research which is referenced at the end of this document, and which schools may also wish to draw on in developing their services.

The policy affirms that counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Some of the whole school actions will be focused on;

- Improving wellbeing and resilience
- Raising awareness of mental health through the curriculum
- Promoting staff health and wellbeing
- Reducing the stigma around mental health
- Interaction with the pastoral system
- Leadership role

In March 2016, the Department of Education published advice for school staff **Mental Health and behaviour in schools**¹⁷. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

The key points are that

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.
- Where severe problems occur schools should expect the child to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.
- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the pupil and their parents/carers should always be considered.
- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem and involve their parents/carers and the pupil in considering why they behave in certain ways.
- There are resources available to help school staff support good mental health and emotional wellbeing. The PSHE Association has produced guidance and lesson plans to support the delivery of effective teaching on mental health issues. In addition, MindEd, a free online training tool, provides information and advice

for staff on Children and Young People's mental health and can help to sign post staff to targeted resources when mental health problems have been identified.

- Schools should consider if their pupils would benefit from the offer of school counselling services. The Department for Education has published advice on how to set up and improve schools counselling services. Additionally, Counselling MindEd, which is part of MindEd, is also available to support the training and supervision of counselling work with Children and Young People.
- There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience, before serious mental health problems occur.
- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board – Directors of Children's Services and local Healthwatch are statutory members.
- There are national organisations offering materials, help and advice. Schools should look at what provision is available locally to help them promote mental health and intervene early to support pupils experiencing difficulties. Help and information about evidence-based approaches is available from a range of sources.

Local Vision and Plans

Our Strategy acknowledges the aspirations described in national policies and recognises that achieving progress is something that cannot be done in isolation. It requires not only the commitment of those working within the system, but also support and engagement across all of society. From the way that mental health is covered in the media, to how it is addressed in schools, to the response of families and friends, more can be done to improve the lives of people with mental health problems and to promote wider mental wellbeing.

In designing local services it is important to understand the needs of children, young people and their families/carers. This will then allow commissioners and providers to ensure there is 'timely access' to 'high quality', 'evidence based' interventions that deliver 'good outcomes' and 'on-going management' of complex conditions.

Local and regional services should work holistically to meet the needs of the child, young person and families/carers, coordinating care across agencies to ensure good educational, health and social outcomes.

This Strategy is developed with reference to other local plans and strategies:

In 2014, Sefton published its first Health and Wellbeing Strategy; **Living Well in Sefton** ¹⁸. The Strategy articulated the vision for Sefton as;

“By working together and aligning our resources, we aim by 2020 to improve the care, health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health and wellbeing outcomes. We will promote independence and help build personal and community resilience. We will work with parents and carers so that all Children and Young People have opportunities to become healthy and fulfilled adults.”

The first of the six strategic objectives is to “**Ensure all children have a positive start in life.**”

Outcomes detailed as

- Children and Young People will have good physical and emotional health and wellbeing and will lead healthy lifestyles.
- Children and Young People will be safe.
- Children and Young People will be aspirational and achieving through the enjoyment of going to school and college.
- Parents will have the skills, support and infrastructure to enjoy being parents.
- Children and Young People will have a voice, will be listened to and their views will influence service design, delivery and review.

The Fourth strategic objective is to “**Promote positive mental health and wellbeing.**”

Outcomes detailed as

- The infrastructure will be in place so that all people can access information, preventative and treatment services.
- People will be empowered, have a sense of purpose and take care of themselves and their family.
- The mental health services that are commissioned will be fit for purpose
- We will have stronger communities involved in their own wellbeing and wider community’s mental health services.
- There will be an increase in physical and emotional health and wellbeing.

These Strategic objectives and outcomes remain current and relevant and as such will be encompassed in any action plan deriving from this strategy.

In summer 2016 Sefton published a **Children and Young People’s Plan**¹⁸. This Plan is the single strategic 5 year plan for all services and organisations which work with children young people and families in Sefton. The plans vision is;

“We want every child and young person to reach their full potential. They have the right to be healthy, happy, safe and secure and to feel loved, valued and respected and be prepared for adulthood.”

The Plan has four Priorities. These are:

1. Ensure all Children and Young People have a positive educational experience.
2. Ensure all children are supported to have a healthy start in life and a healthy adulthood.
3. Improving the quality of lives of Children and Young People with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential.
4. **Ensure positive emotional health and wellbeing of Children and Young People is achieved.**

Priority 4 “Ensure positive emotional health and wellbeing of Children and Young People is achieved” initiates this Strategy.

