
**Wirral Future in Mind
Transformation Plan**

Assessment of Need 2016

**Wirral Future in Mind
Steering Group**



Future in Mind - Assessment of Need 2016

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1.0	October 2016	John Meddings	Christine Campbell	Updates and changes as required
2.0	October 2016	John Meddings	Christine Campbell	Final version

FOREWORD

The Future in Mind plan for Wirral was originally submitted to NHS England in October 2015, and published in January 2016.

Since its publication, significant investment and progress has been made on the journey to transform services for children and young people's mental health, to achieve the national Future in Mind ambitions.

Following the first year of progress, and the publication of the Five Year Forward View for mental health, Wirral partners have updated this local Future in Mind plan, to ensure it provides the most up-to-date information, and provides details of progress made to date.

The local vision remains unchanged, as does the detail of the commissioning landscape prior to the Future in Mind plan. However, we have refreshed the information on local need, and provided detail on the progress made to date.

We are pleased with the progress made in such a short span of time, however, are aware that there is still much to do. We will continue to actively engage with our partners, and our children and young people, to turn our vision into a reality.

We would like to thank all partners that have supported us on our journey so far, and who continue to support us moving forwards.



INTRODUCTION

Wirral believes that the emotional well-being and mental health of children and young people is everyone's business and that we all have a part to play. This plan sets out how Wirral CCG and its partners will transform local services to improve outcomes for children, young people and their families, meeting the aspirations set out by the Government in their national strategy for children and young people's mental health: Future in Mind.

It is a high level plan that sets out how we will work with our stakeholders to bring about change until 2020/21.

Feeling unhappy, or having mental illness at a young age, can really have life-long effects if the right support is not offered or available.

In response to these challenges, the Government has produced 'Future in Mind',¹ setting out five key themes to create a system that will support the emotional wellbeing and mental health of children and young people:

- **Promoting resilience, prevention and early intervention**
- **Improving access to effective support – a system without tiers**
- **Care for the most vulnerable**
- **Developing the workforce**
- **Accountability and Transparency**

Our plan will set out how Wirral as a health and social care economy will collectively respond to the proposals set out within Future in Mind, whilst also responding to local need and challenge over the next five years.

It is a joint plan between Wirral health, education and social care partners, and supports the following pledges from the Wirral 2020 plan:

- ❖ *Children will be ready for school*
- ❖ *Young people will be ready for work and adulthood*
- ❖ *Vulnerable children will achieve their full potential*

1

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

CONTEXT AND KEY LOCAL ISSUES

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing.

1 in 10 aged 5 – 16 will have a diagnosable Mental Health condition

50% lifetime mental illness (except dementia) begins by age of 14, and 75% by 18

Young people not in education, employment or training report particularly low levels of happiness and self-esteem

The health and social care system on Wirral is currently facing unprecedented financial challenge, and we are seeing demand and expectation for services continuing to grow.

Whilst we have been fortunate to be able to invest additional resource in mental health services for children, it is clear that it is no longer possible to deliver services that will meet the growing demand, within shrinking resources, without working in a significantly different way.

That is, rather than making short-term savings, commissioners and providers will need to work together to deliver transformational changes.





According to national prevalence estimates, if Wirral had 100 children aged 5 – 16:

- 4 would have **anxiety and depression**
- 6 would have a **conduct disorder**
- 2 would have a **hyperkinetic disorder** (e.g. ADHD)
- 1 would have a **less common disorder** such as ASD or an eating disorder

(Some children may have more than one disorder / concern.)

