



Cheshire and Merseyside

Cheshire and Merseyside Mental Health Transformation Programme

Annual Report 2023/24

June 2024

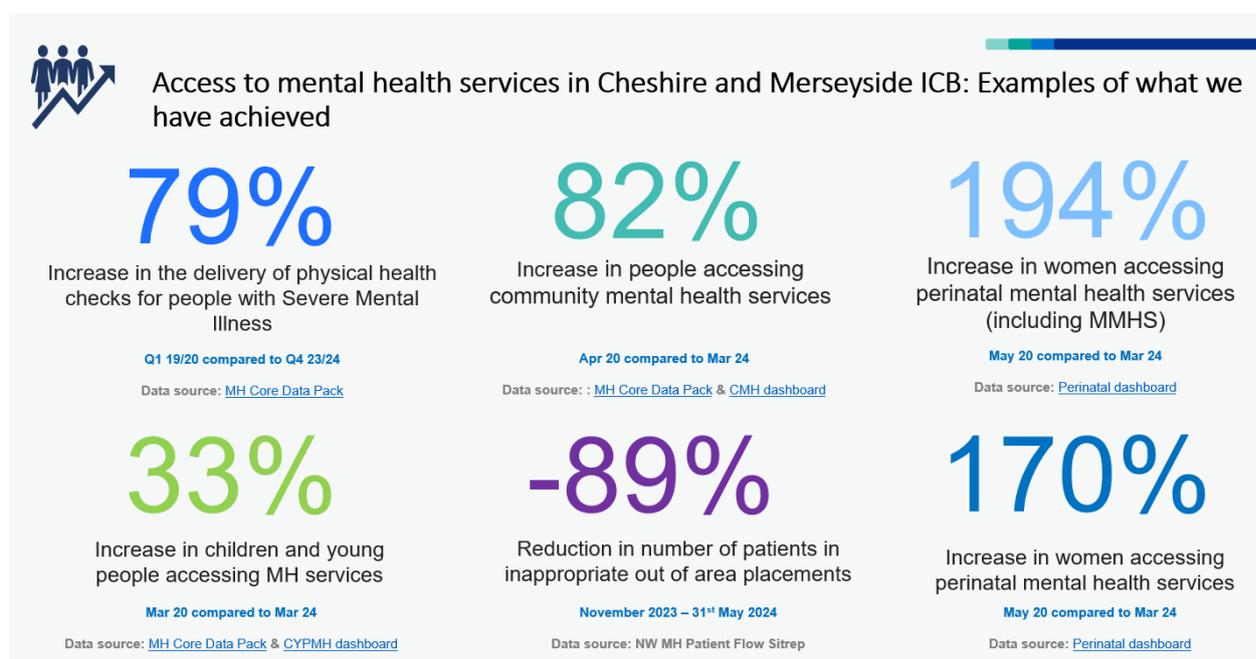
Contents

Section	Page
Executive Summary	2
Perinatal Mental Health	4
Children and Young People (CYP) Mental Health	10
Adult Community Mental Health Service Transformation	13
Mental Health Crisis Care and Liaison.....	18
Increasing Access to Psychological Therapies (IAPT, now re-branded nationally as NHS Talking Therapies)	27
Inpatient Quality Transformation Programme (QTP).....	35
Dementia	37
Suicide Prevention, Reduction and Bereavement Support	40
Problem Gambling Mental Health Support.....	43
Rough Sleeping Mental Health Support	44
Specialist Provider Collaboratives	46
Mental Health Workforce.....	48
Mental Health Data and Intelligence	50
Programme Governance and Oversight.....	58

Executive Summary

The Mental Health (MH) Programme has continued to lead mental health transformation for those priorities agreed to be best undertaken 'at scale'. The programme also maintains oversight of all 'place' led [Mental Health Long Term Plan](#) ambitions and fulfils appropriate ICB, regional and national reporting requirements. Benefits of adopting a design at the appropriate geographic level and deliver locally approach include a reduction in unwarranted clinical variation, lack of duplication of effort and improved efficiency.

The MH Programme aims to ensure that quality and timely mental health care is provided for everyone who needs it, and to tackle inequalities in access, experience, and outcomes, by those that experience them the most. Significant progress has been made over the lifetime of the Long-Term Plan; however, further work is required to fulfil all of the national ambitions.



- The Long-Term Plan ambition of 2,729 women accessing **perinatal MH services** was exceeded; 3,155 women accessed the services in the 12 months leading up to the end of March 2024.
- The **Parent, Infant, Relationship (PIER) model** has received recognition at a national level and is seen as an innovative approach to developing systems to support 0-5 mental health and relationships
- An additional 5 new **Mental Health School Teams (MHSTs)** have been identified for Cheshire and Merseyside as part of national wave 11. This brings the total number of MHST school teams to 31 across the system.
- The majority of Primary Care Networks (PCNs) met the criteria for having access to a transformed model of care and Cheshire and Merseyside exceeded the access targets for **community mental health** by 27%. A total of 23,590 people accessed services, compared with a year-end trajectory of 18,507 people.

- Every area in Cheshire and Merseyside now has **24/7 mental health crisis provision** for adults, children and young people
- A **single model of care for MH Crisis Care**, First Response Incident Support Service, (FRISS) is being mobilised
- Cheshire and Merseyside have met 6 out of the 7 standards in the NHS assurance framework for the implementation of **NHS 111 option mental health** in 2023/24. The only standard that is not met is in relation to the line going live, although this is in line with national expectations.
- Implementation plans and standard operating procedures have been developed for 3 new Mental Health Response Vehicles (MHRVs).
- Expenditure on **observational support** for people conveyed to an ED under s136 MHA 1983 procured from outside of the NHS has been significantly reduced
- Recovery rates and waiting time targets for access to NHS Talking Therapies (IAPT) were exceeded at ICB level and within all 9 places.
- A toolkit resource to support and promote future Talking Therapies recruitment campaigns and activities has been produced, comprising of numerous social media posts and short videos showcasing different roles within Talking Therapies services.
- A baseline self-assessment has been completed for all mental health and learning disability / autism adult inpatient provision, allowing us to identify the current state and inform 3-year plans to realign and recommission **mental health inpatient services**
- Liverpool was identified in collaboration with NHS England to establish one of the 15 national specialist **NHS problem gambling clinics** to provide support for our Cheshire and Merseyside population
- A **strategic framework for aligning service model design and mental health workforce planning** has been developed, and initial implementation has commenced
- A Mental Health Data Transformation Workstream launched in April 2023 and this is having a positive impact on **improved data flow and data quality** to inform service planning and development, commissioning, and to better understand patient outcomes.

Perinatal Mental Health

The NHS Long Term Plan stated that in Cheshire and Merseyside, by the end of **2023/24**:

- At least **2,729** birthing people with moderate to severe mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth, with increased availability of evidence-based psychological therapies
- All systems will be expected to have Maternal Mental Health Services (previously named maternity outreach clinics) in place by 2023/24
- Maternal Mental Health Services will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly rising from, or related to, the maternity experience

Where we are in 2023/24

At the start of 2023, 2,455 women had accessed Specialist Perinatal and Maternal Mental Health services (SPMMHS) in the prior 12 months. The services continued to develop and grow capacity and during the year of 2023/24 the Long Term Plan ambition of 2,729 women accessing services was exceeded; 3,155 women accessed the services in the 12 months leading up to the end of March 2024. This equates to 11.5% of the birthing population. However, this access rate varies across our 9 Places related to a range of factors including workforce, thresholds, and levels of deprivation. The services have a programme of work established that will continue to consider this variation and will look to address inequalities in access and how treatment can be effectively delivered to C&M's most vulnerable and complex families.

Silver Birch Hubs (the Maternal Mental Health Service) is fully operational across Cheshire and Merseyside. The project to establish the service has been closed and both services are now operating under business as usual and considered transformed.

Cheshire & Merseyside Perinatal Mental Health System development

The following tables demonstrate the transformation of perinatal services over the LTP period. The colour code is embedded at the bottom of the tables.

CM Perinatal System Progress (2017)

	Specialist Perinatal MH Service	Perinatal IAPT Champs	PIMHS	Spec PMH HV	Spec PMH Midwife	Commissioned Peer Support	Dads / partner support	MMHS
Liverpool	Fully Establish	Partially Established	Beginning to be established	Not established	Unknown			
Sefton (including Southport)	Not established				Fully Establish			
Halton	Not established	Fully Establish	Beginning to be established	Fully Establish		Beginning to be established		
St Helens	Not established				Fully Establish			
Knowsley	Not established		Fully Establish					
Warrington	Not established	Fully Establish						
Wirral	Not established				Fully Establish			
Cheshire East	Not established					Fully Establish		
Cheshire West	Not established					Fully Establish		
Colour Key	Fully Establish	Partially Established	Beginning to be established	Not established	Unknown			

CM Perinatal System Progress (2024)

	Specialist Perinatal MH Service	Perinatal IAPT Champs	PIMHS	Spec PMH HV (within HV teams)	Spec PMH Midwife	Commissioned Peer Support	Dads / partner support	MMHS
Liverpool	Fully Establish	Fully Establish	Fully Establish	Not established	Fully Establish	Parents in Mind	PSS	Fully Establish
Sefton (including Southport)	Fully Establish	Fully Establish	Fully Establish	Not established	Fully Establish	PANDAS	Parents in Mind	Fully Establish
Halton	Fully Establish	Fully Establish	Fully Establish	Fully Establish	Not established	Parents in Mind	Parents in Mind	Fully Establish
St Helens	Fully Establish	Fully Establish	Fully Establish	Beginning to be established	Fully Establish	Parents in Mind	Parents in Mind	Fully Establish
Knowsley	Fully Establish	Fully Establish	Fully Establish	Not established	Fully Establish	Parents in Mind	Parents in Mind	Fully Establish
Warrington	Fully Establish	Fully Establish	Fully Establish	Fully Establish	Not established	Homestart Parents in Mind	Dads Matters Homestart	Fully Establish
Wirral	Fully Establish	Fully Establish	Fully Establish	Fully Establish	Fully Establish	Koala NW Mums Matter (Mind)	Koala NW	Fully Establish
Cheshire East	Fully Establish	Fully Establish	Not established	Fully Establish	Fully Establish	Smile	Parents in Mind	Fully Establish
Cheshire West	Fully Establish	Fully Establish	Not established	Fully Establish	Fully Establish	Motherwell Homestart	Parents in Mind	Fully Establish
Colour Key	Fully Establish	Partially Established	Beginning to be established	Not established	Unknown			

C&M Specialist Perinatal Mental Health Service

The NHS Long Term Plan included three flexible ambitions for Perinatal Mental Services. The C&M Specialist Perinatal and Maternal Mental Health Services operate across the ICS area as a single service and has made significant progress towards all of these ambitions, as outlined in the following table:

LTP flexible ambitions for PMH	Progress made in C&M SPMHHS
Expansion of service offer to 24 months post-natal	The services have provided access to services and assessment for women up to 24 months postnatally since 2021.
Expanding psychological therapies offer	Psychological therapies work force has grown significantly. New pathways are in place to support access to psychological interventions including parent-infant treatment and systemic family therapy approaches. Group, family, parent-infant individual interventions are on offer to service users and have helped to inform research projects. The service will embed new interventions targeted at vulnerable families in partnership with Family Hubs during 24/25. The service has built a sustainable supervision model across a range of modalities.
Mental health assessment of partners	A pathway is in place to ensure that all partners are asked about their mental health and are signposted to appropriate care and support within a timely manner. The service will continue to develop the use of this pathway over the coming year. The Dadpad resource and (Partnerpad) are freely available to all partners across C&M through the SPMHHS and universal services.

The service has a multi-discipline team that expands beyond that of a Community Mental Health Team, including Specialist Health Visitors, Peer Support Workers, Pharmacists, Advanced Clinical Practitioners, Non-Medical Prescribers, Trainee Cognitive Behavioural Therapists, additional Mental Health Practitioners, additional Assistant Psychologists and additional Clinical Psychologists. Furthermore, there has been successful recruitment of Parent Infant Practitioners, Social Workers, Qualified Cognitive Behavioural Therapists, Family Therapists and additional Systemic Family Practitioners.

These roles are supported by a regional team of leaders who work across the C&M footprint with specialities including Engagement and Coproduction Lead, Parent Infant Mental Health Lead, Family Therapy Lead Equalities, Occupational Therapy and Training and Development. All staff have access to clinical and managerial supervision and robust personal development reviews in line with provider NHS trust appraisal processes.

The service provides a person-centred approach to care and feedback from service users reflects the impact of the care provided:

'I found the compassionate mind group such a turning point. I hadn't realised how many bad and negative thoughts I was inflicting on myself, and it helped me to turn it around.'

'The perinatal team have provided the best professional support I've ever received; they have been compassionate and responsive throughout. They didn't just care about me, they cared about my partner and my baby too. They didn't make me feel like a patient, they made me feel like a normal mum who was having understandable struggles. I wish every person had access to support like this when they need it. They showed me how I deserve to be treated. They changed mine and my baby's life for the better and it's the first time I've left a service with tools and techniques I can use in the future to help me to cope'

The service has taken an innovative and robust approach to addressing health inequalities in line with CORE20+5 approach. Dedicated roles and projects support the Health Inequalities workstream which focusses on three elements to the workstream that focus on younger parents, ethnic and minority groups and complex and vulnerable families. This programme of work was Highly Commended in the national 24/25 Positive Practice in Mental Health Awards.

The service is involved in multiple research collaborations with leading researchers from across the UK. Recent successful grant applications and publications have covered a wider range of topics including psychological group interventions, understanding and improving ethnicity data and attachment in perinatal mental health.

Cheshire and Merseyside Maternal Mental Health Service

The Silver Birch Hubs is the C&M wide Maternal Mental Health Service. This service has been operating since August 2022. The year 2023/24 was the final year of the project to mobilise this service, which, since April 2024, has been operating as “business as usual”. Access targets have been achieved with 320 women and birthing people accessing the service in the 12 months up to and including February 2024.



The multi-disciplinary team includes roles from across both midwifery and psychological therapies and has a joint clinical leadership model. This innovative approach has been praised at both a local and national level for this interdisciplinary approach. The Lead Midwife for the service, Natalie Patterson, reflected on the service:

'I've been a midwife for 20 years and this service feels like it's been the missing piece of the jigsaw; to have that collaboration with mental health. I don't think I fully appreciated it until I came into Silver Birch Hubs and truly worked in collaboration with psychologists, psychological therapists and women with lived experience. It really has been, for me the missing piece of my midwifery career and that midwifery journey for women coming through maternity services.'

During the year, the midwives for the team became employed by NHS Mersey Care FT, aligning them with the rest of the Silver Birch Hubs teams.

The Silver Birch Hubs offer locality focused support in collaboration with a range of universal and third sector organisations, wrapping support around families close to home. The service model is based on current research and best practice guidelines and has been co-produced with birthing people and partners with diverse lived experience across Cheshire and Merseyside and focusses on prevention as much as intervention.