The key objectives articulated in the Children’s Plans in relation to “Priority 4” are;

1. Promote good mental health and emotional wellbeing for all Children and Young People, parents and care givers in Sefton.
2. Improve access for all Children and Young People who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health.
3. Improve knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of Children and Young People presenting with mental health issues.

These three actions are current and relevant and as such will be encompassed in any action plan deriving from this strategy.

An All Strategy **Mental Health – A Strategic Plan for Sefton 2015 – 2020²⁰** is in place. The Plans key objectives are

A. Promotion of positive wellbeing, prevention and combating stigma & Discrimination

- Time To Talk Leadership to champion mental health, provide advocacy, knowledge and communicate key messages
- Wider determinants of mental health are tackled, ensuring mental health is integrated into other strategies and policies, neighbourhood development, environment and social actions
- Community resilience, engagement and co-production, workforce and community champions

B. Commissioning of effective and accessible mental health services from birth to old age

- Prevention - To support the promotion of mental wellbeing and the primary prevention of mental illness
- Treatment - Achieving parity of esteem between mental and physical health in the delivery of care and treatment services
- Recovery - Based upon an ethos of hope and empowerment, recovery models build recovery, well-being and self-management. The programmes encourage co-production by involving people with lived experience

Governance Arrangements

The Governance of this strategy sits with **Sefton’s Health and Wellbeing Board**. The main statutory functions of the Health and Wellbeing Board are:-

- To assess the needs of the local population through the Joint Strategic Needs Assessment process.

- To produce a local Health and Wellbeing Strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and broader wellbeing services.
- To promote integration and partnership, including joint commissioning, integrated provision and pooled budgets, where appropriate.

In addition to the above statutory functions, the Boards role is to provide system leadership for change across care, health and wellbeing. This role requires the involvement of a wide range of leaders from not only the Council and the two Clinical Commissioning Groups Governing Bodies, but other public sector organisations.

A number of years ago the Council and Partner agencies established a steering group to drive forward improvement to Sefton's Children and Young People emotional health and wellbeing. This group has been tasked with developing strategic approaches to transform systems and services to improve outcomes for Children and Young People's emotional health and wellbeing. This will be the place where the Action Plan will be reviewed and any matters that need attention that are beyond the remit of the steering group can be escalated to the right place. This is equally relevant whether it be progress to be celebrated and noted along with any matters impeding progress. The specific place to escalate will depend upon the issue.

The Council and its Partners have recently published a 5 year Children's Plan and identified four key priorities, one of the priorities focuses upon emotional health and wellbeing and the actions from the Children's Plan will be utilised to inform the strategy, whilst at the same time the development of the Emotional Health and wellbeing Strategy will also be used to further influence the Children's Plan.

Health and Wellbeing Executive Group

Its purpose is

- To determine and ensure delivery of a Strategy for Integrated Commissioning, to drive forward performance, to own and manage risks relating to Integrated Commissioning, and strategically lead the change programme towards full integration by 2020.
- To hold organisations, to account for the delivery of better outcomes for citizens and efficient use of combined/pooled resources.
- To provide peer to peer leadership support in order to build resilient relationships between senior leaders and thus organisations.
- To enable a consistent and collaborative leadership approach and a presence at local, regional and national NHS and Local Authority initiatives for betterment of the population of Sefton.

Sefton Children and Young People's Emotional Health and Wellbeing Steering Group

Its purpose is to

- Develop and review the Children and Young People's Emotional Health and Wellbeing Strategy.
- Develop and implement the action plan.

- Define, collect and review a range of information including data (national, regional and local), feedback from Children and Young People and any other pertinent intelligence that will contribute towards the performance management, service prioritisation and improvement for emotional health and wellbeing services in Sefton.
- Provide assurance that all service pathways and delivery from entry to exit acknowledge the particular needs of all Children and Young People and requirements of safeguarding, quality, user/carer involvement, equalities, children in need, looked after children and children with disabilities.
- Have a focus on ensuring a successful transition from child to adult services for those young people in the 16-18 age groups who require transition.
- Maximise the 'partnership potential' of the Group to secure additional resource to improve service delivery and outcomes for Children and Young People.

Commissioning

In December 2015, Sefton's Health and Wellbeing Board considered a report of the Director of Social Care and Health in relation to the principles and options for integration. The report set out the framework to establish a single pooled budget across health and social care to be overseen by a single politically and clinically accountable Board. The commitment of an integrated pooled budget across health, social care, public health and lifelong learning would enable resources to be used flexibly in and around the system in order to deliver efficiencies and good quality outcomes for those individuals in receipt of services.

Sefton established a Health and Wellbeing Executive Group under the auspices of the Health and Wellbeing Board. The HWB Executive Group would be strengthened to ensure that the resources are applied to deliver the strategic priorities of the pooled budget in Sefton.