Wirral has seen a steady reduction in the number of children and young people aged 0 - 14 admitted to hospital following deliberate self-harm:



Hospital admissions for unintentional and deliberate injuries also decline for those aged 15 – 24:

Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24 ■

Wirral

Crude rate - per 10,000



Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	878	230.0	215.0	245.7	154.2	154.2
2011/12	827	217.7	203.1	233.1	144.7	144.7
2012/13	726	194.2	180.4	208.9	130.7	130.7
2013/14	682	185.4	171.8	199.9	136.7	136.7
2014/15	614	170.4	157.2	184.4	131.7	131.7

Source: Hospital Episode Statistics (HES)

Wirral has a low proportion of children known to mental health and substance misuse services for drug misuse and alcohol misuse, however, a high rate of A&E attendances linked to substance misuse (not indicated by the graph below, but locally understood):

Concurrent contact with mental health services and substance misuse services for drug misuse ■ 2014/15 Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	15,907	21.0	20.7	21.3
North West region	2,652	20.1	19.4	20.8
Warrington	156	52.5	46.9	58.1
Rochdale	155	37.7	33.2	42.5
Manchester	372	33.0	30.3	35.8
St. Helens	68	24.8	20.1	30.3
Blackpool	124	24.7	21.1	28.6
Cheshire East	61	24.1	19.3	29.7
Oldham	79	21.3	17.4	25.7
Liverpool	407	20.6	18.9	22.4
Salford	85	18.7	15.4	22.5
Halton	53	18.1	14.1	22.9
Stockport	59	17.9	14.2	22.4
Blackburn with Darwen	61	17.7	14.1	22.1
Sefton	137	17.5	15.0	20.3
Bury	49	17.1	13.2	21.9
Bolton	84	17.0	14.0	20.6
Wigan	114	16.8	14.2	19.8
Lancashire	257	16.8	15.0	18.7
Cheshire West and Chester	48	16.5	12.7	21.2
Knowsley	33	15.8	11.5	21.3
Wirral	107	13.7	11.4	16.2
Tameside	41	12.0	9.0	15.9
Cumbria	74	9.4	7.5	11.6
Trafford	25	7.0	4.8	10.1

Source: National Drug Treatment Monitoring System

Concurrent contact with mental health services and substance misuse services for alcohol misuse

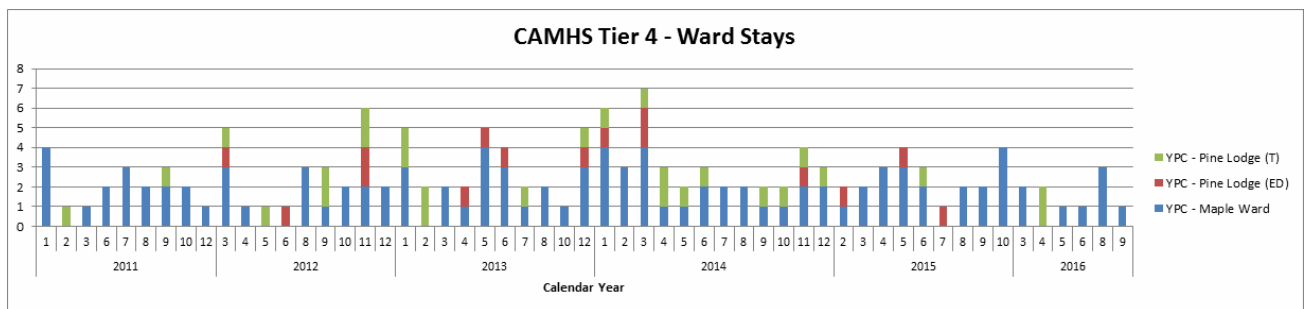
2014/15

Area	Count	Value	Proportion - %	
			95% Lower CI	95% Upper CI
England	11,386	20.0	19.7	20.3
North West region	2,031	18.0	17.3	18.8
Warrington	215	61.4	56.2	66.4
Manchester	331	32.5	29.7	35.4
St. Helens	77	27.6	22.7	33.1
Knowsley	54	26.1	20.6	32.5
Rochdale	84	24.7	20.4	29.6
Sefton	118	20.7	17.6	24.2
Cheshire West and Chester	57	19.9	15.7	24.9
Tameside	89	18.9	15.7	22.7
Halton	43	17.7	13.4	23.0
Bolton	66	17.2	13.7	21.3
Salford	78	16.0	13.0	19.5
Oldham	70	15.6	12.5	19.2
Stockport	39	15.5	11.6	20.5
Wigan	79	15.5	12.6	18.9
Blackburn with Darwen	27	15.5	10.9	21.6
Lancashire	192	15.4	13.5	17.5
Cheshire East	48	15.1	11.6	19.5
Bury	36	14.8	10.9	19.7
Wirral	101	12.6	10.4	15.0
Blackpool	42	11.0	8.2	14.5
Liverpool	108	10.2	8.5	12.2
Cumbria	54	7.0	5.4	9.0
Trafford	23	5.7	3.8	8.4