Through implementing this brand new evidenced based and co-produced service we have been able to strengthen our offer to people before, during and following a birthing journey specifically providing for those experiencing psychological distress of birth trauma or loss during the perinatal period, working alongside existing pathways. Access to the service is not time dependent and interventions can be offered for historic traumas.

The service has increased perinatal access and engagement, connected services and organisations as well as raised awareness of perinatal services across all communities, promoting peer support, further developing our close working relationships with our third sector partners.

This service has been highly valued by its service users, with feedback reflecting the positive impact made:

'Since my MMHS interventions and treatment, I have felt more grounded, I don't experience anywhere near as much reliving and hypervigilance. I still avoid certain situations, conversations relating to pregnancy & birth however I can accept this, and that this avoidance isn't driven by fear and distress, but empowerment and awareness that I simply don't want to engage in these conversations.'

Seren Lodge

Seren Lodge is the name that has been chosen by the co-production group supporting the development of the new mother and baby in patient mental health unit (MBU). Building work has commenced on the £7.5m single storey building, which is the first of its kind across Cheshire, Merseyside, and North Wales. Further updates will be available during 2024/25. on the site within the Countess of Chester Health Park and key members of the team have been recruited.

The service will become operational in 2025 and will offer 8 beds, 2 of which will be allocated to women from North Wales. This work has seen an innovative approach to collaboration on this project between NHS England and NHS Wales and will provide support to families closer to home across Cheshire, Merseyside and North Wales.

North West Coast Clinical Network for Perinatal Mental Health

The Clinical Network for Perinatal Mental Health has continued to work in support of the perinatal mental health ambitions of the Long-Term Plan with all stakeholders across the pathway. In addition to working closely with the Specialist Perinatal and Maternal Mental Health Services, the Network has supported services across Maternity, Health Visiting, Talking Therapies and the third sector to provide a high quality perinatal mental health offer for Cheshire and Merseyside.

The Clinical Network has delivered several key learning events for professionals working across the Perinatal Mental Health Pathway including eating disorders in the perinatal period, compassion focussed therapy groups for baby loss and birth trauma for professionals in universal and mental health services. A series of learning events have been facilitated for practitioners working in NHS Talking Therapies. An in person learning day brought practitioners together from across the North West coast and two webinars were provided to support learning around race and ethnicity inequalities and the experiences of neonatal care services. In addition, the Clinical Network has continued to support the implementation of the C&M Standards for Perinatal Mental Health in Talking Therapies.

Projects have been established to enable the universal perinatal workforce to provide improved support for mental health. A data synthesis project has allowed us to understand

the barriers and facilitators of conversations about mental health in routine appointments which will inform future resources. Working in collaboration with the GP Clinical Lead to the Mental Health Transformation programme, an engagement survey was conducted with over 60 local GPs which is being used to inform the development of a webinar for this group.

The Clinical Network Shared Learning Programme has supported the delivery of two online forum events that were attended by over 200 people to hear local and national speakers discuss best practice approaches to complex perinatal mental health cases. Throughout the year, this work was further progressed through the network of Shared Learning Champions who are supported by the Clinical Network to capture lessons learned within services and share these widely across the North West Coast.

The Clinical Network has also continued to develop and update the suite of Perinatal Mental Health Pathways for the NWC which are used across all stakeholders. Continued support is also offered to the development of the C&M Lead Provider Collaborative for Perinatal Mental Health and to all specialist services as they transition from service development projects under the LTP to business as usual.

Children and Young People (CYP) Mental Health

The NHS Long Term Plan stated that in Cheshire and Merseyside, by the end of 2023/24:

- In addition to maintaining our FYFV ambition of **23,187** CYP per year with at least on contact with our services, we would also provide access to NHS-funded community mental health services to an additional minimum of **2,050** aged under 18yrs and an additional minimum of **936** aged 18-25yrs
- We would also provide access to Mental Health Support Teams for an additional minimum of **12,353** CYP
- This equates to mental health support for a total of **38, 526** CYP aged 0-25yrs for the year 2023/24
- There would be a comprehensive offer for 0-25yr olds that reached across mental health services for CYP and adults
- The **95%** CYP Eating Disorder referral to treatment time standards achieved in 2020/21 would be maintained
- There would be **100%** coverage of 24/7 mental health crisis care provision for CYP, which combined crisis assessment, brief response and intensive home treatment functions (see also *Mental Health Crisis Care and Liaison*)
- CYP mental health plans would align with those for CYP with learning disabilities, autism, special educational needs and disability as well as those of CYP services incl. health ad justice

Where we are in 2023/24

Nationally, we know that Children and Young Peoples mental health needs have been steadily increasing. Current analysis from NHS England's Children and Young Peoples Mental Health Survey shows that in 2023 around 1 in 5 children aged between 8 and 25 years old will have a probable mental health disorder.

The NHS LTP contains specific ambitions (see the box above) around mental health services for those aged 0 to 25yrs, covering access, outcomes and workforce requirements.

During 2023/ 2024, Cheshire and Merseyside has continued to work to meet LTP ambitions by improving Access for CYP to mental health services, ensuring all CYP have access to timely and accessible crisis support and provision and that CYP with Eating Disorders are seen within the National Waiting Time Standards for both urgent and routine referrals.

By the end of March 2024, 34,000 children and young people had accessed mental health services in Cheshire and Merseyside during the last year. This has been an increase year on year during the LTP term. However, it does fall short of the expected target for C&M which was 37,421 during 2023/24. There will be a drive to recover this access rate during 2024/25 along with continuing to grow and expand the support into schools.

Work to date has focused on improving data quality as well as considering opportunities to test out digital access to different MH support. Access waiting times have also been reviewed to understand the differing wait times across C&M and to explore opportunities for improvement during 24/25.

Since the publication of the Best Practice Model Document, the Parent, Infant, Relationship (PIER) Clinical Network has worked to engage with service providers, users and leads in each Place to understand how the learning from this report can be implemented to achieve the NHS LTP ambitions. The document has been socialised with relevant leaders and stakeholder groups at both Scale and Place. This work will continue to inform the development of 0-5 mental health provision. The document is available online:

https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/07/PIER-best-practice-service-model_NWC-Clinical-Network_July-2023.pdf

The national programme to deliver the Family Hubs and Best Start for Life Model is an important vehicle to support the development of 0-5 mental health support. The PIER engagement work links in with each Place to support the development of Family Hubs to ensure that 0-5 mental health is a key element of this offer. This approach supports the systemic PIER model and is supporting our systems to deliver joint working approaches that work for young families.

Key Achievements 2023/ 2024

- The PIER model has received recognition at a national level and is seen as an innovative approach to developing systems to support 0-5 mental health and relationships. In October, the authors of the report were invited to speak at the national 0-5 mental health webinar which was attended by 600 delegates., which led to discussions to support other areas in considering their 0-5 mental health systems and a further invitation to speak at the national Parent Infant Foundation annual conference.
- An additional 5 new Mental Health School Teams (MHSTs) have been identified for Cheshire and Merseyside as part of national wave 11. This brings the total number of MHST school teams to 31 across the system. A strategic approach to placing the new MHST teams was taken by identifying high priority need areas through demographic analysis and review of population health inequalities. These new teams are readying for implementation and will be an important addition to improving access and support for our children and young people.
- 0-5yrs Parent Infant Early Years Relationships (PIER) system development (further details below)
- By the end of March 2024, all three provider Mental Health NHS Trusts, Alder Hey, Mersey Care and Cheshire and Wirral and Partnership had implemented a C&M wide community crisis service model that provides our children and young people 24/7 mental health crisis support. This includes:
 - 24/7 crisis support through access to CYP crisis lines
 - 24/7 access to community/ A&E assessment crisis assessment and an appropriate brief response
 - An Intensive home treatment service, aimed at CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capacity of a generic CYP MH community team

- The MH programme have continued to support All Age Crisis transformations during the year, most specifically, the introduction of NHS 111 option Mental Health, and supporting the planned introduction of Mental Health Response Vehicles, working alongside the Ambulance and Police services. Further information can be found in the all-age crisis section of this report.
- Successful CYP Crisis Alternatives have been piloted in Liverpool and Wirral with a view to consider across other Places.
- During 2023/ 2024, work has also continued across C&M to support Community Eating Disorder teams to meet the National Waiting Time Standards for Eating Disorder Services. These being all routine referrals seen within 4 weeks and urgent referrals seen within 1 week.
- Following a system wide MEED (Medical Emergencies in Eating Disorders) event held in May 2023, and on receipt of National Guidance from the Royal College of Psychiatrists, a Cheshire and Merseyside CYP MEED Collaborative Group was established in March 2024. This is a clinical advisory group that brings together mental health and physical health clinicians from across the health system including emergency care pathways for eating disorders to advise on how MEED can be utilised most effectively across C&M to identify eating disorders much earlier.

Cheshire and Merseyside Children and Young People's Emotional Wellbeing and Mental Health Programme Partnership

A review of the role of the C&M North West CAMHS Review Oversight Group along with wider CYP Mental Health, Learning Disability and Neurodevelopmental, and Local Authority strategic groups was undertaken as it was recognised by the Mental Health Programme that the CYP governance was complex, with multiple workstreams.

In light of this, some meetings/groups were stood down and a single strategic transformation group was constituted, known as the Cheshire and Merseyside Children and Young Peoples Emotional Wellbeing and Mental Health Programme Partnership. This group has been operating for a year and has been providing an oversight and innovative space for strategic transformation across both health and care. The Programme Partnership reports into the ICB Children's Committee and will be responsible for the delivery of the 2024-2026 C&M CYP Mental Health Plan.

Adult Community Mental Health Service Transformation

The NHS Long Term Plan (LTP) stated that **the end of 2023/24** all Integrated Care Systems (ICS) would have received funding to develop and begin to deliver new models of integrated primary and community mental health care. This Community Mental Health (CMH) Transformation programme was designed for adults/ older people with severe mental health problems (SMHP) and specifically for those people with eating disorders, mental health rehabilitation needs and complex mental health difficulties, including those people with a diagnosis of personality disorder. These new models of care would span both core community provision as well as dedicated services (where the evidence supports them) and they would be built around Primary Care Networks (PCNs). By the end of 2023/24 every STP/ ICS would have at least one new model in place.

A number of key performance indicators were also in place to support adults and older adults with SMHP to improve their overall physical and mental health outcomes. For Cheshire and Merseyside (C&M) this meant that by the end of **2023/24**:

- A total of **19,921** people with SMI would have received a physical health check.
- A total of **2,751** people would have accessed Individual Placement and Support services (this supports people to find and/or stay in employment/ education).
- The **60%** Early Intervention in Psychosis (EIP) access standard will be maintained and **95%** of services will have achieved Level 3 NICE concordance.

Where we are 2023/24

Community MH transformation was a complex programme with lots to deliver across the LTP duration. NHS England published a 'roadmap' setting out the key milestones and deliverables that underpin the transformation of community mental health as set out in the Community Mental Health Framework. Cheshire and Merseyside used this roadmap to identify priorities to be addressed during 2023/24. A stock-take against the 'roadmap' was completed in March 2024 which showed the significant amount of progress made against delivery of the CMH Framework, but also identified further work to be done to embed the new models as we work towards the new 4-week waiting time standard. Some of these achievements and challenges are listed below.

Model Development

- The majority of Primary Care Networks (PCNs) met the criteria for having access to a transformed model of care.
- The majority of PCNs have access to a transformed eating disorder function.
- The majority of PCNs have access to an almost fully transformed Personality Disorder function, however work is ongoing to ensure that Peer Support is offered consistently as part of the function to enable true transformation

Care Provision

- Access to new models of integrated primary and community care for adults and older adults with severe mental illness exceeded the LTP ambition by 27% in 2023/24. A total of 23,590 people accessed services, compared with a year-end trajectory of 18,507 people.
- The LTP target for PH SMI checks was not met this year. This target remains a challenge and changes to the GP contract for 2024/25 has removed funding incentives to undertake these checks. As of end Q4 15,893 checks had been delivered against an ambition of 19,921. A recovery plan is being developed for 2024/25.
- Although access target improvements were made over the year, the LTP target of 2,751 receiving Individual Placement Support (IPS) was not met by a considerable distance due to a historical shortfall in financial support. An IPS contract review was completed in 2023/24 to identify options for future delivery of IPS services and it has been agreed that in 2024/25 we will produce one service specification for C&M. This service specification will then be used to retender IPS services across two C&M footprints, one IPS service for Cheshire and Wirral and the second for Merseyside. Contracts will be awarded for a three-year period which will support stability and increase the recruitment and retention of the IPS workforce. This, together with additional funding awarded in the Spring Statement, will support an increase in access targets and deliver a more streamlined service.

We have developed a C&M Psychological Therapy Strategy for Serious Mental Illness (SMI); this is now being approved within the Mental Health Provider Trusts before final approval at a Cheshire and Merseyside level is sought. In 2024/25 the Chief Psychological Professions Officers in each NHS Trust will be developing an implementation plan to deliver on the strategy. This will increase access to the number of NICE guidance approved/ evidence-based practice psychological therapies and interventions for those with SMI utilising a trauma-informed approach.

Community MH Workforce

- All PCNs have had the opportunity to support the employment of a Primary Care MH Practitioner funded via the Additional Roles Reimbursement Scheme (ARRs).
- Lived Experience Advisors are embedded as part of Adult and Older Adult Community Mental Health Services.
- VCFSE organisations are being utilised to identify Peer Support Workers to provide care within the core CMH model.
- Recruitment and retention in core professions within the Community MH model continues to present as a system-wide challenge.

Community MH Data and Outcomes

- The quality and flow of data to the national Mental Health Service Data Set (MHSDS) remains a challenge, particularly in respect of the Primary Care Mental Health Practitioners who input onto primary care systems and the Voluntary, Charity, Faith and Social Enterprise (VCFSE) organisations who are supporting the transformed community mental health models. In order to address these issues for the non-NHS providers of IPS services, a national funding allocation made in quarter four of 2023/24 to support Trusts and non-NHS providers to improve the quality and flow of their own data to MHSDS. This will be realised in 2024/25 and will support the re-procurement of IPS services by levelling-up non-NHS providers to process and 'own' their data, additionally, this will improve reporting and provide a more accurate access figure.
- Data is not yet flowing from Primary Care Mental Health Practitioners operating across Cheshire and Merseyside. As a result, there is a gap on activity reported via MHSDS for the Cheshire and Merseyside access target. There is a plan to address this, however data is unlikely to be flowing until later in 2024/25 for this group.
- Patient Reported Outcome Measures (PROMs) are being implemented across the Community MH model, with a clear strategy for implementation and adoption.
- Due to the inability to automatically flow data from primary care and VCFSEs we are not yet ready to accurately report against the 4-week Waiting Time Standard, however the areas described above will improve our ability to support this.