In conclusion it was reported that a key strength of pooling resources was integrating decision making and having the ability to deploy resources more effectively to achieve shared outcomes. The principles of a single pooled budget across all Health and Social Care spending in Sefton were endorsed and a phased implementation of a single pooled budget across all Health and Social Care spending in Sefton was advocated.

It is clear that commissioning has a key role to play in developing integrated services, and that the ongoing separation between the health and social care systems is a major obstacle to achieving better outcomes for people. There is currently a lack of organisational alignment between the health and social care systems, largely as a result of the services being commissioned separately. This Strategy will enable commissioners of health, social care and all of those that are responsible for Children and Young People's experience of schooling, learning and community life to work to the same vision and a set of shared outcomes with an ability to deploy or influence the totality of the resources to achieve better outcomes for Children and Young People.

With this in mind the Commissioners across health and social care are working on the system architecture and approaches to integrated commissioning and delivery that will help create better working alliances in order to achieve better outcomes for all our citizens.

How we will know that we are making a difference

It will be important to know that we are making a positive difference to Children and Young People. Reporting performance, reviewing activity and reflecting on needs will be vital to ensure all agencies are delivering on the outcomes. Full sight of all commissioning activity will be needed at times and there are established governance groups aligned to both champion and challenge delivery against the strategy.

The key “markers of success” will need to be developed as part of the action plan. Nationally and regionally work is progressing in developing dashboards for CAMHS. Locally we will be fully engaged in this and will ensure that such practice is implemented.

In the meantime NHS commissioned mental services are required to submit certain data this is known as the Mental Health Minimum Dataset²¹. This is a patient level, output based, secondary use data set which delivers robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. Data is also submitted locally on the Children and Young People Improving Access to Psychosocial Care Programme. Together these will form the key mechanism for gaining an oversight to how the ‘whole system’ is supporting the mental health needs of children and young people.

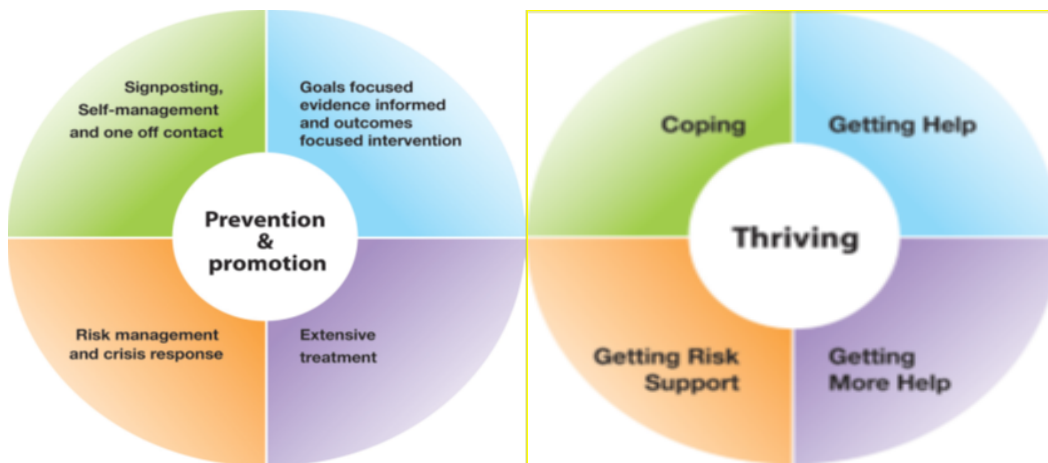
Our Approach in Sefton

The Emotional Health and Wellbeing Steering Group has begun to look at what approach we need to have in place to ensure that we achieve better outcomes for Children and Young People. Moving away from a pathway with tiers. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by Children and Young People themselves.

We will explore the Thrive Model¹⁹ in detail in the next few months. (The model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered.

The, developing, model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area. It’s not a tried and tested model and will be refined and developed over time.