Source: National Drug Treatment Monitoring System

This may be due to low identification and referral rates rather than low prevalence.

Tier 4 admissions (inpatient wards for children and young people) have been lower in 2016 to date than in previous years, which are reflected by the high volume of community activity, working to keep people out of an inpatient setting. There have been no admissions to date in 2016 for inpatient eating disorder services, which is something that we will continue to monitor with the new eating disorder service launching in 2016.



Data from 2015/16 demonstrates that Wirral has higher rates of admission to inpatient units than its neighbouring CCGs. We will be working with CAMHS and our CCG colleagues to understand the reason for this high admission rate, and length of stay, and to implement a standardised crisis care model across our provider footprint.

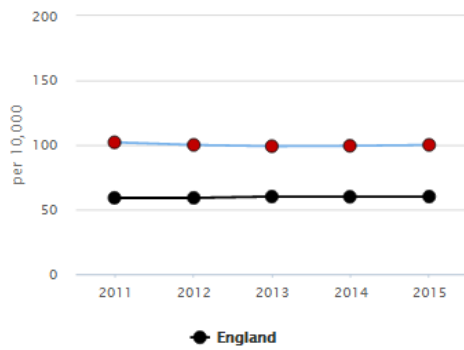
2015/16	CAMHS Admissions – all North West Units		
CCG	General		
	No.	Bed days	Cost (£)
Eastern Cheshire CCG	8	339	185,433
South Cheshire CCG	6	194	106,118
Vale Royal CCG	5	114	62,358
Warrington CCG	23	1867	1,021,249
Wirral CCG	29	1979	1,082,513
West Cheshire CCG	7	144	78,768
Halton CCG	5	382	208,954
Knowsley CCG	8	512	280,064
South Sefton CCG	11	311	170,117
Southport and Formby CCG	9	525	287,175
St Helens CCG	13	1009	551,923
Liverpool CCG	25	969	530,043

Vulnerable Children

The level of child poverty in Wirral is worse than the England average, with 23.4% of children aged 16 and under living in poverty. Given the links between deprivation and poor mental health it is essential that interventions are targeted to those areas with the greatest levels of deprivation.

Wirral continues to have higher numbers of children and young people in care of the local authority than North West and England.

Export chart as image Show confidence intervals



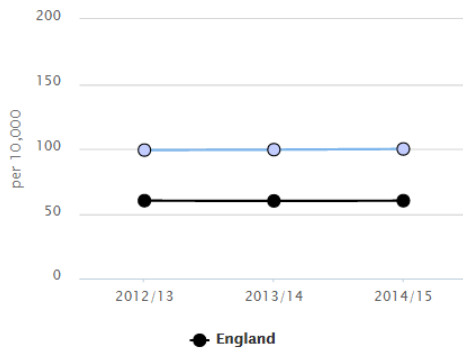
Period	Count	Value	Lower CI	Upper CI	North West	England
2011	680	102	94	110	77	59
2012	675	100	93	108	76	59
2013	670	99	92	107	79	60
2014	670	99	92	107	81	60
2015	675	100*	92	108	82	60

Source: Children looked after in England, Department for Education.

Wirral's Looked after Children rate continues to be significantly above North West and England averages.