Key Achievements

Adult and Older Adult Community Mental Health

- We utilised the national "Roadmap" to undertake self-assessment and benchmark progress of transformation across Cheshire and Merseyside and identify common areas to progress 'at scale' for 2024/25.
- Cheshire and Merseyside at scale workstreams were established to support transformation areas such as Community Rehabilitation; Primary Care (50/50 Trust/ARRS funded) MH Model; PROMs; Data Flow; Waiting Time Standard; IPS and Physical Health checks for people with Severe Mental Illness (SMI). All workstreams aim to avoid unwarranted variation and maximise efficiency.
- Held a series of workshops with Primary Care Mental Health Practitioners, Trusts and PCNs supported by Edge Hill University to develop a set of key principles to develop role clarity and foster better working relationships between primary and secondary care for the Primary Care MH Practitioner roles. In 2024/25 the final approved principles will be further communicated to obtain 'buy-in' from PCN's, particularly in light of the changes to how the roles are to be funded in 2024/25 moving from a 50/50 split to 100% ARRS funded, which is creating some challenges for Trusts who are still expected to employ the practitioners.

- IPS provider in Cheshire (Standguide) were selected for a national pilot to test generation of referrals from Primary Care (more detail on this is described below).
- Standguide was also awarded the IPS Grow Quality Kitemark, recognising the fact that they achieved the highest fidelity score in the country in their annual review against the criteria describing what an IPS service should look like and how it should perform. They are now considered an exemplary service.

Commissioning and partnership working with Voluntary Community, Faith and Social Enterprise (VCSFE) organisations

- Transformed Models of Care and NHS Trusts continue to work in partnership with VCSFE to support service users to receive the right level of care as and when they need it, using a 'no wrong front door' ethos. Partnership working with VCSFE organisations remain integral to the success of the community mental health transformation programme.
- Plans underway to flow data for VCSFE activity to MHSDS for national reporting. This will demonstrate the significant boost in access to MH services being provided by the sector.

High Intensity Use Service Pilot

- In 2022 Cheshire and Wirral Partnership (CWP) commissioned the British Red Cross to develop a 12 month pilot service for those individuals considered 'high intensity users' - those who repeatedly access service such as crisis lines etc. and for whom needs are clearly not being met. This new service comprised a Senior Service Lead and four HIU Leads who worked across four hospitals: Arrowe Park, Macclesfield, Leighton, and The Countess of Chester.
- Embedded in the Liaison Psychiatry (LPS) Departments at these locations, the team took referrals into their service and worked holistically to provide the support for those frequent users of the usual mental health services. They provided bespoke multi-agency support and signposting for clients for whom the usual services had not been able to help to the clients' satisfaction. During the lifespan of the pilot, the service saw 97 clients and at the time of pilot end had closed 76 cases.
- Comparison of pre- and post-intervention client activity revealed the following impact:
 - 50% *reduction in both* LPS attendance and psychiatric admissions (PICU)
 - 34% *increase* in crisis calls
 - 67% *reduction* in HALS referrals
- Client outcomes demonstrated that: 88% of clients felt less lonely at the end of their support; 96% reported improved wellbeing; and 96% either achieved or made significant progress toward at least one goal. Of those who completed a feedback questionnaire, 94% said they would be extremely likely to recommend the service to friends and family if they needed similar care/ treatment.

- CWP conducted an end of pilot impact assessment during 2023/24 and determined that the whilst the pilot service had provided clear benefits to clients, received good feedback from staff and service users, and savings were realised, other models/ services (e.g., Martin Gallier Project) offered better value for money. Lessons learnt from this pilot are now being considered for 2024/25.

IPS in a Primary Care setting

One of C&M's providers of IPS services (StandGuide Ltd.) secured funding to run a 12 month pilot study of IPS in a Primary Care setting in partnership with Chelford, Handforth, Alderley Edge and Wilmslow (CHAW) PCN.

CHAW PCN operate a Hub model linking with five GP practices across the localities. This Hub includes Mental Health Practitioners (ARRS), Care Coordinators, and Social Prescribers. A Senior IPS Employment Advisor was located within this Hub team. Support for the pilot was provided by C&M Mental Health Transformation Programme and oversight maintained through a regular steering group.

StandGuide and CHAW worked together to develop systems, procedures, policies, training and publicity materials to facilitate the pilot. GPs referred to the Hub any patients they felt (or who themselves felt) could benefit from IPS support. There was also a self-referral option.

Through open and constructive discussions, effective partnership working (between IPS and Hub staff, IPS Grow and C&M) and a strong common desire to succeed, the result was an effective service that delivered clear benefits for service users and professional colleagues alike. This is illustrated below.

Job outcomes as of end of period April 2023 - March 2024 (end of pilot)

Referrals	Starts	1 st Jobs	Total jobs
94	42	11	15

As the service ends its pilot phase it has shown that IPS sits well within the CHAW PCN service offer. It fits well with their hub model and supports their full wrap around care approach and integration of services. It has demonstrated the value of partnership working with positive feedback from partners and colleagues.

For clients, it has shown that a small amount of support for those with moderate/ less severe mental health barriers to employment can be enough to empower the individual to identify and focus on said barriers. This can be instrumental in preventing a deterioration of mental health from moderate to more severe. Any such mitigation can only be good for the individual receiving support from Primary Care IPS service and professional colleagues. Supporting those with moderate mental health needs before they escalate can reduce the pressures on Secondary Care service, thus helping target more appropriate services in a more effective way.

During 2024/25, consideration will be given to rolling out IPS services within primary care via the additional funding allocation via the Spring and Autumn statement

Mental Health Crisis Care and Liaison

The NHS Long Term Plan stated that in Cheshire and Merseyside, by the end of **2023/24**:

- There would be **100%** coverage of age-appropriate 24/7 crisis care via NHS 111. This would include the following:
- All acute mental health hospitals would have mental health liaison services, with **70%** of these meeting the 'Core 24' standard for adults/ older adults
- Continuing 24/7 Crisis Resolution Home Treatment Team (CRHT) coverage for adults (operating in line with best practice since 2020/21)
- A range of complementary and alternative crisis services to A&E and admission (incl. VCSFE/ local authority-provided services) within local mental health crisis pathways
- A programme for mental health and ambulances, incl. mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services

Additionally appropriate access and wait time standard for urgent and emergency mental health care will have been field tested in 2019/20 and trajectories for introduction over the course of the LTP will have been confirmed

In the same way as physical health urgent and emergency care and elective care, mental health providers across Cheshire and Merseyside have experienced significant service pressures, both as a direct result of winter pressures and as a symptom of challenges across the wider system. Increased demand, acuity and complexity of cases have resulted in system-wide pressure and adverse impacts on mental health acute care flow. Mental Health Delayed Transfers of Care (DTC) are on an ongoing challenge, predominantly as a result of limited supported housing, nursing homes and suitable community placements.

During 2023/24 Cheshire and Merseyside, overseen by the Cheshire and Merseyside Crisis Oversight Group, has continued to build on the progress made in relation to the NHS Long Term Plan with an ambition for more comprehensive crisis pathways in every area that can meet the continuum of individuals' needs, preferences for accessing crisis care and support to address system pressures.

As well as increasing capacity and improving models of traditional NHS crisis care services, implementation of these ambitions includes NHS-funded voluntary sector services in providing complementary and alternative models of crisis care. It also involves the NHS working with a range of system partners such as ambulance, police and local authorities to develop and enhance C&M crisis care pathways.

The introduction of Right Care, Right Person (RCRP)¹ in 2023/2024 is connected to and complements the expansion and improvement of mental health services as set out in the NHS Long Term Plan. RCRP is an attempt to ensure that more people who require care and support can access this in an appropriate setting from the right professional. The RCRP programme should not be viewed separately to the overall need to address mental health demand and flow. Continued support for the delivery of this Mental Health Crisis Care work stream will support the implementation of RCRP.

Mental Health Crisis Meeting Structure

Mental health crisis care is one of the most complex programmes of work due to the range of stakeholders involved, all of whom have their own organisational priorities and objectives to meet. However, it is clear that a whole system approach is required around crisis transformation and that progress is challenging in the context of the pressures faced by each sector, workforce issues and competing priorities across organisations.

Over recent years, the number of meetings in relation to mental health crisis care have significantly increased. The introduction of Right Care, Right Person has also created a new meeting infrastructure. The Cheshire and Merseyside Mental Health Programme undertook a deep dive in 2023/24 into the Mental Health Crisis meetings taking place across Cheshire and Merseyside.

The deep dive highlighted that there were 16 regular crisis meetings taking place in Cheshire and Merseyside, many of which had similar agendas and membership. A report was produced that recommended:

- a streamlining of crisis meetings to ensure a clear purpose and rationale for each meeting with clear governance structures
- an agreed Cheshire and Merseyside Mental Health Crisis plan that all groups are working towards for consistency

These recommendations were actioned, and a streamlined and simplified meeting structure implemented in 2023/24.

Where we are in 2023/24

The following illustrations provide a high level summary of the transformation of services from March 2021 to March 2024:

Key to colour coding:

	Not yet implemented
	Partially implemented
	Implemented
	Does not apply

¹ *Right Care, Right Person* (RCRP) is a national programme aimed at ending the inappropriate and avoidable involvement of police in responding to incidents principally involving people with mental health needs, although it has applicability to other vulnerable people. It has the support of the Home Office, Department of Health and Social Care (DHSC), the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England (NHSE). This has been set out in the National Partnership Agreement published in July 2023 - [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118422/national-partnership-agreement-right-care-right-person-rcrp-2023-2025.pdf).

Mental Health Crisis Pathway Stocktake October 2021							
	Mersey Care Local Division		Mersey Care (Mid-Mersey Division)		CWP		Alder Hey
	CYP (N/A)	Adults	CYP	Adults	CYP	Adults	CYP
24/7 Crisis telephone lines established							
First response service able to deliver face-to-face assessment within 1 hr							
Dedicated professional access line (i.e. Police and GP)							
CRHTT Gatekeeping							
Ambulance response							
Street triage							
British Transport Police vehicle							
CYP Intensive Home Treatment/ Adult CR Home Treatment at CORE Fidelity							
Crisis alternatives/ Beyond Places of Safety							
Places of Safety							

Mental Health Crisis Pathway Stocktake March 2024					
	Mersey Care		CWP		Alder Hey
	CYP (N/A)	Adults	CYP	Adults	CYP
24/7 Crisis telephone lines established					
First response service able to deliver face-to-face assessment within 1 hr					
Dedicated professional access line (i.e. Police and GP)					
CRHTT Gatekeeping					
Ambulance response					
Street triage					
British Transport Police vehicle					
CYP Intensive Home Treatment/ Adult CR Home Treatment at CORE Fidelity					
Crisis alternatives/ Beyond Places of Safety					
Places of Safety					

Key Achievements

Crisis and home treatment teams

- Every area in Cheshire and Merseyside now has 24/7 mental health crisis provision for adults and children and young people.
- A First Response partnership meeting was established for 2023/24; the agenda of which has included NHS 111 option mental health, mental health response vehicles and First Response service model more generally. This is a multi-disciplinary group

which has considered options for effective and safe implementation of key areas of transformation across Cheshire and Merseyside.

- A single model of care for MH Crisis Care, First Response Incident Support Service, (FRISS) is being mobilised. The model aims to alleviate pressure from emergency services and to respond appropriately to mental health crises in emergency situations. FRISS includes MH crisis telephone services and a crisis response function, including MH triage, signposting, and mobilised crisis.
- C&M have met 6 out of the 7 standards in the NHS assurance framework for the implementation of NHS 111 option mental health in 2023/24. The only standard that is not met is in relation to the line going live, although this is in line with national expectations. The Cheshire and Merseyside call flow has now been developed and testing and launch planned for April 2024. The standard operating procedure has also been developed. As Cheshire and Merseyside has a complicated call flow with 3 mental health provider crisis lines making up the infrastructure of NHS 111, there are ongoing discussions around the potential of a joined-up Cheshire and Merseyside approach to try and improve the pathway and caller journey longer term. This also links into joined up conversations at a C&M and regional level around emergency planning requirements for NHS 111. This needs to be developed further in 2024/25 with engagement from ICB emergency planning leads.
- Successful capital funding bids were submitted to ensure that all MH trusts have the correct IT infrastructure to support NHS 111 option mental health integration work. Strategic support from iMerseyside has been provided in coordinating the IT offer across Cheshire and Mersey to scope out opportunities for joint working, shared resources and business continuity planning.
- Implementation plans and standard operating procedures have been developed for Mental Health Response Vehicles (MHRVs). There will be 3 MHRVs deployed in Cheshire and Merseyside from May 2024 delivered in partnership by North West Ambulance Service NHS Trust (NWAS), Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and Mersey Care NHS Foundation Trust. There will also be involvement from Alder Hey for children and young people within their footprint. This will be in addition to the existing Mersey Care car. New staff have been recruited and staff will be rotated from the First Response model to provide cover. Technology options for transfer of 999 callers from the NWAS STAC into mental health crisis lines is being considered for longer term solutions for the mental health triage of 999 calls.
- All Cheshire and Merseyside general hospital A&E departments have mental health liaison services.
- Work is also ongoing to increase police use of a professional's line to support decision making when dealing with a person presenting in crisis.



Crisis Alternatives

- These are safe spaces and support in the community for people experiencing, or at risk of experiencing, mental health crisis or emotional distress.
- A crisis alternatives stock take was developed in 2023/24 to try and understand the range of provision. From this stocktake, 21 Crisis Alternative schemes were identified across the ICB, with only 2 of these offering support to Children and Young People based in Liverpool and Wirral Place. The stocktake noted that there was variation in provision across C&M.
- On review of the stocktake, members of both the All-Age C&M Crisis Board and the C&M CYP Crisis Development Group identified the development of All-Age Crisis Alternative Model across Cheshire and Merseyside as a priority workstream.
- In January 2024, a design workshop was organised to bring system partners together to consider and design a best practice model.
- The workshop was attended by both adult and children's mental health crisis clinicians, mental health commissioning leads, social care colleagues, local police force colleagues, lived experience and voluntary sector partners.
- Definitions of crisis alternatives were explored, with an acknowledgement given to national drivers for change, key challenges, and what we already have in place.
- Following the workshop discussions, an all-age crisis alternatives best practice model has been developed. Moving into 2024/25, the aim is to review the best practice model against current and existing crisis alternatives contracts / structures. There will also be consideration of how this model of care can be implemented in the most effective and efficient way, acknowledging what has already been done, 'what we already have', and 'where there are gaps', as well as challenges around sustainable funding.
- A volunteer crisis text messaging service has been in operation, 'SHOUT,' providing an alternative means of accessing non clinical-crisis support for 8,503 texters (16,504 conversations). This is under review for 2024/25 with decisions to be made around future commissioning with an ambition to commission a clinical crisis text service in line with national requirements by April 2025.