Thrive Model



Appendix A References

- ¹ World Health Organisation Geneva, Promoting Mental Health, 2004
- ² Mental Health Foundation
<https://www.mentalhealth.org.uk/our-work/children-young-people-and-families>
- ³ Children's Society
<http://www.childrenssociety.org.uk/help-young-people-access-the-mental-health-support-they-need>
- ⁴ Building resilience through technology - Young Minds
<http://www.youngminds.org.uk/digitalresilience>
- ⁵ Youngminds www.youngminds.org
- ⁶ British Medical Association
<https://www.bma.org.uk/>
- ⁷ Wellbeing –Why it Matters to Health- a summary of key points.
<https://www.england.nhs.uk/?s=wellbeing%2C+why+it+matters+to+health&site=>
- ⁸ Beyond Adversity: Addressing the mental health needs of young people who face complexity and adversity in their lives. Sarah Brennan
http://www.youngminds.org.uk/assets/0002/9221/Beyond_Adversity_-_YoungMinds.pdf
- ⁹ Public Engagement and Consultation Framework 2009
<https://www.sefton.gov.uk/your-council/consultations,-complaints-feedback/consultations-your-sefton-your-say.aspx>
- ¹⁰ Five to thrive
<http://www.fivetothrive.org.uk/>
- ¹¹ No Health without Mental Health
<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
- ¹² Future in mind
<https://www.england.nhs.uk/2015/03/martin-mcshane-14/>
- ¹³ Local Transformation Plans
<https://www.england.nhs.uk/?s=LOCAL+TRANSFORMATION+PLANS+-+CYP+MH+GUIDANCE&search=#>
- ¹⁴ Five year Forward view
<https://www.england.nhs.uk/?s=mental+health+task+force%2C+five+year+forward+view&site>
- ¹⁵ Counselling in schools
<https://www.gov.uk/government/publications/counselling-in-schools>
- ¹⁶ Mental health and behaviour in schools - Departmental advice for school staff
<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- ¹⁷ Health and Wellbeing Strategy - Living Well in Sefton
<http://www.sefton.gov.uk/public-health/health-and-wellbeing-board.aspx>
- ¹⁸ Children's Plan
link
- ¹⁹ Thrive Model
<https://www.thriveapproach.co.uk/approach/info/underlying-models>
- ²⁰ Mental Health - A Strategic Plan for Sefton 2015 – 2020
Link
- ²¹ The Mental Health Minimum Dataset
(<http://content.digital.nhs.uk/mhsds>)

Appendix B How we are doing and what we have in place

Promoting Resilience, Prevention and Early Intervention

How are we doing?

- The new 0-19 Healthy Child Programme currently under procurement will combine the interventions currently provided by health visiting, FNP and school health.
- Sefton is involved with the Cheshire and Merseyside Strategic Clinical Network regarding perinatal mental health. The Network has developed a pathway for early intervention and identification. Sefton CCG, Sefton Council and Public Health are working alongside provider organisations to develop services and a local implementation of the pathway.
- Children's Centres are working with PIP UK to run the Going Mellow Programme; a six week course can be run at different stages from 20-30 weeks pregnant. Different groups include Mellow Bump, Mellow Baby, Mellow toddler and Mellow Parenting.
- There are some young mums and Children's groups' facilitation by the third sector by P2000 and Venus.
- A range of interventions are offered to parents in Sefton: Triple P Parenting course, Webster Stratton, Nurturing Programme and Strengthening Families Programme. Provision and access maybe variable across the Borough.
- Children's Centres deliver parenting programmes but they vary in standard, availability and access. The Strengthening Families Programme is delivered in Family Centres for families involved with social care. Aiming High deliver the Stepping Stone Programme for CYP with additional needs.
- The Well Young Person's Team within Sefton Council uses 5 Ways to Wellbeing to deliver group work, delivers peer mentor training and programme delivery in both primary and secondary schools. The team deliver a variety of individual and group work programmes to promote resilience and effective coping strategies.
- Sefton Children's Centres and PIP UK plan to run the Going Mellow Programme, a six week course delivered at different stages from 20-30 weeks pregnant. Different groups include Mellow Bump, Mellow Baby, Mellow toddler and Mellow Parenting.
- The CYP IAPT Programme recognise Parenting as key to CYP Emotional Health & Wellbeing and deliver full year Incredible Years training to practitioners (Venus has a staff member currently training). All Early Help team have trained practitioners to deliver Triple P. Venus has trained 4 Triple P practitioners and other organisations have trained staff.
- All high schools in Sefton are provided with a school nurse service. All nurses are trained any training planned in as new nurses commence. Trained nurses are able to offer 'Tier 1' support. Although access varies as school nurses are allocated schools by the council or employed by Academies. Not allocated by council – the council commission's school health service, the provider allocates nurses based on need across the school clusters.
- School nurses have delivered lessons and assemblies in schools on topics such as eating disorders, and self-harm, trying to de

stigmatise mental health, along with eating disorder awareness sessions and anxiety sessions as part of school PSHE programmes and wellbeing days.