Looked after children: Rate per 10,000 <18 population Wirral

Export chart as image Show confidence intervals



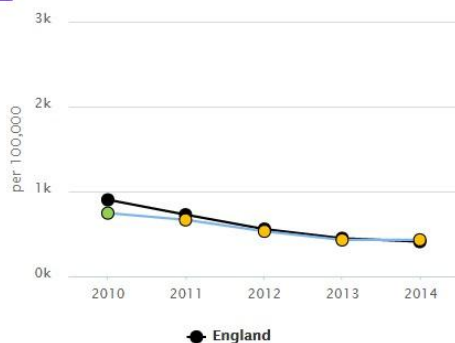
Period	Count	Value	Lower CI	Upper CI	North West	England
2012/13	670	99.0	91.7	106.8	79.0	60.0
2013/14	670	99.3	91.9	107.1	81.3	59.8
2014/15	675	99.9	92.5	107.7	82.4	60.0

Source: Department for Education

Although figures suggest a continuing reduction in the numbers of first time entrants to the youth justice system, Wirral continues to have higher numbers than both North West and England.

1.04 - First time entrants to the youth justice system Wirral

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	North West	England
2010	241	745	653	844	944	902
2011	212	665	578	760	744	726
2012	166	531	452	616	560	556
2013	131	429	357	507	433	448
2014	129	430	357	509	392	409

Source:

Numerator - Police National Computer

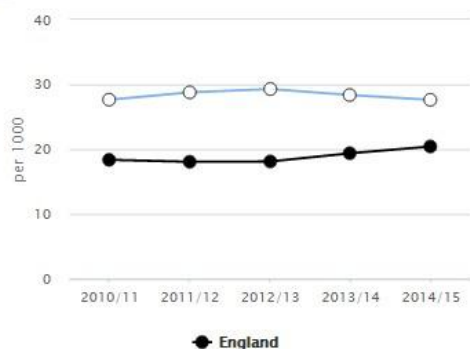
Denominator - ONS population estimates

Wirral and Knowsley have the highest recorded crude rates per 1,000 population in North West for Domestic Abuse incidents recorded by the police (2014/15 data) and remains broadly static over the last five years.

1.11 - Domestic abuse Wirral

Crude rate - per 1000

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	0	27.6	27.3	28.0	18.4	18.4
2011/12	0	28.8	28.5	29.1	18.0	18.0
2012/13	0	29.3	29.0	29.6	18.1	18.1
2013/14	0	28.4	28.1	28.7	19.4	19.4
2014/15	0	27.6	27.3	27.9	20.4	20.4

Source: Office for National Statistics (ONS)

Wirral has a higher percentage of pupils with special educational needs compared to overall pupil population compared to North West and England figures.

Pupils with special educational needs (SEN): % of all school age pupils with special educational needs

Crude rate - %

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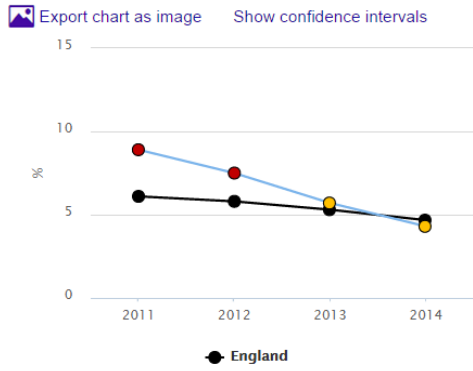
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Funnel plot is not available

Area	Value	Lower CI	Upper CI
England	15.4*	15.4	15.4
North West region	15.6*	15.5	15.6
Knowsley	24.3	23.7	24.9
Blackburn with Darwen	20.2	19.7	20.7
St. Helens	19.3	18.9	19.8
Liverpool	19.0	18.7	19.3
Wirral	17.7	17.4	18.0
Salford	17.7	17.3	18.1
Blackpool	17.1	16.5	17.6
Halton	16.7	16.1	17.2
Manchester	16.4	16.1	16.6
Wigan	15.7	15.4	16.0
Cumbria	15.6	15.4	15.9
Bury	15.6	15.2	16.0
Oldham	15.5	15.2	15.9
Stockport	15.5	15.1	15.8
Warrington	15.4	15.0	15.8
Cheshire West and Chest...	15.1	14.7	15.4
Rochdale	14.6	14.3	15.0
Bolton	14.2	13.9	14.5
Tameside	14.2	13.9	14.6
Trafford	14.1	13.7	14.4
Lancashire	13.5	13.4	13.7
Sefton	13.3	13.0	13.6
Cheshire East	10.7	10.5	11.0

Source: Department for Education special educational needs statistics <https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013>

Wirral's rate of 16-18 year olds not in education, employment of training is lower than both North West and England in 2015 following a significant decline since 2011.