Section 136 (S136)

- Following two S136 partnership workshops that were held in 2023/2024, the S136 action plan has been re-developed with an aim to reduce delays in the S136 process and improve the pathways for individuals and system partners. A S136 strategic group has been established (as part of the new mental health crisis meeting structure) to oversee this area of work. Actions within the plan relate to the following themes:
 - Data and digitisation
 - Use of the crisis line
 - Street Triage
 - Places of safety/S136 suites
 - Advanced MH Professional (AMHP) availability
 - S12 doctor availability

- MH conveyance
- Observational Support
- Contingency, diversion, and escalation
- CYP specific considerations

Some key pieces of work that have taken place during 2023/24 in relation to these action plan themes include:

- The on-going implementation of the RESPOND multi-agency training program – overseen by the RESPOND steering group which is a multi-agency group (this will become part of the S136 steering group moving into 2024/25). Delivery of the train the trainer module to our identified leads across all partners – acute trusts, NWAS, police, MH Trust, Local Authority AMHPs undertaken in May 2023 with development of a 12-month training strategy to roll out RESPOND training to front-line staff across Cheshire and Merseyside focusing upon S136.
- Exploring how the S136 process can be digitised to provide real-time information and maximise the time professionals can spend with patients.
- Delays in accessing appropriate transport for MH patients is a contributory factor in the overall delays being experienced by people requiring MH assessment and/ or treatment. NWAS is commissioned to provide an emergency response to all appropriate physical health and mental health crisis calls across Cheshire and Merseyside. Patient Transport Services (PTS) are also provided by NWAS for the Merseyside area, with provision for Cheshire, Warrington, and Wirral via West Midlands Ambulance Services (WMAS). The demand being placed on NWAS for physical health Category One and Two calls frequently results in the police conveying people to a Health Based Place of Safety (HBPoS) in an acute hospital emergency department, or to a s136 suite. Delays are also being experienced when conveyance is required from a place of safety to a MH inpatient bed. Interim short-term contracts were put in place during the winter period to try and alleviate some of these pressures, but the ongoing demand needs to be reviewed and sustainable solutions agreed. A separate paper regarding MH transport has been drafted by the MH Programme team outlining recommended actions. A Task and Finish group will be convened to undertake a further review of conveyance pressures and to agree appropriate actions to address.
- One of the challenges in 2023/24 for the Cheshire and Merseyside system was to reduce expenditure on observational support for people conveyed to an ED under s136 MHA 1983 procured from outside of the NHS. The challenge to NHS trusts was for them to develop and provide appropriate alternatives with agreed standard operating procedures. This was achieved through acute trusts working alongside CWP, through a sub-contract with ISL, and Mersey Care. These services need consolidating in 2024/25 in preparation for the implementation of RCRP Phase 3 and the proposed 60-minute handover by police. Additional consideration also needs to be given to children and young people and observational support for people exhibiting behaviours of distress with potential mental health problems who are in an emergency department informally.

- Health-based places of safety and section 136 suites – increasing access to s136 suites, where they exist, eliminates the need to convey a person in crisis to an acute trust, which often leads to the need to provide additional observational support. The area served by Mersey Care NHS Foundation Trust is well served by dedicated s136 suites however the suites can easily become blocked due to delays in discharge processes, especially for those with Children and Young People’s needs. Work continues with Cheshire Police and Merseyside Police to maintain access to this provision as required. Across the CWP footprint there are currently no dedicated s136 suites. The Emergency Departments (EDs) at Arrowe Park Hospital, Countess of Chester Hospital and Macclesfield District General Hospital provide Health Based Places of Safety but are not the ideal environment for a person exhibiting behaviours of distress, awaiting MHA assessment, and accompanied by a police officer. The development of dedicated s136 suites across Cheshire and Wirral is a strategic aim of the Mental Health Programme, subject to the availability of appropriate capital funding. Approximately £1.3m of a national capital allocation is contributing to the development of an Urgent Response Centre on the Countess of Chester Health Park site to deliver an improved collaborative response for people in mental health crisis in Chester and West Cheshire. This development will include a section 136 suite. Business cases are being prepared for East Cheshire and Wirral for consideration if further capital becomes available. Building work is due to start on the new Leighton Campus in 2026, with the site opening in 2029 and this also includes the potential to develop a S136 suite.
- Work has been taking place during 2023/24 with an ambition to standardise an approach across Cheshire and Merseyside to assessing a patient’s ability to undertake a mental health assessment. Agreement has been reached that the terminology historically used around ‘medical fitness’ would be more helpfully described as ‘fitness to assess.’ A shared fitness to assess criteria is being developed which includes an intoxic tool. The aim is for a standardised approach to be rolled out in 2024/25.
- Specific requirements around the process for a child under S136 are being considered. Even though it is acknowledged that the percentage of children and people under S136 is small, they, in the main, lead to lengthy delays and lack of clarity in terms of co-ordination of the process required. A partnership meeting has taken place to discuss, and it was felt that the system would benefit from a Cheshire and Merseyside CYP S136 Pathway / Process being clear on the roles and responsibilities of the partners involved, handover points and the accountability / escalation processes. This work will develop in 2024/25 through the Appropriate Places of Care Group within the Beyond Programme. This work will align with all age developments around S136 described above.

Crisis Services for Children and Young People

- All areas in Cheshire and Merseyside have 24/7 age-appropriate crisis provision for children and young people.
- Cheshire and Merseyside continue to follow the guidance in relation to the four functions of crisis provision for children and young people. This is to help deliver comprehensive children and young people’s crisis care nationally. A recent review of

the functions had been conducted which aimed to provide more clarity to those delivering and in receipt of crisis care. The review looked at the detail in each function and how they combine to deliver the required 24/7 coverage of crisis provision across Cheshire and Merseyside. The four functions are:

- Single point of access including through NHS 111 'select MH option' to crisis support, advice, and triage.
- Crisis assessment within the emergency department and / or in community settings.
- Brief response within the emergency department and / or in community settings, with children and young people being offered brief interventions.
- Intensive Home Treatment service aimed at children and young people who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic children and young people's mental health community team.
- During 2023/24, work has continued, led by the Children and People Crisis Development Group (alongside the all-age Crisis Board) to review the function requirements, and look at further implementation for the benefit of children and young people in Cheshire and Merseyside.

Data

Work has been on-going to consider data sets required to support the Crisis Care developments with significant improvement required to measure activity in crisis services, as well as improved use of outcomes and experience measures to understand the quality of care that is provided. Data requirements around the implementation of NHS 111 option mental health and mental health response vehicles is being considered and determined from the outset of the project. This will be developed further in 2024/25 as part of planned workshops.

For purposes of the Mental Health Service Data Set (MHSDS); work has been completed to understand the coverage, validity and accuracy of key data items used in the construction of metrics for reporting, in particular those used in the national dashboards, identifying gaps and working with providers to improve the quality of data. This work aligns with other mental health workstreams as it's broader than crisis metrics because of the balancing metrics that are key to evidencing the impact of crisis services. So, as well as care contacts (psych liaison, crisis teams and crisis alternatives), work has been taking place to look at inpatient service data flow and data quality. Also data flowing from acute trusts into the Emergency Care Data Set (ECDS). Work with VCFSEs organisations has started and will continue into 2024/25 to improve data collection processes ahead of them onboarding to MHSDS.

Workforce

It has been nationally recognised that there are on-going staffing shortages across mental health crisis services, including the ability to recruit and retain staff. As part of the new crisis meeting structure, we have established an all-age Crisis Workforce Group. This group not only aligns to the mental health crisis meeting infrastructure but the requirements of the overall mental health workforce development group and associated strategy. Some key priorities include:

- Train – Define the population needs, models of care and supporting interventions across crisis services, and from this, scope out the skills, knowledge and the experience needed to deliver the range of crisis services across the MH pathway and the range of roles required.
- Retain – understand staff experience of working within mental health crisis services. Identify areas of practice already in place to support staff wellbeing and develop a support offer for all staff in crisis services in relation to resilience and burn out.
- Reform – develop a shared ‘working in MH crisis services’ induction programme across all partners working within the MH crisis system.

Lived Experience

- Fundamental to the MH Crisis Transformation work is co-production and collaboration with those with lived experience. The Cheshire and Merseyside Mental Health Programme have developed a strong partnership with the Cheshire and Merseyside Lived Experience Network hosted by Wirral Mind. Through the Lived Experience network the voice of those with lived experience has contributed to the development of key areas of mental health crisis transformation. A lived experience workshop was held in January 2024, the learning from which will further influence mental health crisis developments into 2024/25.

Increasing Access to Psychological Therapies (IAPT, now re-branded nationally as NHS Talking Therapies)



The NHS Long Term Plan stated that in Cheshire and Merseyside, by the end of **2023/24**:

- **72,724** adults/ older people would have access Talking Therapies (revised down from an original **88,545** in recognition of significant workforce recruitment and retention challenges)
- The established referral to treatment time would be maintained as would the recovery standards and the requirement of commission Talking Therapy Long Term- Conditions (TT-LTC) services

Where we are in 2023/24

Monthly access to Talking Therapies data has stayed relatively stable across Cheshire and Merseyside, although it remains below target levels. There is some variance between services, but this generally seems to be in line with standard patterns of variation seen across services.

Talking Therapies recovery rates has consistently been achieved overall at a Cheshire and Merseyside level for the majority of 2023 into 2024. The target has been achieved within all 9 places in March 24, with a Cheshire and Merseyside overall recovery rate of 51%. It is important to note that the national metrics in relation to recovery are changing to reliable recovery and reliable improvement as of April 2025.

The waiting time target of 75% of people having access to NHS Talking Therapies (IAPT) within 6 weeks continues to be exceeded at ICB level and within all nine places in March 2024. With the waiting time target of 95% of people having access to NHS Talking Therapies (IAPT) within 18 weeks being exceeded at ICB level and within all 9 places.

1st to 2nd wait exceeding 90 days is an issue in some services within Cheshire and Merseyside. The average in service wait in Cheshire and Merseyside in March 2024 is 20% of people are waiting more than 90 days against a target of 10%. However, one place has reported 54% of people waiting longer than 90 days in March 2024, with one service reporting 72% of people waiting longer than 90 days. There are action plans in place within services that are outliers for this metric to address these in service waits. Cheshire and Merseyside are not an outlier when benchmarked against neighboring ICBs for 1st to 2nd wait exceeding 90 days as indicated in the table on the next page.

	NHS Talking Therapies			
	NHS Talking Therapies 1st-2nd Treatment >90 days	NHS Talking Therapies 6 Week Waits	NHS Talking Therapies 18 Week Waits	NHS Talking Therapies Recovery
	April 2024	April 2024	April 2024	April 2024
	Null	Null	Null	Null
NORTH WEST	24%	89%	97%	49%
NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD	20%	95%	100%	51%
NHS GREATER MANCHESTER INTEGRATED CARE BOARD	30%	84%	94%	49%
NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD	20%	90%	99%	47%

In service waits have also been acknowledged nationally and has influenced the decision to refine the national metrics to focus on reliable recovery and reliable improvement with an aim to grow the workforce in line with the Autumn Statement ambitions from 2024/25. A vast amount of work across Cheshire and Merseyside places has been undertaken during the year to try and improve access rates and focused work will continue into 2024/25. Key pieces of work that have been delivered in 2023/24 include:

Developing a consistent model

Workshops have taken place to develop an optimum service model for Talking Therapies, along with the workforce required to deliver the model. Final workshop to take place in May 2024, this will inform a Cheshire and Merseyside Service Specification with an ambition to develop a consistent service model across the ICB footprint. The workforce considerations to deliver the model and the data requirements are key enablers to this, which will be picked up later in the chapter.

Long Term Conditions (LTC) and cancer

Work continues to implement consistent pathways for people with long-term conditions via appropriately trained workforce. This has included supporting joint working across physical and MH pathways through encouraging collaboration to increase access to Talking Therapies for people with a LTC and LTC training for the Talking Therapies workforce.

During 2023/24, working alongside the Cheshire and Merseyside Cancer Alliance, the Talking Therapies Steering Group have also agreed to prioritise cancer as a long-term condition pathway. A separate Task and Finish Group has been established with representatives from Cheshire and Merseyside NHS Talking Therapies and Cheshire and Merseyside Cancer Services to oversee this. To support development of cancer pathways within NHS Talking Therapies, a short-term, non-recurrent, non-sustainable staffing resource has been identified as being required. This will be funded through the Cheshire and Merseyside Cancer Alliance. The project will commence in 2024/25 and is expected to leave a legacy of a sustainable strategic pathway between Talking Therapies and cancer services.

Physical Activity Pilots

Building on some national pilot work, two Talking Therapies services in Cheshire and Merseyside (Warrington and Sefton) have embarked on a physical activity pilot. Evidence suggests that physical activity could be better used within NHS Talking Therapies to help improve the mental health outcomes of service users. Through the pilot work there has been an ambition to equip and empower NHS Talking Therapies staff with knowledge and skills to

give advice on physical activity and motivate service users to move more. There has also been the development of collaborations between Talking Therapies services and local physical activity providers to achieve shared goals of an increase in physical activity. Findings from the pilot sites should be available in 2024/2025.

Digital Enhancements – CCBT and Artificial Intelligence

Arwell, SilverCloud, have been commissioned since April 2022 to offer online Computerised Cognitive Behavioural Therapy (CCBT) for all Cheshire and Merseyside Services until the end of March 2025. During 2023/2024, 8,550 people in Cheshire and Merseyside completed a supported course of on-line CCBT and 4,794 people completed an unsupported offer. An additional 1,611 people were being supported through on-line CCBT but moved into alternative treatment e.g., group or one to one therapy. An additional non-CBT self-help package has also been offered by Arwell (as part of the current contract) to support people on waiting lists. This will be rolled out from April 2024. Decisions about the future commissioning of on-line CCBT will be made during 2024 using awaited national guidance to inform decision making.

Artificial Intelligence (AI) is also currently used (or about to be used) by 6 of the 10 C&M Talking Therapies services. This provides a digital front door for self-referral and e-triage, with an AI chatbot for mental health with a Class IIa medical device certification. This provides a virtual front door and additional capacity for services to focus on clinical interventions. Anecdotally, services have reported positive outcomes from the use of this technology.

Considerations of a digital offer for Cheshire and Merseyside Talking Therapies Services, including Computerised Cognitive Behavioural Therapy (CCBT) and artificial intelligence, will be factored into 2024/2025 priorities.

Good Practice Guide

Through the Cheshire and Merseyside Talking Therapies steering group, led by the clinical lead, there is an ambition to share best practice for all Talking Therapies services to support a consistent and evidenced base offer. This has led the group to discuss and focus on key pieces of work that could be done collectively across all services. An example of this during 2023/2024 has been the development of a good practice document relating to risk assessment and management within Talking Therapies Services that has been approved for use across services. This document has been developed in response to recent NICE Guidelines: Self-harm: assessment, management and preventing recurrence NICE guideline [NG225] which advocates for the use of risk formulation to guide practice and advocates against the use of risk stratification to make clinical risk decisions.

Talking Therapies and Community Transformation

Work has been taking place to build pathways between the new mental health practitioner roles in primary care and Talking Therapies services. A workshop is planned for April 2024 to discuss the different roles and responsibilities, learn from each other, develop pathways and build relationships.

National Re-brand

Alongside the national Talking Therapies re-branding and communication plan at scale, Cheshire and Merseyside have been developing a population-based campaign to raise understanding of Talking Therapies and awareness of services at place with an aim to increase access. This was developed in the final quarters of 2023/24 in line with the timescales of the national campaign to enable maximum impact of the messages. This will be further enhanced in 2024/2025.