- There is ongoing training for school nurses in suicide and self-harm mitigation for Children and Young People.
- A local perinatal mental health pathway is in place to identify appropriate support and therapeutic interventions that can be offered during the perinatal period in order to support new parents and infants.
- All Schools across Sefton have not yet embedded emotional health and wellbeing within the curriculum to enable early recognition and identification, challenge stigma build self-esteem and develop coping strategies.
- We are not currently supporting Children and Young People in Sefton to access early support through the use of technology, apps and digital tools. However the council has asked the new 0-19 provider to develop this.
- There is not a specific programme to tackle stigma and discrimination in schools. Some schools have helped e.g. mental health awareness days (Litherland High), mental health awareness day for transition year (Deys High), Madcos application to Awards for All for SEAs intervention in each school.
- All schools are offered support from the educational psychology service team as part of the core offer from the council. In addition schools are able to commission additional time. The educational psychology service offer a range of services to schools that include for example consultation and more direct individual or group including therapeutic work with Children and Young People, families and school based staff to support resilience and promote engagement in learning
- The educational psychology service team is also in the process of developing a pathway for supporting Children and Young People displaying signs of persistent absenteeism.
- Training sessions have been offered to school staff and other professionals – Managing Risks and Building Resilience - jointly facilitated by SEAS partners and Sefton CAMHS through the NHS England-funded SEAS Together pilot, and attended by 60 staff. Plans to build this into a core offer in the future.
- SEAS Together also delivered Understanding ADHD training sessions, facilitated by ADHD Foundation, to 73 staff from across the workforce, including schools.
- Group work undertaken by SEAS staff in schools aimed at raising awareness and building resilience – delivered to whole class or identified groups.

Improving Access to Effective Support

How are we doing?

- CAMHS Assessment and Response Team is currently available 5 days a week for 7.5 hours a day, they can see Children and Young People in crisis on the same day as referral. Plans to extend hours from 8am-8pm Mon-Fri and weekend on call.
- Sefton CAMHS - All referrals are triaged on the date received to identify urgency of need. Emergency referrals are seen same day, urgent referrals are seen within 2 weeks and routine are placed on waiting list. Current waiting time for assessment 12 weeks and Referral to Treatment is 15 weeks.
- There is no dedicated mental health contact for Schools to offer consultation and advice.
- Children and Young People aged 16 or younger who experience a first crisis are supported by CAMHS single point of access. Those aged 16 and above in crisis are seen by MerseyCare.
- VCF direct has produced materials for a wide range of health and education professionals. There are 4 parts; information on services including referral forms, community groups and courses, suggested services/ support by presenting issues and useful websites.
- Children and Young People can self-refer to the school health drop in service in all of the Sefton High Schools.
- CAMHS help facilitate CAMHelions, a Young People's focus group.
- A specialist community based eating disorder service will be developed jointly with partnering CCGs.
- We have a pathway for self-harm to reduce the risk of Children and Young People presenting in crisis. SEAs are funded via CCG to deliver Mindspace – Self Harm interventions designed to meet individual and group needs.
- Enhanced support for social and communication needs for vulnerable groups is provided.
- Sefton Emotional Achievement Service (SEAS) a partnership of local charities working together to deliver emotional health and wellbeing services to Sefton children, young people (age 5-25) and families. Services include 1:1 counselling and group support, commissioned by schools or funded through various grants.
- Currently we have a CCG grant-funded project, Mind Space which is delivering support at no cost to the client/parent/school. Self/parental referrals are accepted to this service, which works with those who are self-harming, or at risk of self-harm.
- We also had an NHS England-funded pilot programme (funds received via CCGS) – Accelerated Integrated Commissioning – which includes delivery of a variety of interventions designed in partnership with the child/parent
- A specialist community based eating disorder service will be is in the process of being jointly commissioned with partnering CCGs. It is planned to be in place in Dewi Jones Unit.

Caring For the Most Vulnerable

How are we doing?

- Sefton has been successful in achieving Children and Young People's IAPT in August 2014; this will help services to move away from 'acceptance criteria' to a more equitable service provision.
- NHS England commission within the Youth Offending Team to offer liaison and diversion offering consultation, advice and intervention to those Children and Young People at risk of offending behaviours
- Mental Health practitioners (Therapeutic Support Team) work with Looked after Children.
- Drugs and alcohol services which also run programmes that support EHWP for service users.
- A pathway for homeless Children and Young People to access mental health services.
- Appropriate interventions and services for Children and Young People who are in situations of domestic violence and abuse
- Specialised therapeutic interventions for Children and Young People who are victims of child sexual exploitation.

Catch 22 although this is time limited.

- Youth Offending Service has access to dedicated nurses.
- Integration with health and social care for children in care commissioning and evolving our commissioning approaches.
- Dedicated educational psychology service support for Children and Young People who are looked after and for those at risk of permanent exclusion from school and who are attending pupil referral units

Accountability and Transparency

How are we doing?