Period	Count	Value	Lower CI	Upper CI	North West	England
2011	1,090	8.9	8.4	9.5	7.1	6.1
2012	900	7.5	7.0	8.0	6.4	5.8
2013	660	5.7	5.3	6.1	5.6	5.3
2014	490	4.3	4.0	4.7	5.2	4.7

Source: Department for Education

Later data (2015) suggests that 3% of Wirral 16-18 year olds are not in education, employment or training: this varies between wards from 6.8% in Bidston & St James to 0.5% in Greasby, Frankby & Irby.

This illustrates that Wirral has a high number of vulnerable children who may be more likely to require additional support and intervention around their mental health and well-being. There is significant variation in life chances across Wirral boroughs, and there is likely to be a requirement for specific targeted interventions in the more deprived areas of Wirral. The significant improvement in the number of young people not in education, employment or training shows that interventions within the community can be effective, and we need to understand what does work so that this can be maintained.

CHILDREN'S MENTAL HEALTH IN 2015 – THE PICTURE 'BEFORE'

Before the publication of Future in Mind, and the clear direction of travel for transformation, the CCG commissioned a Tiered CAMHS service from Cheshire and Wirral Partnership Trust (CWP), along with an LD (Learning Disability) CAMHS service. Within tier 3, there were multiple teams and pathways, and rising referrals to specialist services, with children not necessarily needing to see a specialist.

Both during 2015, and now in 2016, the Local Authority also commissions a CAMHS service from CWP, primarily for Looked After Children. The service provided is early intervention for families in need (level 4 on the continuum of need, including those on the edge of care) as well as providing early assessment in line with the court timescales. Paramount to this service is to ensure stabilising placements for children and young people who are looked after and timely permanence planning and adoption support. Under this contract it also provides appropriate and timely CAMHS provision for children with disabilities.

The CCG commissions a Community Paediatric service from Wirral University Teaching Hospital (WUTH), which provides a range of services to support those with challenging behaviour and complex needs, including:

- Autism and ADHD assessments and diagnosis
- Designated Medical Officer role, supporting adoption and fostering panels, and providing input into Education, Health and Care plans

Public Health, within the Local Authority, commissions a 0–19 'Healthy Child Programme', improving children and young people's health and wellbeing from birth, with responsibility for health visiting, school nursing and health improvement. There are a range of organisations that contribute to this agenda, including the 3rd sector.

More specialist services are commissioned by NHS England, namely:

- Specialist Eating Disorder Services
- Tier 4 CAMHS (inpatient) service

Total expenditure by each of these commissioners, for services specifically delivering mental health and behavioural interventions, in 2014/15, was as follows:

Commissioner	Service	Total Spend
Wirral CCG	Parenting and Prevention	£150,000
	MST	£175,000
	CAMHS (including LD CAMHS)	£3,940,343
	Community Paediatrics	£1,700,000
Local Authority – children's department	CAMHS	£530,000
	Response	£197,800
	MST	£175,000
	Counselling within schools	£118,813
Local Authority – Public Health	Kooth – online counselling	£101,320
Total Spend by Local Commissioners		£7,088,476
NHS England	(All services for 14/15)	£1,300,471
Total Spend in 2014/15		£8,388,947

CHILDREN'S MENTAL HEALTH IN 2016 – ONE YEAR ON

It is almost one year since the first Wirral Future in Mind plan was developed.