Employment Advisors

Resources were identified with Department for Work and Pensions to expand Employment Advisors in Talking Therapies Services across Cheshire and Merseyside. Employment Advisors help clients struggling with staying in, returning to, or finding work. This can help with recovery. In Cheshire and Merseyside there are now employment advisors established in all Talking Therapies Services. This currently equates to a workforce of 8 senior employment advisors and 47 employment advisors, with a further 3 deputy senior employment advisors across the Cheshire Services as an expansion site.

Workforce

For Talking Therapies services to be effective, NICE-recommended psychological therapies need to be delivered by individuals who have developed frameworks for all the relevant competences that underpin the treatments. All Talking Therapies clinicians should have completed a Talking Therapies-accredited training programme in line with the competence frameworks, with nationally agreed curricula aligned to NICE guidance. The Talking Therapies workforce consists of low-intensity practitioners and high-intensity therapists as per national guidance.

The workforce supply for Talking Therapies is very much embedded within the METIP (Multi-Professional Education and Training Investment Plan) process to ensure that the planned workforce growth is supported by the required training and education provision commissioned by NHS England. During 2023/24 the METIP planning process was completed for Talking Therapies Services and this will remain a yearly requirement in order to plan for the workforce needed to deliver the national Talking Therapies operational metrics.

In 2023/24 a Talking Therapies workforce, training and education group has been established to complement this agenda and provide a strategic and operational oversight for the expansion and enhancement of the Talking Therapies workforce. This group aligns to the Talking Therapies governance infrastructure and the Cheshire and Merseyside mental health workforce development group, METIP planning group and associated workforce strategy developments.

Key workforce activities include:

- The development of an optimum Talking Therapies service model that is created in conjunction with the development of a defined workforce model that sets out the skills, competencies, the required roles, and the skill mix to deliver the service model – workshops have been held in Q4 of 2023/24 to develop the models and these will be developed further in 2024/2025

- Consideration of an overall strategic approach to inspire, attract, recruit, train, retain and reform the Talking Therapies workforce
- Interdependencies with other mental health workstreams such as community transformation and crisis services and the workforce required across the mental health service pathway, including considerations around step 4 provision and the mental health practitioner role.
- METIP planning submissions and developing a strategic response and action plan for the Autumn Statement requirements
- Considerations of the required split between the low intensity and high intensity workforce
- Considerations around the non-clinical workforce required e.g., admin support, data leads, opportunities around peer support workers.
- Considerations around transitions between CYP and adult Talking Therapies Services
- Developments to support workforce wellbeing, support for staff and shared/peer supervision opportunities
- Pathways of support between secondary care and voluntary sector organisations
- Use of Computerised Cognitive Behavioural Therapy and Artificial Intelligence technology to support the workforce
- Considerations around additional training to support champion roles such as perinatal, LTC, cancer
- Considerations around training in group facilitation skills for services who deliver groups

These will be developed further in 2024/25 as part of the planned workshops and planned project activity.

A number of additional key areas of work that have taken place during 2023/24 linked to workforce development include:

Cheshire and Merseyside NHS Talking Therapies Workforce Development Hub (formerly Supervision Hub)

Since, its inception in March 2022 the Workforce Development Hub has been in a continuous process of advancement. Feedback from our stakeholders has been integral to service development and assists the team with identifying potential workstreams to support Talking Therapies services in Cheshire and Merseyside.

In 2024, the Workforce Development Hub entered its second year of operations. As an ICB commissioned service, it was recognised that there was great potential to expand the hub's remit to further support the Talking Therapies Workforce, whilst continuing to offer clinical supervision.

Following on from an away day with the Talking Therapies Steering group members in June 2023, the concept of a Workforce Development Hub was presented. Through a Mentimeter session, workforce expansion, retention and service development project ideas were positively received and have had subsequent approval.

Team Expansion

An overview of the team can be found here: [Meet the Hub Team](#)

In August 2023, two new roles within the hub commenced:

- EMDR Consultant
- PCE-CfD and IPT Lead

Both roles arose from an identified gap in supervision provision across the locality. The purpose of these roles is to develop pathways for EMDR, PCE-CfD and IPT, that focussed on providing a standardised supervision offer, initiate CPD opportunities and provide strategic leadership for these modalities.

Within the same financial envelope, a team coordinator commenced in post in December 2023 and a Project Facilitator commenced in post in March 2024. The project facilitator will be tasked with developing the centralised recruitment process across the Talking Therapies services.

Cheshire and Merseyside Centralised Recruitment

The Cheshire and Merseyside Talking Therapies system has developed a centralised recruitment process for the recruitment of the trainee Talking Therapies workforce commencing on training programmes at Liverpool John Moores University and University of Central Lancashire. The centralised recruitment process supports the aims of the Cheshire and Merseyside Talking Therapies Workforce approach and the local ambitions as set out in The NHS Long Term Plan. The centralised recruitment process across Talking Therapies providers has evidenced:

- A reduction in the impact of trainees applying to multiple providers (duplicate applications removed before shortlisting)
- Positive experience for the trainee (candidate survey)
- A reduction on the administrative burden of service providers and adopting a coordinated approach to recruitment across the system and liaison across the North West region
- The business impact on the single point of access (SPA) recruitment host provider
- An overview of the process across the Cheshire & Merseyside system with the ability to track candidates and their future destination beyond their trainee position.
- Collectively agreed standardised templates including outline job description/person specification, vacancy advert, shortlisting criteria, and interview questions
- Benefits of collective interview panels in learning from others

Learning from the centralised recruitment process in 2023/24, alongside consideration of the current resources available will inform the direction for centralised recruitment in 2024/25.

Talking Therapies Workforce Attraction Campaign

A toolkit resource to support and promote future recruitment campaigns and activities has been produced. The campaign resources included a marketing tool kit, created in partnership with Creative World Health, which comprised numerous social media posts and short videos showcasing different roles within Talking Therapies services. Staff from Talking Therapies services across Cheshire and Merseyside have contributed to the videos, providing an insight into their personal journey into Talking Therapies, what their job role involves and how they contribute to making a difference to people accessing talking therapies. This campaign was rolled out as part of the recruitment in Cheshire and Merseyside in 2023/24.

Please note these images are not links. They are for illustrative purposes only



Vikkie (High Intensity CBT Therapist)
[Download here](#)



Steve (Clinical Team Manager)
[Download here](#)



Karen (Head of Talking Therapies Programmes)
[Download here](#)



James (Principal Clinical Psychologist)
[Download here](#)

Data

Work has been on-going to consider data sets required for Talking Therapies in line with national key performance indicators as outlined in the long-term plan. At a Cheshire and Merseyside level, Talking Therapies dashboards have been developed, using nationally published data through the FutureNHS platform, to ensure an outgoing review of the performance metrics. This has informed targeted programmes of work to help achieve the ambitions. Providers have been supported to more robustly understand the data requirements, including flow and data quality to try and ensure an accurate reflection of Talking Therapies service activity and help them to plan future activity. This will be developed further in 2024/25 as part of operational planning in line with the new Autumn Statement requirements.

Lived Experience

Fundamental to the transformation of Talking Therapies is co-production and collaboration with those with lived experience. The Cheshire and Merseyside Mental Health Programme have developed a strong partnership with the Cheshire and Merseyside Lived Experience Network hosted by Wirral Mind. Through the Lived Experience network, the voice of those with lived experience has contributed to the development of key areas of Talking Therapies with involvement throughout the planning workshops that have taken place throughout 2023/24. This involvement will help inform the development of the Cheshire and Merseyside service specification moving forward.

Inpatient Quality Transformation Programme (QTP)

NHS England requirements **by end 2023/24** are to complete a draft ICB self-assessment that demonstrates:

- An understanding of current state of adult inpatient services across:
 - Adult Acute (including older adult and PICU)
 - Rehabilitation
 - Learning disability
 - An understanding of current support for autistic adults throughout adult inpatient services

The aim of this national NHS England programme is to improve the quality and safety of care people experience in mental health, learning disability and autism inpatient settings by introducing a new bold, radical, reimagined model of care for the future, focusing on 4 key themes:

- Localising and realigning inpatient services, harnessing the potential of people and communities
- Improving culture and supporting staff
- Supporting systems and providers facing immediate challenges
- Making oversight and support arrangement fit for the sector

Where we are in 2023/2024

In Cheshire and Merseyside, a baseline self-assessment has been completed for all mental health and learning disability / autism adult inpatient provision, allowing us to identify the current state and inform 3-year plans to realign and recommission mental health inpatient services focussed on 3 main areas:

A good quality inpatient offer -

- Ensuring that when someone requires an admission it is purposive, evidence-based, trauma-informed and the offer of intervention is individualised, diverse and provided by a workforce with sufficient, skills and expertise to meet the needs of the person. Robust mechanisms will be in place to ensure that people, their carers and families are fully involved in shared decision making and co-produced care planning.

Flow through inpatient services -

- Ensuring that people can access the right care, support and intervention for their needs quickly and in the least restrictive setting. There is emphasis on ensuring that people aren't waiting for specific inpatient care either in the community, emergency department or other parts of the system and are not waiting to be discharged from hospital when they are clinically ready. Waits across the system cause harm to people and increase inefficiencies.

Community alternatives -

- Continued development and collaboration to provide strong community alternatives to inpatient provision to optimise the time people can spend at home and in their communities, through early intervention, prevention, and dedicated support. Active system collaboration to facilitate discharge from hospital at the earliest opportunity

From the self-assessment activity, challenges have been identified within Cheshire & Merseyside’s inpatient settings. These are illustrated in the following table.

Inpatient area	Challenges	Main solutions
Adult MH	<ul style="list-style-type: none"> Waits for beds, admissions not known to services, long Length of stay (LOS), large proportion clinically ready for discharge (CRFD) - barriers to discharge - eg housing additional inpatient beds opened to manage demand at a cost to the trust, limited inpatient staffing capacity to deliver therapeutic care, issues with recruitment, retention, diversity in offer, interventions offered, peer support environmental issues with estates limited community/crisis alternatives 	<ul style="list-style-type: none"> Improve flow- discharge initiatives/processes- to reduce people waiting for admission/discharge and increase local bed capacity Improved therapeutic offer Investment in lived experience/peer support Look to develop community alternatives- step up/down Collaboration to share best practice/processes
Rehabilitation	<ul style="list-style-type: none"> Large number of inpatient provision in and out of area Out of area circa £10 million- 90 people average costs £1,500-3,000 a week No robust system oversight or planning to reduce inpatient care Limited community options to reduce reliance on inpatient care including housing 	<ul style="list-style-type: none"> C&M provider collaboration with AFG to re-design whole rehab pathway in inpatients and community Specific focus to increase Complex Needs Service provision – MCFT have an excellent model and community rehabilitation offer- CWP MHIST is an excellent model Plan to eliminate out of area/spot purchase provision Housing needs stratification and strategy Increased parity and visibility for this cohort
Learning Disability/ Autism	<ul style="list-style-type: none"> 3 inpatient units across C&M- very low occupancy and low demand for beds High complexity, very long LOS and almost all inpatients within A&T are CRFD Workforce challenges to staff inpatient care People out of area for non A&T/rehab 	<ul style="list-style-type: none"> Provider collaboration across C&M and with GM to re-design the inpatient pathway and 3 units- A&T, rehab, place of safety? Centre of excellence to attract retain staff, and offer supervision, support, research opportunities Development and expansion of community offers, eg ISF and community rehabilitation function
Autism	<ul style="list-style-type: none"> Data quality issues and limited reporting on inpatient activity and need Prevalence increasing Admissions increasing Long LOS Specialist autism services are trying to address diagnostic backlogs 	<ul style="list-style-type: none"> Need a C&M approach and model of care that skills up wider workforce and ensure reasonable adjustments applied Some diagnostic assessments completed outside of specialist autism services to enable more scaffolding and support to wider health and social care services Improvements to MH inpatient care therapeutic environment and offer Spread autism ambassadors/champions and training

A three-year plan will be finalised and published by C&M ICB after the General Election. This will detail the current mental health, learning disability and autism inpatient provision, current challenges and how these will be addressed over the next 3 years to reduce reliance on inpatient care and improve the quality and the experience of care across inpatient settings. Plans for year 1 (2024/25) will align with the ICB priorities of improving system flow and the implementation of NHS England’s recent commissioning guidelines.

Dementia

- NHSE operational planning guidance supports improvement in quality of life, effectiveness of treatment and care for people with Dementia. The aim is to increase the dementia diagnostic rate to **66.7% by March 2025**.
- More people are living with dementia largely due to increase in life expectancy. Receiving a diagnosis enables people living with dementia to access care and support.
- One in six people aged 85 or over are living permanently in a care home. It has been identified that people with dementia living in a care home are not getting their health needs assessed.

Where we are 2023/24

Dementia is a condition that impacts almost everyone whether through being diagnosed with the condition or caring for and supporting someone who has been diagnosed. The NHS Long Term Plan states;

'We will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home.'

Prevalence rates would suggest that across Cheshire and Merseyside there are 34,100 people over 65 living with dementia. It is recognised that the provision of services across the region is inequitable and there are variations over and above what would be needed due to local variation.

Within the Cheshire and Merseyside Clinical Network the dementia community of practice has been re-established to promote good practice across the area and to reduce unwarranted variation across place-based partnership areas.

Key achievements

Improvements in Dementia Diagnosis Rate (DDR)

The Dementia Diagnosis Rate (DDR) refers to the percentage of people who are identified and recorded as having a dementia diagnosis against the expected or predicted number of people living with dementia; this is recorded on a place based partnership footprint. It is recognised that there are many barriers to people receiving a diagnosis of dementia including personal factors such as stigma and fear which prevent people from seeking a diagnosis. Receiving a dementia diagnosis can be a life changing moment but also opens the opportunity for support to live as well as possible with the condition.

The national target for the DDR is 66.7%. Nationally the DDR declined during COVID and this was reflected in figures across Cheshire and Merseyside. Throughout 2023/24 work has been carried out to implement DDR recovery plans in all places across Cheshire and Merseyside.

These varied across place to reflect local variation in challenges faced but included; new assessment pathways, working with primary care to identify people already diagnosed but not on GP registers and therefore not included in figures, promotion work to encourage people to attend for an assessment and amplifying existing services.

	Ambition achieved
	Ambition not achieved

	January 2023		March 2024		Increase in DDR	
Cheshire	66.2%		67.1%		0.9%	
Halton	67.6%		67.4%		-0.2%	
Knowsley	58.7%		60.4%		1.7%	
Liverpool	60.3%		64.9%		4.6%	
South Sefton	60.2%		59.4%		-0.8%	
Southport & Formby	68.4%		71.9%		3.5%	
St Helens	66.3%		70.9%		4.6%	
Warrington	69.3%		72.3%		3.0%	
Wirral	62.3%		66.6%		4.3%	
Cheshire & Merseyside	64.5%		67.0%		2.5%	

The figures in the above table show that in most areas there has been an increase in the DDR across 2023/24. Whilst the percentage rise may seem small, they equate to an additional 853 people receiving a diagnosis, and subsequent support, this year than would have last year. Work to improve the DDR continues and each place has specific plans to increase the rates in place.