Agreeing a better model of care or approach will not be enough. The system of commissioning services is fragmented, with money often sitting in different budgets, in different organisations, in different parts of the system and without clear lines of accountability. There is limited access to the necessary information to know how a local system is working in respect of access and waiting times, how outcomes are achieved or if they provide value for money. There is poor information sharing within the system which hampers joint working; and the best practice standards, agreed as quality markers for accreditation systems, are not universally applied.

Suggested actions likely to improve accountability and transparency are

- A lead accountable commissioning body to co-ordinate commissioning and the implementation of evidenced-based care.
- A single, separately identifiable budget for children's mental health services. (some of the prevention elements would need to remain within some of the universal services, e.g. 0-19)
- A recognition for the need for flexibility to allow different models to be explored and developed to suit our local circumstances

- The work of the lead commissioner should be based upon an agreed local plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/carers
- The local plan itself should be derived from the local Health and Wellbeing Strategy which places an onus on Health and Wellbeing Boards to demonstrate the highest level of local senior leadership commitment to child mental health. Health and Wellbeing Boards have strategic oversight of the commissioning of the whole pathway or offer regarding Children and Young People's mental health and wellbeing.
- Health and wellbeing. As some individual commissioners and providers, including schools, are not statutory members of Health and Wellbeing Boards, they should put in place arrangements to involve them in the development of the local plan
- The local offer to be driven by the Health and Wellbeing Board's Joint Strategic Needs Assessment

Developing the Workforce

How are we doing?

There is consistency in Children and Young People's views about the workforce qualities and behaviour they would like to see:

- A workforce who is equipped with the skills, training and experience to best support Children and Young People's emotional and mental wellbeing.
- A workforce who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, and trustworthy.
- Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
- Their processes should be transparent, honest, and open to being both inspected and clearly explained. Visible actions should result from such scrutiny, enabling children to voice their opinions.
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic

Professionals need to be trained to be able to:

- Recognise the value and impact of mental health in Children and Young People, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports
- Promote good mental health to Children and Young People and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.
- Identify mental health problems early in Children and Young People.

- Offer appropriate support to Children and Young People with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.
- Refer appropriately to more targeted and specialist support.
- Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.
- Work in a digital environment with young people who are using online channels to access help and support

Anybody who works with Children and Young People in universal settings such as early years provision, schools, colleges, voluntary bodies and youth services, should have training in Children and Young People's development and behaviours, as appropriate to their professional role.

Staffs who work in targeted and specialist services come from a range of professional backgrounds: social work, occupational therapy, nursing, clinical and educational psychology, psychotherapy, child and adolescent psychiatry and, with a growing number of 0-25 services, general adult psychiatry.

The Staff in paediatric services make an important contribution to targeted and specialist mental health services for Children and Young People. Their role is likely to increase with a move towards greater integration between children's mental health provision and community paediatrics. The move towards 0-25 service models and integrated services means that, although discipline-specific training will remain the core of most professionals' training, interdisciplinary training and practice and cross-agency working will become increasingly important.

Appendix C Summary of Priorities - Related Strategies and Reports

| <p>Health and Wellbeing Strategy - Living Well in Sefton</p> <p>Ensure all children have a positive start in life.</p> <p>Promote positive mental health and wellbeing.</p> | <p>Children and Young People's Plan Priority 4</p> <p>Ensure positive emotional health and wellbeing of Children and Young People is achieved.</p> | <p>Sefton Children and Young People's Engagement</p> | <p>Mental Health: A Strategic Plan for Sefton</p> | <p>Future in Mind</p> |
|--|--|---|--|--|
| <p>Children and Young People will have good physical and emotional health and wellbeing and will lead healthy lifestyles.</p> <p>Children and Young People will be safe.</p> <p>Children and Young People will be aspirational and achieving through the enjoyment of going to school and college.</p> <p>Parents will have the skills, support and infrastructure to enjoy being parents.</p> | <p>Promote good mental health and emotional wellbeing for all Children and Young People, parents and care givers in Sefton.</p> <p>Improve access for all Children and Young People who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle stigma.</p> | <p>Help Children and Young People better understand emotional health.</p> <p>Help to build Children and Young People's resilience.</p> <p>Improving access to effective support.</p> <p>Understand what Children and Young People need from the workforce.</p> <p>Recognise the Vision Children and Young People have for the future of Emotional Health and Wellbeing in Sefton.</p> | <p>Promotion of positive wellbeing, prevention and combating stigma & Discrimination.</p> <p>Commissioning of effective and accessible mental health services from birth to old age.</p> | <p>Promoting Resilience.</p> <p>Prevention and Early Intervention.</p> <p>Improving access to effective support.</p> <p>Caring for the most vulnerable.</p> <p>Accountability and Transparency.</p> <p>Developing the Workforce.</p> |