Following investment of an additional £804,000 dedicated to mental health in 2016/17, the CCG was able to significantly invest in its CAMHS service in order to achieve the following key priorities:

- Introduction of parenting support, specifically for parents of children who may have ADHD, or with a new diagnosis of ASD;
- Introduction of Primary Mental Health worker model so that each school has a named link worker to support staff in managing mild to moderate mental health needs;
- Roll-out of goal-based outcomes within CAMHS, so that clinical staff are able to set and monitor personalised outcomes with young people;
- Development of self-help resources and resources for professionals working with children and young people;
- Training and education package for schools and other health and social care professionals;
- Waiting list initiative for CAMHS and Community Paediatrics. The CAMHS waiting List Team enabled 93 additional children and young people to be seen between 1 June and 18 October, whereas Community Paediatrics have been able to see an additional 311 children
- Investment in capital for additional clinical space, to make better use of NHS facilities;
- CAMHS transformation from a tiered service to one based on a Choice and Partnership approach, so that children and young people receive an initial assessment and can be directed to the most appropriate intervention, ensuring specialist services are there for children and young people that have the greatest level of need.

For 2016/17, the total investment in Children and Young People's mental health / neurodevelopment by Wirral commissioning partners has been as follows:

Commissioner	Service	Total Spend
Wirral CCG	Parenting and Prevention	£150,000
	MST	£175,000
	CAMHS (including LD CAMHS)	£4,593,134
Wirral CCG	Community Paediatrics	£1,701,948
Local Authority children's department	CAMHS	£333,737
	Response	197,800
	MST	£175,000
Local Authority Public Health	Health services in schools	£118,813
	GIRLS project	£97,500
	Young People's support service - sexual health and mental wellbeing	£136,500
	Kooth – online counselling	£101,320
Total Spend by Local Commissioners		£7,780,752
Total Planned spend by NHS England (based on 15/16 activity)		£1,213,163
Total Spend		£8,993,915

CAMHS Workforce

Investment by the CCG has enabled an increase in the CAMHS workforce including:

- 1 X Future in Mind Project Manager,
- 1 x Parenting Lead
- 1 x Primary Mental Health Team Manager
- 4 x Primary Mental Health Workers (total of 6)
- 2 x Eating Disorder practitioners
- 3 x Clerical staff

CAMHS Workforce	January 2016	October 2016
Whole Time Equivalent	51.99	69.82

Waiting Times

Community Paediatrics

Long waiting times led to the CCG undertaking a review of Community Paediatrics in Autumn 2015. When the review was published in January 2016, performance against the 18 week Referral to Treatment standard stood at only 52.41%.

Since the review, the service has started to implement an internal action plan, and has used additional resources for a waiting list initiative. As at September 2016

the waiting time performance has improved to 75.65% as at September 2016, and is on track to meet the 92% target by February 2018.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
52.41	56.74	55.15	55.18	59.61	68.45	76.65	80.83	75.65

Waiting times

CAMHS

Waiting times for initial assessment by CAMHS has fluctuated over the previous 18 months. Our target is that 75% of children are able to have an assessment within 6 weeks, but we still have some way to go to achieve this goal. We hope that by putting additional resources into CAMHS, and by introducing the Primary Mental Health worker model, we can improve our assessment pathway and support young people in receiving fast access to assessment and support.

We are pleased that an increasing number of children have been able to access their first therapeutic intervention (Partnership) within 6 weeks of assessment, and we will continue to monitor this.

2015/6 2015/6 2015/6 2015/6 2016/17 2016/17
 Quarter 1 Quarter 2 Quarter 3 Quarter 4 Quarter 1 Quarter 2

% Patients receiving a choice appointment within 6 weeks	68.1%	45.7%	57.3%	38.4%	70.2%	49.9%
Average choice appointment wait in days	28.1	49.9	48.7	73.3	38.6	59.3
% Patients receiving partnership appointment within 6 weeks of choice appointment	65.5%	67.5%	65.7%	55.7%	80.7%	81.4%
Average partnership appointment wait in days	34.0	34.7	37.3	47.7	25.2	31.9