Implementation of the Diagnosing Advanced Dementia Mandate (DiADeM)

DiADeM was designed as a tool to identify people living with advanced dementia in care homes. One in six people aged 85 or over are living permanently in a care home. It has been identified that people with dementia living in a care home are not getting their health needs assessed. DiADeM aims to facilitate a clear assessment route for practitioners thereby allowing those living with dementia in care homes to receive appropriate support.

DiADeM was already well established in Warrington place and is embedded into service. It has been suggested that this is a contributing factor to Warrington consistently achieving a DDR over 66.7%.

NHSE funding allowed the piloting of DiADeM in two further places: Knowsley and Wirral. Both adopted different implementation models based on local need and resources available.

Highlights of the implementation:

- 53 care homes were involved in the pilot and DiADeM was well received – a care home manager said:

‘The DiADeM programme that has been rolled out recently has been extremely helpful for several reasons: Allowing families to understand behaviours and often physical decline... Ensuring that best supportive care is delivered to patients... Ensuring that patients receive the correct support and additional funding as required... the process is none invasive and does not involve scans etc.’

- 120 DiADeM assessments were undertaken
- 108 diagnoses of dementia were made following assessment
- In addition to the diagnosis made other care home residents who already had a diagnosis but had not accessed memory services were identified and referred to appropriate services

The pilot sites will form the basis for guidelines to implement DiADeM across Cheshire and Merseyside in 2024/25.

Suicide Prevention, Reduction and Bereavement Support

The NHS LTP stated that in Cheshire and Merseyside, by the end of **2023/24**:

- There will be delivery of an all age multi-agency suicide prevention plan incl. working closely with mental health providers to implement plans for reducing suicides for people in contact with mental health services
- All ICSs will have received investment for providing suicide bereavement services

Where we are 2023/24

Suicide prevention continues to be a priority across Cheshire and Merseyside. Working collaboratively with key partners across the Health and Care Partnership, including local authorities, NHS Mental Health Trusts, Police, and the voluntary sector, as well as with key partners nationally, the Suicide Prevention Partnership Board continues to lead the work to make suicide prevention everybody's responsibility to reduce suicides. There is also the need to ensure region wide access to suicide bereavement support for all ages.

Key Achievements

Key achievements are identified below:

Leadership:

- Following the launch of the C&M Suicide Prevention strategy (2022 – 2027), and development of a subsequent action plan, the Suicide Prevention Partnership Board agreed the priority work areas to be Domestic Abuse (links to suicide prevention), children and young people self-harm and safety planning.
- Following this agreement project briefs for the work areas were developed and multi-agency working groups established, being driven and overseen by the Champs Support Team, but in the case of the children and young people work, this was led by the Cheshire and Merseyside Health and Care Partnership's Beyond Programme.
- All of these work areas are progressing with updates being provided to the Partnership Board throughout the year.

Prevention:

- Delivery of a World Suicide Prevention Day face-to-face event provided a unique opportunity to hear about Domestic Abuse and the link with suicide from those working in the field of domestic abuse and suicide prevention. The event explored the key risks and data to raise awareness and start to plan how the system works together to protect and prevent suicides and harm to those who are impacted by domestic abuse. The

event was the start of the journey to improve action to prevent suicides in the domestic abuse cohorts and to test and evaluate action to improve the lives of people in Cheshire and Merseyside. The event was a success and attended by 75 individuals who put forward recommendations and calls to action.

- In response to the increasing mental health needs in our population the Directors of Public Health provided additional funding. This has enabled the refresh of the Kind To Your Mind (KTYM) website, developed in response to the Covid-19 pandemic. The project to refresh the KTYM website, as well as the C&M suicide prevention website, is nearing completion. Kaleidoscope, commissioned to complete this work, undertook early-stage research and an insight and testing phase which focused on establishing an effective creative concept, messaging and a content delivery model for campaigns over an 18-month period. This involved engaging the audience segments who were already engaged with services from either a professional or personal perspective, using existing networks and relationships, and utilizing methods such as focus groups and 1:1 discussion. Subsequently, design and campaign concepts have been agreed, including the inclusion of a personalised dashboard (optional use) on the KTYM website. Once the content has been added a further testing phase will be undertaken to inform the final version ready for launch.
- The Multimodal Approach to Preventing Suicides in Schools (MAPSS) feasibility study, being led by Liverpool John Moores University, commenced in March 2024 in three secondary schools across Cheshire and Merseyside, with a further three schools due to join the study in September 2024. MAPSS is a school suicide prevention programme for Year 10 pupils that aims to reduce suicide risk and increase help-seeking consisting of three components:
 - A 3-hour universal suicide alertness workshop for all Y10 pupils, delivered by an external professional (co-ordinated by Grassroots Suicide Prevention).
 - Screening of all Y10 pupils to identify those at high risk of suicide ideation.
 - An 8-week online cognitive behavioural therapy intervention for those deemed high risk.
- Training is also provided for staff and parents (delivered by Papyrus), and pupils complete a survey online in school at four time points.

Intervention:

- The Domestic Abuse working group agreed that a bespoke training offer, developed to better address the issues linked to suicide and domestic abuse, would help to raise awareness and ensure that the target audience have the right skills to address suicidality in the domestic abuse population, for perpetrators, victims and witnesses (which may include children or young people).
- A procurement exercise is underway to award lot 1 (general domestic abuse and suicide awareness training), with the award of lot 2 (more specific training targeted at the workforce whose role brings them into contact with domestic abuse) to be awarded at a later stage.

- To ensure professionals working in health, social care and education settings are equipped to provide effective safety planning and risk management support, to children and young people who are presenting risk with self-harm behaviour and/or suicidality, a working group was developed. A safety planning webpage has been developed, currently being hosted at [Safety Planning tools](#), which includes a suite of safety plans along with other safety planning resources. These resources will subsequently be housed on the Cheshire and Merseyside suicide prevention website. There were 723 views of the webpage between July 2023 and March 2024, activity generated from the sharing of film clips on social media.

Postvention:

- The support offered by the postvention service to beneficiaries of the service who have a link to domestic abuse was raised with the service provider, Amparo. Subsequently domestic abuse is now included on an assessment checklist used by the service workforce with beneficiaries. A request to include domestic abuse in the service's Power BI reporting dashboard has been submitted and will be actioned in due course. The Amparo workforce have received domestic abuse training, either internally or by an external training provider.
- In terms of service activity, 175 referrals were received between April 2023 and March 2024.

Data, Intelligence, Evidence and Research:

- Phase 1 of Real Time Surveillance System (RTSS) development was completed (to safely transfer the RTSS to Wirral Council and host in a Power BI solution which generates system wide and individual Local Place reports automatically). Work on phase 2 of the developments (looking at additional improvements to the dashboard, plus the feasibility of bringing in additional data on risk) commenced in early 2024 and is nearing completion.
- There was also a review of the current RTSS in place in both Merseyside and Cheshire which has resulted in the exploration of ways to increase the information received on the RTS notification forms following a suspected suicide, as well increasing referrals into the postvention service.

Problem Gambling Mental Health Support

The NHS Long Term Plan stated that by the end of **2023/24**:

- A total of 15 new NHS specialist problem gambling clinics would be open across England.

Where we are 2023/24

During 2023/24 Liverpool was identified in collaboration with NHS England to establish one of the 15 national specialist NHS problem gambling clinics. The NHS gambling addiction service for North of England the NHS Northern Gambling Service offers treatment and support to the thousands of adults struggling with gambling addiction across the North of England.

In England* around 224,000 adults (0.4% of the population) are classified as higher risk problem gamblers, with around two million (3.6%) classified as being “at risk” from developing a serious gambling problem. However, fewer than three per cent of those affected currently receive treatment or support.

This new service provided for our C&M population, hosted in Liverpool (with access also via the Manchester Clinic), is run by Leeds and York Partnership NHS Foundation Trust (LYPFT).

The Service provides care for those with severe addictions as well as treatment and support for people with:

- additional and complex mental health conditions,
- impaired social functioning, and
- those who may present with more risk - such as a risk of suicide.

People will get support through psychological therapies, addiction treatment programmes, mental health treatment, family therapy and peer support from those whose lives have already been adversely affected by gambling. The Service can also offer dedicated support to family members and carers of those affected by problem gambling.

Rough Sleeping Mental Health Support

The NHS Long Term Plan stated that by the end of **2023/24**:

- Newly developed mental health provision for rough sleepers would be in place in **20** areas identified nationally by NHS England as high need (up from **16** in **2022/23**).

Where we are 2023/24

A person can find themselves rough sleeping for many reasons: family and/or financial breakdown, emotional crises, poorly co-ordinated release from prison. The number of people sleeping rough has been increasing in recent years. People affected by homelessness die, on average, around 30 years earlier than the general population².

Liverpool has been identified as a high need area for specialist mental health services for rough sleepers. COVID-19 has exacerbated this need. Whilst the city has already seen much successful interagency working, resulting in many features of an integrated delivery model of mental health support for rough sleepers, there are still significant gaps in provision. These gaps are largely due to demand outstripping supply. In essence, we have a model that works but we need more of it: particularly around pharmacological and psychosocial interventions for harm reduction.

Key Achievements

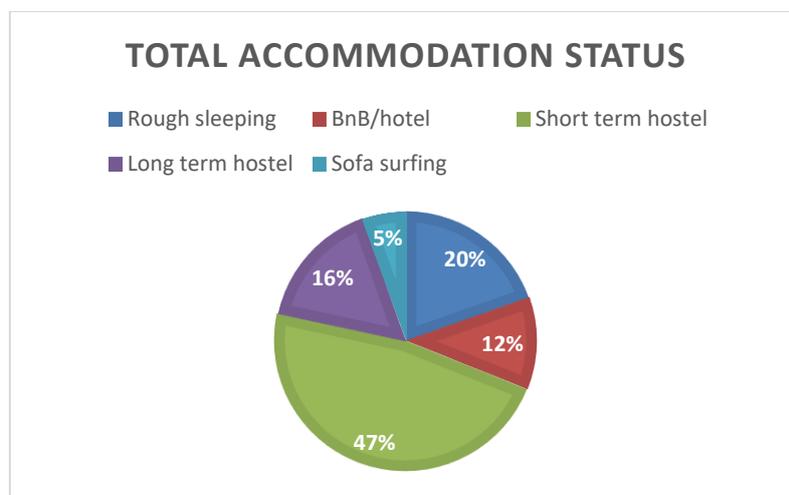
Building on the investment already made by Liverpool Place into Liverpool's Homeless Outreach Team (HOT), along with the housing support of Liverpool City Region Service and the Brownlow Group Practice, Cheshire and Merseyside submitted a successful funding bid to NHS England to improve access to specialist mental health practitioners as well as ensure equitable access to primary and secondary physical health services for rough sleepers. The investment has further strengthened the already effective multi-agency working and developed an integrated care hub providing both assessment and intervention. By focusing on developing our existing collaborations with organisations such as the Whitechapel Centre and the Accommodation Based Support Consortia, we are able to provide a wider-reaching, person-centred and psychologically informed support system helping rough sleepers onto co-ordinated and consistent pathways into services (including supported accommodation). Delivery of this care model will be supported by our stakeholder group, Homeless Health Steering Group.

² Thomas, B. (2012) Homelessness kills: An analysis of the mortality of homeless people in the early twenty first century in England. Crisis. Available from:
https://www.crisis.org.uk/media/236798/crisis_homelessness_kills2012.pdf

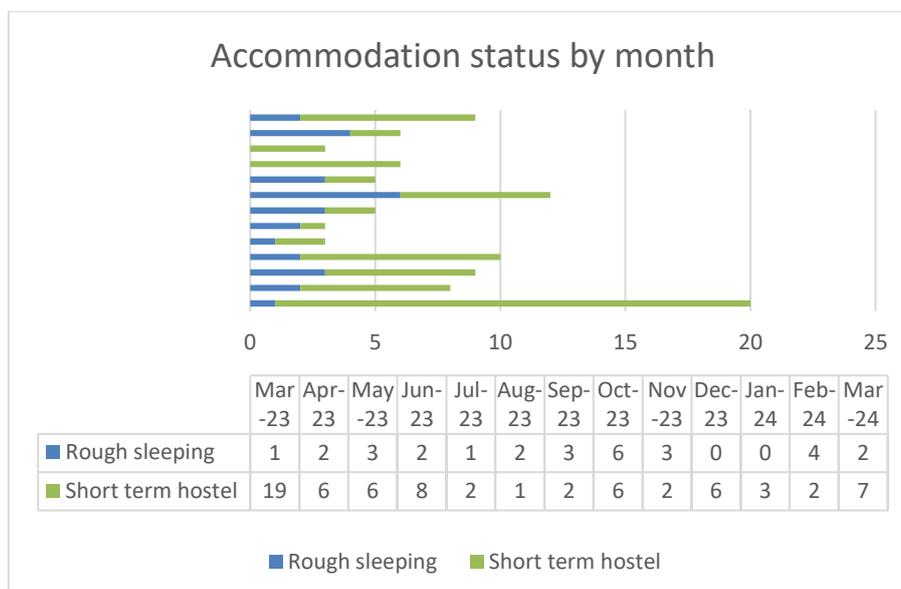
Homelessness Outreach Team

Out of a total of 147 referrals across the last 12 months of service, the Homelessness Outreach have been recording 'Accommodation Status' prior to the service user being assessed by the service. The team have on record that 29 of these service users have recorded rough sleeping prior to assessment. This means 20% of all referrals coming through the service are being reported as rough sleeping. This highlights the service's need and assistance towards when it comes to rough sleeping mental health support. The status is the second most common accommodation status after short term hostels, again highlighting the needs to support rough sleeping through the Homelessness Outreach Team.

The pie chart below illustrates accommodation status of the 147 referrals.



A further breakdown below shows the number of rough sleepers the service is helping month by month over the course of the last year:



Specialist Provider Collaboratives

- The specialised commissioning mental health budget will be increasingly devolved directly to lead providers within NHS-led Provider Collaboratives, starting with adult low/medium secure mental health services, CAMHS Tier 4 services and eating disorder inpatient services.
- NHS-led Provider Collaboratives will be able to reinvest savings they make on improving services and pathways.
- All appropriate specialised mental health services and learning disability and autism services will be managed through NHS-led Provider Collaboratives over the next five years.
- NHS-led Provider Collaboratives will become the vehicle for rolling out specialist community forensic care.

Where we are 2023/24

Cheshire and Merseyside have established three specialist provider collaboratives:

Level Up (Cheshire and Wirral Partnership NHS Foundation Trust Lead Provider across Cheshire and Merseyside) – Adolescent Children and Young People who require inpatient support.



Level Up Lead Provider Collaborative (LPC) went live in April 2022 and so 2023/24 was the second year of the LPC groups and CWP Commissioning Team being in place. The focus for Level Up has been on working with system partners in driving forward the implementation of the three elements of the new model of care. The Gateway programme, Complex Needs Escalation and Support Tool (CNEST) and Ancora CARE were all progressed within this year and through Ancora CARE, over 45 young people were stepped down earlier from inpatient services or avoided being admitted entirely through the support from the team.