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| <p>Children and Young People will have a voice, will be listened to and their views will influence service design, delivery and review. The infrastructure will be in place so that all people can access information, preventative and treatment services.</p> <p>People will be empowered, have a sense of purpose and take care of themselves and their family.</p> <p>The mental health services that are commissioned will be fit for purpose.</p> <p>We will have stronger communities involved in their own wellbeing and wider community's mental health services.</p> <p>There will be an increase in physical and emotional health and wellbeing.</p> | <p>Improve knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of Children and Young People presenting with mental health issues.</p> | | | |
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Appendix D Action Plan 2016 - 2021

| Priorities | What we will do | When we will do this | Agency Lead/s and nominated responsible person | Partners required to commit to actions | How we will know we are making a difference “Markers of Success” |
|---|---|---|---|--|---|
| 1. Recognise the Vision Children and Young People have for the future of Emotional Health and Wellbeing in Sefton | <p>We will work with Children and Young People in a number of different ways to ensure they are</p> <ul style="list-style-type: none"> Involved in any future reviews of this Strategy. Involved in the actions to progress change e.g. creating materials to tackle stigma, preparing information and design of sessions. Involved in the delivery of sessions. <p>A working group will be established to include</p> | <p>Nov 2017</p> <p>Start March 2017 in readiness for new academic year September 2017</p> <p>Start April 2017</p> | <p>Sefton Council Director of Children and Adults</p> <p>Sefton Council Director of Public Health</p> | <p>South Sefton CCG</p> <p>Southport and Formby CCG</p> <p>Sefton CVS and all third sector partners</p> <p>Heads of Schools</p> <p>Specialist Child and Adolescent Mental Health Services - Alder Hey</p> <p>Specialist Adult Mental Health Services</p> <p>0-19 Service Provider - 5 Boroughs Partnership</p> | <p>Children and Young People will tell us that they feel included.</p> <p>Children and Young People will be involved in;</p> <ul style="list-style-type: none"> The delivery of more engagement events The development of learning materials. Facilitation/co facilitation of learning sessions. |

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| | <p>Children and Young People to ascertain what needs to be commissioned and what aspects can be delivered with Children and Young People.</p> <p>Children and Young people help measure the “Markers of Success”.</p> | Start April 2018 | | | |
| <p>2. Improve knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of Children and Young People presenting with mental health issues.</p> | <p>We will review what we commission to support Parents and Carers and where we find provision that is not what is required, we will recommission. In terms of what we can support the community to do for themselves, we will work hard to ensure all of our activities support parents and carers to raise children who are resilient, healthy and emotionally well.</p> | March 2017 | <p>Sefton Council Director of Public Health</p> <p>Sefton Council Director of Children and Adults</p> | <p>South Sefton CCG</p> <p>Southport and Formby CCG</p> <p>Sefton CVS and all third sector partners</p> <p>0-19 Service Provider - 5 Boroughs Partnership (Health Visiting and Enhanced Support)</p> <p>Specialist Child and Adolescent Mental Health Services - Alder Hey</p> <p>Specialist Adult Mental Health Services</p> | <p>All places where parents and carers are supported will know how to support parents to develop good attachment and will understand what to do if parents need more help.</p> <p>Parents and Carers will know the importance of attachment and what needs to happen and also what to do if help is needed.</p> |

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| <p>3. Help Children and Young People better understand emotional health and how to develop resilience</p> | <p>We will work with Children and Young People and all of our schools to be places that provide good information about what is meant by emotional health and how to develop resilience.</p> | <p>January 2017</p> | <p>Sefton Council Director of Children and Adults</p> <p>Sefton Council Director of Public Health</p> <p>Heads of Schools</p> | <p>South Sefton CCG</p> <p>Southport and Formby CCG</p> <p>Sefton CVS and all third sector partners</p> <p>Specialist Child and Adolescent Mental Health Services - Alder Hey</p> <p>Specialist Adult Mental Health Services</p> <p>0-19 Service Provider - 5 Boroughs Partnership</p> | <p>All Children and Young People will feel equipped to deal with life and are involved in activities and have strategies in place to build resilience.</p> <p>Children and Young will tell us that the people working in Sefton demonstrate the qualities that Children and Young People find helpful to having good mental health.</p> |
| <p>4. Improving access to effective support (Prevention and Early Intervention)</p> | <p>We will look at what help is available in schools and begin to make the right support available in schools both in terms of mentoring and counselling</p> | <p>January 2017</p> | <p>Sefton Council Director of Children and Adults</p> | <p>South Sefton CCG</p> <p>Southport and Formby CCG</p> <p>Sefton CVS and all third sector partners</p> <p>Specialist Child and Adolescent Mental Health Services- Alder Hey</p> <p>Specialist Adult Mental Health Services</p> | <p>Children and Young People know where to go for support and find that support is easy to access and local.</p> |