Two LPC Transformation Events were held in June and December where colleagues from across the Cheshire and Merseyside CYP health and care system met with Experts by Experience (EbEs) to discuss transformational opportunities in specialist CYP mental health services. Alongside these events, the LPC led a comprehensive review of children and young people's eating disorder services, facilitated by Mersey Internal Audit Agency (MIAA). This concluded with a summary report and recommendations for delivering improvements across the eating disorder pathway.

The LPCs Experts by Experience programme has grown significantly over the past year with a wide range of activities being undertaken and the LPCs work was recognised in receiving the national Commissioning for Patient Experience award at the Patient Experience Network National Awards (PENNA) in 2023. The Commissioning Team also worked with the CWP CANDDID team to produce a series of films called 'Hear my Voice' which aim to support autistic young people and those with a learning disability when they are in crisis. The filming involved young people, carers and families and professionals in identifying the support they

found helpful. The films were launched in February 2024 and have been nominated for a parliamentary award.

The configuration of Young People and Families specialist mental health inpatient services will be the focus for the teams work in 2024/25 and a self-assessment to initiate this work was submitted to NHSE in March 2024.

EmpowerED (Cheshire and Wirral Partnership NHS Foundation Trust Lead Provider across North West of England) – Adult Eating Disorder inpatient support.



Over the course of the year EmpowerED has developed a set of consistent referral and admission criteria for Specialist Eating Disorder Units (SEDUs) across the North West of England working with multiple providers and experts by experience and occupation.

Prospect (Mersey Care NHS Foundation Trust Lead Provider across Cheshire and Merseyside) – Adult low and medium secure inpatient support.



PROSPECT has made two joint investments during 2023/24 into new services. Specifically:

- Joint funding a secure learning disability and autism community forensic team with the ICB and Transforming Care Programme to address gaps in community provision (50/50 funding agreement)
- Joint funding a 2-year pilot for a prison pathway service, to support people on their remission back to prison from secure services and help prevent admission. This is joint funded with health and justice commissioners.

Further information can be found via the following websites:

- [LevelUp: Cheshire and Wirral Partnership NHS Foundation Trust \(levelupcm.nhs.uk\)](http://levelupcm.nhs.uk)
- [EmpowerED: Cheshire and Wirral Partnership NHS Foundation Trust \(empowerednw.nhs.uk\)](http://empowerednw.nhs.uk)
- [PROSPECT Partnership \(merseycare.nhs.uk\)](http://merseycare.nhs.uk)

Cheshire and Merseyside stakeholders will continue to support the work of our Provider Collaboratives thus ensuring that those among the Cheshire and Merseyside population with specialised mental health, learning disability and autism needs (and their families and carers) experience high quality, specialist care, as close to home as appropriately possible and which is connected with local teams and support networks. Whilst this is primarily better for the individual concerned, it is also better for the community, the health and care system and the wider population.

Mental Health Workforce

The Long Term Workforce Plan (LTWP) for England, launched in June 2023, is the first time the government has asked the NHS to come up with a comprehensive workforce plan; a once-in-a-generation opportunity to put staffing on a sustainable footing and improve patient care. It doesn't just herald the start of the biggest recruitment drive in health service history, but also of an ongoing programme of strategic workforce planning – something which is unique amongst other health care systems with national scale. During 2023/24 Cheshire and Merseyside have started preparation for the implementation of the workforce plan and the required transformation whilst also delivering on the priorities set out in the NHS Mental Health Implementation Plan (LTP) 2019/20 - 2023/24 that outlined the significant workforce growth required in order to meet projected increased demand for existing and new service provision from Mental Health Service providers.

In Cheshire and Merseyside expansion of the workforce at pace is challenging and this programme of work has sought to support the system to attract, retain and expand its workforce to deliver the ambitions in the LTP, the identified priorities in the LTWP and subsequent strategic drivers. Projects within workforce development have also sought to bring about collaborative workforce innovation as well as high validity workforce planning approaches to the Cheshire and Merseyside Workforce system.

Key Achievements

- Establishment and leadership of the Cheshire and Merseyside MH Workforce Development Group to support all sector system working on workforce challenges
- The development and initial implementation of a strategic framework for aligning service model design and workforce planning. This has taken place within the Cheshire and Merseyside Talking Therapies services and is currently being rolled out across sector wide all-age crisis services
- Supported oversight, production, and triangulation of workforce operational plans across the system
- Implementation of assurance processes linked to workforce planning across the system with escalation and reporting to ensure ICS level transparency on progress
- Continued to drive the implementation of new roles within the Cheshire and Merseyside system linked to national rollout such as Mental Health Wellbeing practitioners, Advanced Clinicians, Educational Mental Health Practitioners etc.
- Embedding of primary care mental health practitioners within transformed and integrated services adult community mental health services, this includes the development of Cheshire and Merseyside wide operating and supervision principles
- Enhancement of the mental health workforce data dashboard to provide a joined-up workforce data position and alignment with operational planning processes. This will support operational, tactical, and strategic workforce planning

- Expansion of the Talking Therapies Supervision Hub to become a Workforce Development Hub with an enhanced focus on retention, wellbeing, and professional development
- Strengthened links with Higher Education providers as a key member of the Cheshire and Merseyside Practice Learning Collaborative

Mental Health Data and Intelligence

The NHS Long Term Plan stated that **by 2023/24**:

- Systems will need to ensure that all providers, including in-scope third sector and independent sector providers, submit comprehensive and valid data to the MHSDS and IAPT dataset on a monthly basis. This remains an area of priority focus for Cheshire & Merseyside for 2024/25.
- The breadth and completeness of data submitted by providers to the MHSDS should reflect a true picture of local activity and enable national reporting of data across the mental health programme. This includes ensuring that all providers are flowing accurate data using SNOMED CT with particular focus on interventions and outcome measures.

High quality data helps inform service planning and development, commissioning, and understanding of patient outcomes. The key risk of poor data quality in the MHSDS and Talking Therapies dataset is that mental health metrics are not a true representation of service delivery, access, and overall activity across the system. This leads to duplicate collections being instated, that are burdensome for providers and the wider system, and risk further impacting the data quality of Mental Health data.

Collecting high quality data, in a timely way that can be appropriately shared to avoid duplication and making sure that people have access to high-quality evidence and information to make the right choice for them or their patient are two of eight guiding principles for digital mental health³.

Where we are 2023/24

Data Quality

Data Quality underpins decision-making, evaluation and assurance; improving Data Quality is a priority area of work for Cheshire and Merseyside. The system is working to ensure that all providers are improving the quality of their data in line with the national ambitions set out for the MHSDS Data Quality Key Performance Indicators (DQ KPIs) including the Data Quality Maturity Index (DQMI), a monthly publication about data quality in the NHS, which provides data submitters with timely and transparent information:

- Data Quality Maturity Index (DQMI) – an overall assessment of DQ for each provider, based on a list of key MHSDS data items
- Coverage – the proportion of providers who have made a submission to the MHSDS in the performance window
- Consistency – the proportion of providers who have made a submission to the MHSDS in the performance window, rolling 5 months period
- Outcomes – the proportion of open and closed referrals where the same outcome measure has been used at least twice

³ All data presented herein will be refreshed mid-July

- SNOMED CT – the proportion of care contacts recorded using SNOMED CT concepts

Cheshire & Merseyside’s MHSDS DQ KPI scores for 2023/24 are shown in the table and charts below:

MHSDS Data Quality KPIs for Cheshire and Merseyside, April 2023 – March 2024. Sourced from the Mental Health Core Data Pack

	Target	England*	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
DQMI	95%	71.0%	70.0%	84.4%	78.9%	71.2%	66.1%	71.0%	69.8%	65.9%	61.5%	67.5%		
Coverage	98%	42.1%	16.0%	17.0%	18.0%	18.0%	17.0%	17.0%	17.0%	16.0%	15.0%	16.0%	17.0%	17.0%
Consistency	-	91.6%	85.0%	86.0%	88.0%	90.0%	93.0%	96.0%	98.0%	96.0%	94.0%	93.0%	92.0%	91.0%
Outcomes	50%	30.4%	27.0%	29.0%	28.0%	27.0%	26.0%	26.0%	25.0%	24.0%	24.0%	22.0%	22.0%	22.0%
SNOMED CT	100%	64.8%	87.0%	87.0%	87.0%	86.0%	86.0%	84.0%	84.0%	84.0%	84.0%	84.0%	85.0%	85.0%

**England DQMI Score as at January 2024 and supporting DQ KPIs as at March 2024*

Cheshire & Merseyside’s DQMI score remains below the 90% target, however, DQMI is an overall score which considers not only the number of valid and complete records for each data item in the dataset but also the number of providers providing a submission to the MHSDS compared to those NHS Digital currently consider to be in scope for the collection (coverage).

The national strategic direction of travel is one that recognises and includes Voluntary, Community, Faith, and Social Enterprises (VCFSEs) and other non-NHS mental health providers as part of system-wide transformation of mental health services. Cheshire & Merseyside have continued to make additions to NHS Digital’s Master Provider List (MPL) throughout 2023/24 as new services and methods of working have been established across the system which has resulted in more activity now taking place outside of the traditional Mental Health delivery model. The MPL identifies organisations providing mental health services and considered to be in-scope for MHSDS and is used to understand the coverage of the dataset. Cheshire & Merseyside are expecting to see an improvement in the DQMI score and the supporting DQ metrics in 2024/25 as more of these providers capture their activity through MHSDS – see key achievements below.

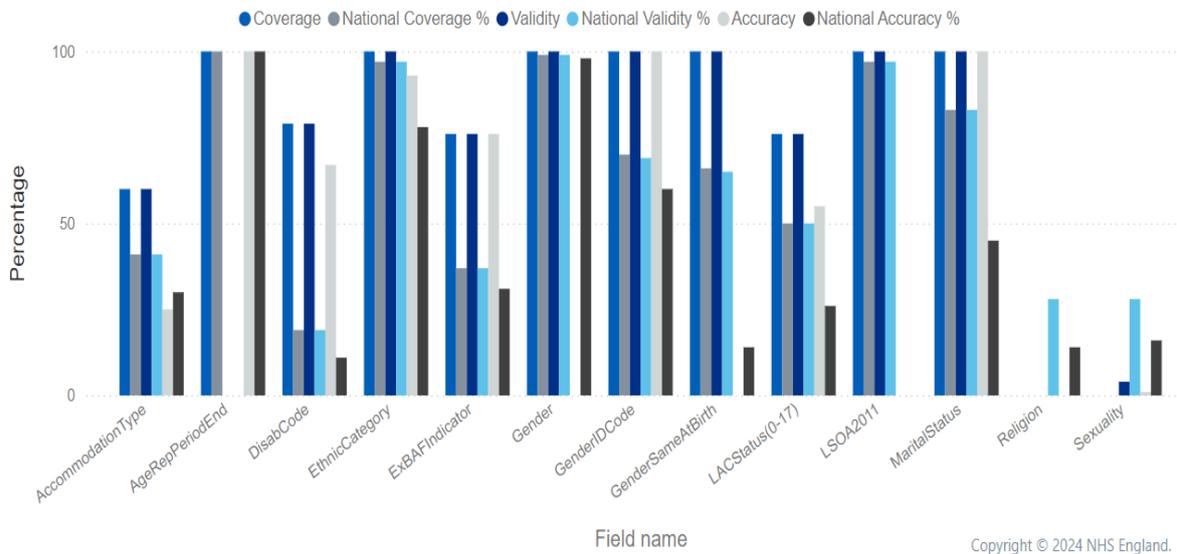
Equalities and data quality

Cheshire & Merseyside is committed to improving the quality and completeness of protected characteristics data, ensuring that providers flow demographics data to MHSDS. Providers are working to improve the quality of data based on protected characteristics including age, disability, gender, marriage/civil partnership, ethnicity, religion/belief, sexual orientation, deprivation, accommodation status, looked after child status, and ex-British armed forces status.

Coverage, validity, and accuracy scores for all protected characteristics fields in the MHSDS for Cheshire & Merseyside’s NHS Trust providers from April 2023 to March 2024 are shown in the charts below:

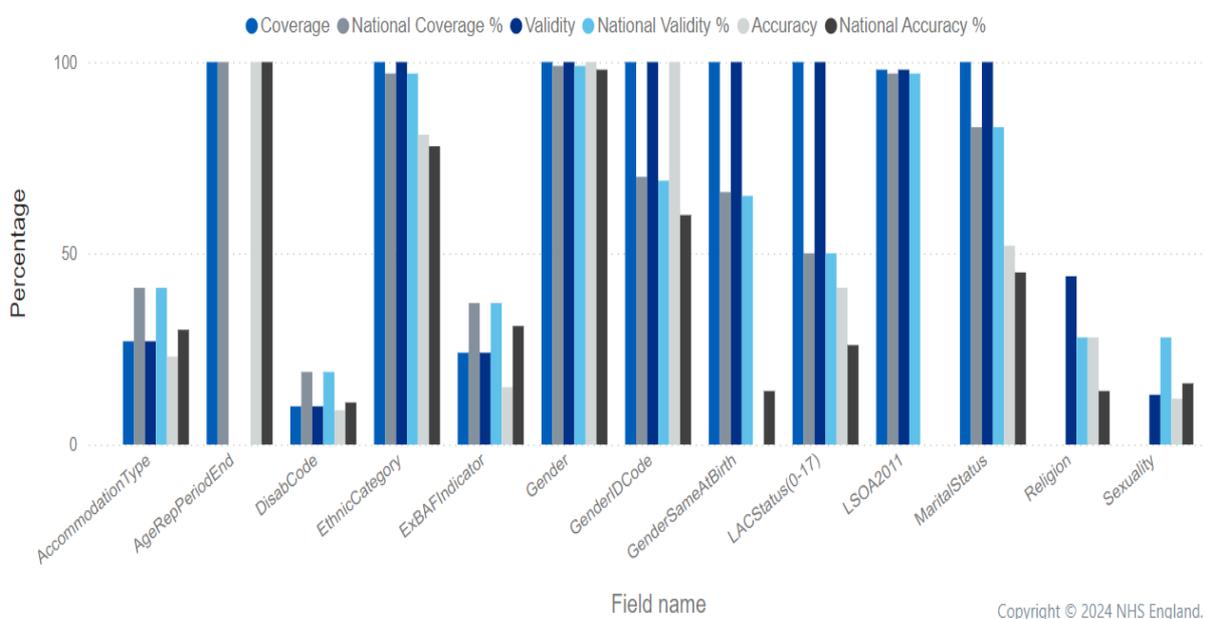
Protected Characteristics Data Quality in the MHSDS for Alder Hey Children’s NHS Foundation Trust (RBS), source from the Data Quality Dashboard for the MHSDS: April 2023 - March 2024