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| | | | | 0-19 Service Provider - 5 Boroughs Partnership | |
| | | | | Heads of Schools | |
| 5. Understand what Children and Young People need from the workforce | <p>We will use what Children and Young People told us was important and we will develop a system wide workforce plan. This plan will focus on what Children and Young People said about</p> <ul style="list-style-type: none"> - Personality - Skills - qualities <p>We will need to work with Children and Young people and we will work to include Children and Young people at every stage. This being at</p> <ul style="list-style-type: none"> - Establishment of teams and posts - Recruitment and selection - Reviews and workforce feedback activities | March 2017 | <p>Sefton Council Director of Children and Adults</p> <p>Sefton Council Director of Public Health</p> | <p>South Sefton CCG and Southport and Formby CCG</p> <p>Sefton CVS and all third sector partners</p> <p>Specialist Child and Adolescent Mental Health Services - Alder Hey</p> <p>Specialist Adult Mental Health Services</p> <p>0-19 Service Provider - 5 Boroughs Partnership</p> | Children and Young will tell us that the people working in Sefton demonstrate the qualities that Children and Young People find helpful to having good mental health. |

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| | <p>We will work with Children and Young People , Carers and Professionals in a variety of ways to ensure they are aware of rights and responsibilities at various points of transition including</p> <ul style="list-style-type: none"> • Pre School – Primary School • Primary School to Secondary School • 16 - 17 year olds • Inpatient to Out Patient or Community placement and vice versa | January 17 | | | |
| 6. Caring for all Children and Young People together | <p>As providers of education, care and support to Children and Young People we will work to explore the “Thrive Model”. This will entail</p> <ul style="list-style-type: none"> • Mapping IAPT Partnership and other services onto the “The Model” . | March 2017 | <p>South Sefton CCG</p> <p>Southport and Formby CCG</p> <p>Children and Young People`s Commissioning Lead</p> | <p>Sefton CVS and all third sector partners</p> <p>Specialist Child and Adolescent Mental Health Services - Alder Hey</p> <p>Specialist Adult Mental Health Services - Mersey Care</p> | <p>Children and Young people report that they feel they receive support that is suitable to their needs and experience</p> <ul style="list-style-type: none"> - no delays - have a good experience when needs change - support is locally available |

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| | <ul style="list-style-type: none"> • Map the population onto “The Model” . • Help identify the priorities and the resources required. • Choose what delivery we want to underpin the strategy - the minimum key strands, services (building blocks) such as crisis intervention, CAMHs, Early Intervention • Describe a handful of typical CYP journeys and how a new system would work for them <p>In respect of Children and Young People with ADHD and Neuro disabilities. The Model and the pathways need to be reviewed in terms of</p> <ul style="list-style-type: none"> • access to information and advice | | | <p>Sefton Council</p> <p>0-19 Service Provider - 5 Boroughs Partnership</p> | |
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| | <ul style="list-style-type: none"> • referral for assessment • assessment • aftercare and ongoing support | | | | |
| 7. Accountability and Transparency | <p>We will look at what we do across Health, Social Care and Education and focus on how we commission services and support to demonstrate best use of resources in order to achieve better outcomes for Children and Young People in respect of Emotional Health and Wellbeing</p> <p>This will entail</p> <ul style="list-style-type: none"> • reviewing all of our commissioning activities • Potentially Commissioning new services and decommissioning • Supporting transformational activities | September 2017 | <p>South Sefton CCG</p> <p>Southport and Formby CCG</p> <p>Sefton Council Director of Children and Adults</p> <p>Sefton Council Director of Public Health</p> | <p>Sefton CVS and all third sector partners</p> <p>Specialist Child and Adolescent Mental Health Services - Alder Hey</p> <p>Specialist Adult Mental Health Services - Mersey Care</p> <p>0-19 Service Provider - 5 Boroughs Partnership</p> | Our Children and Young People will tell us that they can access support that helps them |

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| | <p>This may involve</p> <ul style="list-style-type: none">• utilising new monies available via government funding• realigning existing investments <p>We will do this in partnership with Children and Young People and in a system wide integrated approach to Commissioning.</p> | | | | |
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