Comparison of coverage, validity and accuracy of different fields



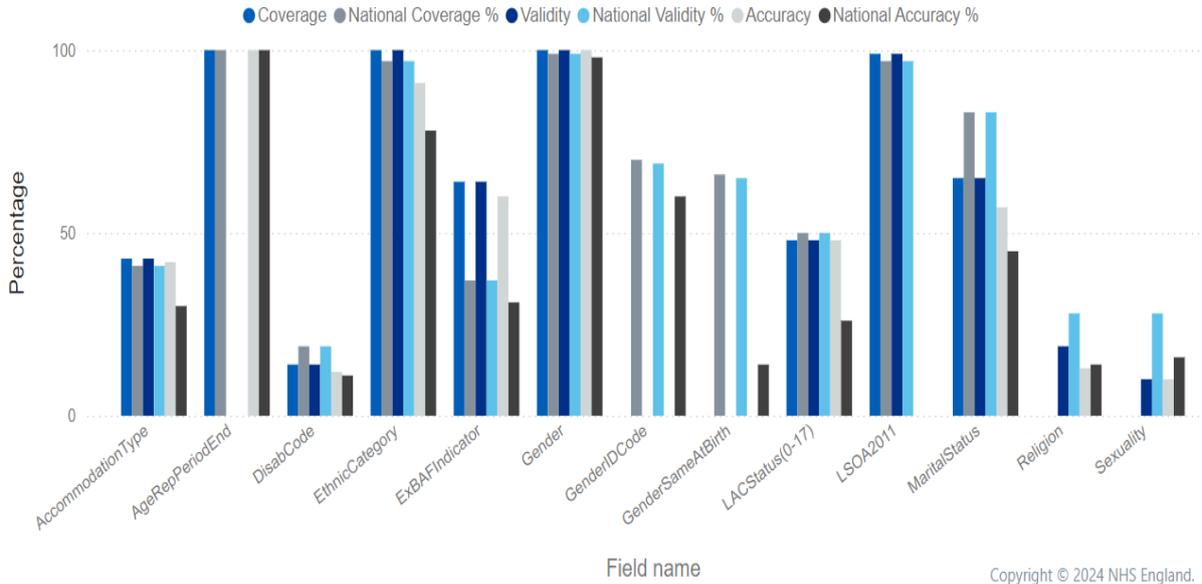
Protected Characteristics Data Quality in the MHSDS for Cheshire and Wirral Partnership NHS Foundation Trust (RXA), sourced from the Data Quality Dashboard for the MHSDS: April 2023 - March 2024

Comparison of coverage, validity and accuracy of different fields



Protected Characteristics Data Quality in the MHSDS for Mersey Care NHS Foundation Trust (RW4), sourced from the Data Quality Dashboard for the MHSDS: April 2023 - March 2024

Comparison of coverage, validity and accuracy of different fields

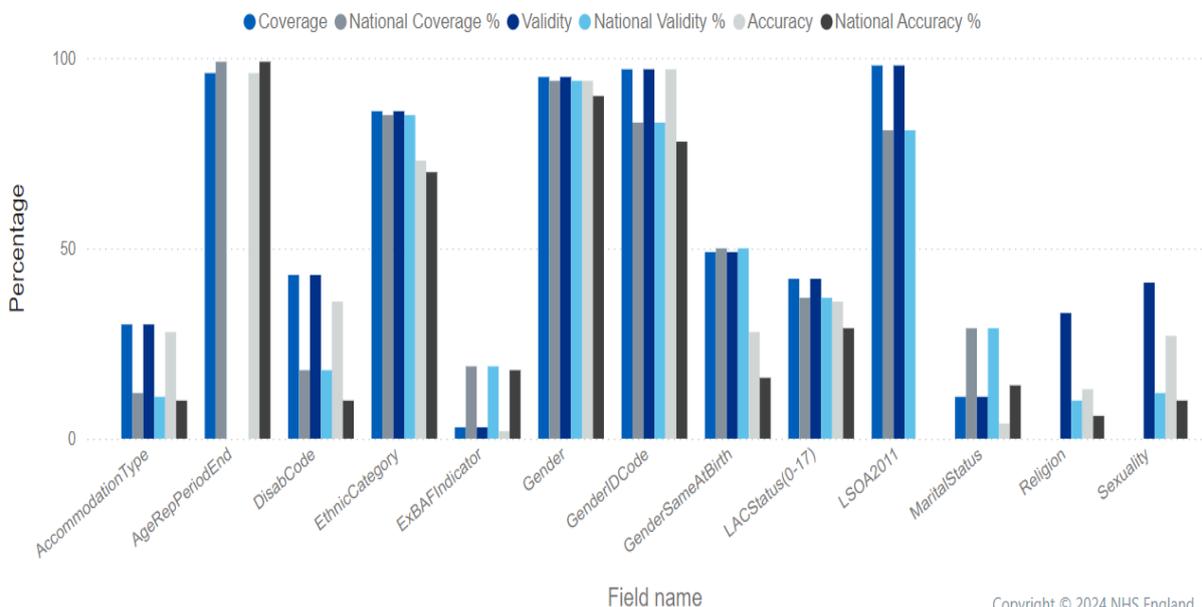


Copyright © 2024 NHS England.

Coverage, validity, and accuracy scores for all protected characteristics fields in the MHSDS for Cheshire & Merseyside’s non-NHS Trust providers from April 2023 to March 2024 are shown in the chart below:

Protected characteristics Data Quality in the MHSDS for Cheshire and Merseyside Independent Sector and non-NHS providers, sourced from the MHSDS Data Quality Dashboard for the MHSDS: April 2023 - March 2024

Comparison of coverage, validity and accuracy of different fields



Copyright © 2024 NHS England.

A new clause has been included in the NHS Standard Contract for 2024/25 which requires all mental health providers to have implemented the Patient and carer race equality framework (PCREF) by March 2025. The PCREF was launched in 2023 for all mental health providers in England to improve access, experiences, and outcomes for people from racialised communities, and the new clause means that the framework is mandatory as per contractual obligations.

All three of Cheshire & Merseyside's NHS Trust providers have achieved 100% for coverage and validity for ethnic category for the period April 2023 to February 2024. With regards to accuracy, Alder Hey has achieved 93%, Cheshire & Wirral Partnership has achieved 81% and Mersey Care has achieved 91%. Effort will, therefore, now focus on reducing the number of inaccurate codes including "not known" (99) and "not stated" (Z) responses.

Partnership working, especially within the ICS context, is critical in addressing the underlying determinants of health inequalities across all mental health services. Cheshire & Merseyside, like all systems, is expected to continue to improve the capture and flow of data to national datasets to help identify and overcome inequalities in access, experience and outcomes in line with the Advancing Mental Health Equalities Strategy and the priority areas highlighted in the Operational Planning Guidance.

Mental Health Intelligence

National policy provides clear guidance and impetus for health and care leaders to connect and transform services safely, securely, and sustainably through the increased use of digital, data and intelligence. This includes:

- What Good Looks Like Framework;
- Plan for Digital Health & Social Care;
- Data Saves Lives; and
- Priorities and Operational Planning Guidance.

Cheshire & Merseyside recognises the importance of having high quality and timely data and the benefits of accurate and reliable data and there is an ongoing requirement for local Business Intelligence products to be developed to support activity and performance monitoring and to drive performance across Cheshire & Merseyside's Mental Health services. Analytics has been identified as an enabler for the system's mental health programme workstreams and necessary for us to deliver our LTP ambitions and achieve local plans

When data is used to create health and care "intelligence" it becomes powerful and can be used to drive action and improvements. Cheshire & Merseyside adheres to a set of guiding principles in our approach to Mental Health Intelligence and Analytics. These guiding principles align with Cheshire & Merseyside's commitment to "levelling up" data systems, putting "intelligence into action" and the three goals of ICS's Digital & Data Strategy 2022-2025:

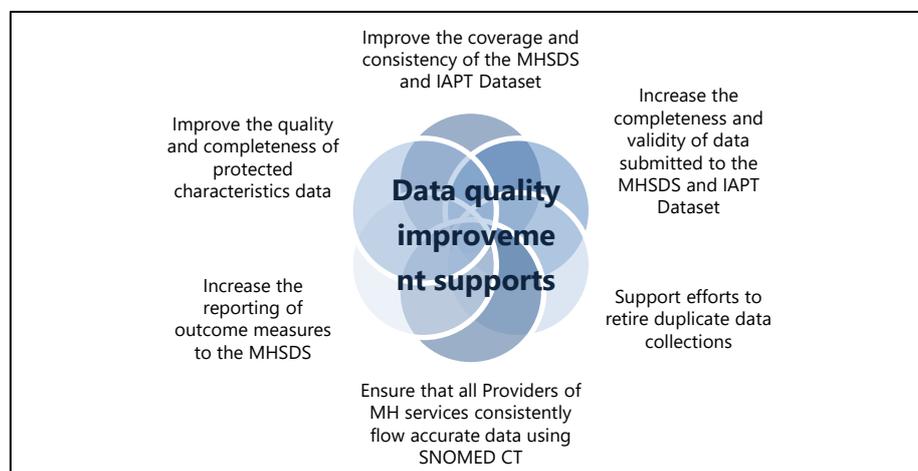
1. Strong data foundations – The Digital and Data maturity of our Mental Health providers is key to delivering our LTP ambitions and local plans. “Levelling up” basic systems will ensure that we build strong foundations on which to deliver reliable, seamless and secure data infrastructure and associated support services. Establishing a common approach for improvement in data quality across the ICS will ensure that our decisions are based on sound data.
2. “At scale” data solutions – The availability of consistent access to core BI solutions which are mainstreamed and embedded in Mental Health service delivery and planning at all levels further enables “levelling up” of the data provision. There are two distinct types of intelligence delivery platforms in Cheshire and Merseyside, the Population Health Platform (CIPHA) and platforms for service design and performance monitoring and reporting (including BIP and Aristotle) containing national and local data flows. In addition, the ICS and its constituent organisations use DSCRO data provided by Arden and GEM CSU and the NHS National Data Platform for access to national data sets including the MHSDS.
3. System-wide data tools and services - Developing “one version of the truth” using ICS wide data and intelligence solutions and services that utilise the data from National, ICS and local systems to provide intelligence to support the delivery of the LTP ambitions and ICS’s plans for Mental Health.

Key Achievements

Cheshire and Merseyside launched the Mental Health Data Transformation Workstream in April 2023. In alignment with the LTP, the national digital mental health priorities and national MHSDS Data Quality improvement plans, the focus of the 2023/24 plan has been driving improvements in MHSDS and IAPT dataset data quality, in particular for:

- Data items which impact on our key metrics;
- Protected characteristics;
- The reporting of outcome measures;
- Consistently flowing accurate data using SNOMED CT; and
- Mental Health Act (MHA) data.

The key deliverables for 2023/24 are summarised in the following diagram:



Data flow and Data Quality is also embedded within Cheshire & Merseyside's Mental Health services programme workstreams as it has been identified as an enabler to increase reported activity and performance and is necessary for us to deliver our LTP ambitions and achieve local plans.

In July 2023, Cheshire & Merseyside established a Mental Health Data Group. These monthly meetings focus on the delivery of the Mental Health Data Transformation Workstream Plan, driving forwards MHSDS and IAPT dataset data flow and data quality and supporting any identified related enablers to the delivery of other Mental Health Programme Workstreams.

The core membership for Cheshire & Merseyside's Mental Health Data Group is NHS Trust Provider Business Intelligence and Analytical Leads. There is also representation from Cheshire & Merseyside ICS. Other colleagues and partners are invited to attend on an ad hoc basis to present papers or to advise the group, including but not limited to colleagues from the Cheshire & Merseyside Mental Health Programme, Provider Clinical and Operational teams, Provider wider Digital teams and the National Mental Health Policy / Digital / Data & Reporting teams.

Mental Health Data Group is supported by monthly Data Quality meetings with Cheshire & Merseyside's NHS Trust Providers so that specific Data Quality issues pertaining to each organisation can be discussed. The progress of Cheshire & Merseyside's Mental Health Data Group is reported via the relevant Mental Health Programme, ICS and/or Provider Collaborative governance structures.

Cheshire & Merseyside is well engaged with NHS England and NHS Digital in relation to mental health data and intelligence with Mental Health Data Group facilitating two-way communication with the North West Data sharing and Delivery Group and any other NHS England/Digital or regional Mental Health data related project groups.

Data Quality – MHSDS & IAPT Dataset

Data Flow and Data Quality has been identified as an enabler for the system's other programme workstreams and necessary for us to deliver our LTP ambitions and achieve local plans.

Beyond those data items which are mandatory in the MHSDS and IAPT dataset and those which contribute towards DQMI scores, it is crucial that all data items that are used in the construction of mental health metrics are also submitted by all providers and are of good quality. Cheshire & Merseyside has, therefore, adopted a metric focussed approach to improving Data Quality in the MHSDS which involves routinely reviewing and improving the coverage, consistency, validity and accuracy of key data items used in the construction of metrics for reporting, in particular those used to report mental health Key Performance Indicators within national publications.

Cheshire & Merseyside's providers have been supported to more robustly understand the requirements of both the MHSDS and IAPT Dataset data flows and of mental health reporting to drive forwards improvements in the quality of the data required to measure mental health services activity and ensure that the data submitted via these datasets reflects a true picture of local activity and enables national reporting of data across the mental health programme - see the workstream sections in this annual report for further details of the key achievements for each.

Data Quality – The Master Provider List (MPL) and MHSDS Data Flow for Voluntary, Community, Faith, and Social Enterprises (VCFSEs)

Cheshire & Merseyside's controlled management of the MPL has ensured that the list is comprehensive, accurately reflecting all commissioned services and has provided the intelligence for the system to achieve the following in 2023/24:

- To encourage non-ODS registered providers to register with ODS;
- To encourage non-SDCS Cloud registered providers to register with SDCS Cloud;
- To understand which providers should be flowing data to the MHSDS, and for which sub-ICBs;
- To monitor submitters and non-submitters to the MHSDS which impacts the ICB's coverage score;
- To identify gaps in the MHSDS, including organisations which are not registered to submit data but are contractually obliged to; and
- To investigate the barriers to registration or submission and support non-submitting providers to overcome them and onboard to the MHSDS, including establishing appropriate data collection systems and processes.

Cheshire and Merseyside are evidencing the contribution of VCFSEs towards the deliverables of the NHS Long Term Plan for Mental Health via the MHSDS which, alongside the system's metric focussed approach to improving Data Quality in the MHSDS, has been reflected in published activity and performance metrics, in particular Community Mental Health (CMH) Access and Children & Young People (CYP) Access.

In 2024/25 the system will continue to support VCFSEs to collect and flow their data to the MHSDS and already have plans in place to onboard several outstanding non-submitting organisations and expects to see further improvements in published activity and performance metrics.

Data Quality - Supporting the retirement of Duplicate Data Collections

NHS Digital is working to establish MHSDS as the only collection method for mental health services data. The separate Children & Young People with an Eating Disorder (CYP ED) Waiting Times data collection via SDCS was retired at the end of March 2023 with CYP Eating Disorder Access and the Waiting Times being monitored using MHSDS only from April 2023. The Clinical Audit Platform (CAP) data collection for Out of Area Placements (OAPs) has also now been retired, at the end of March 2024.

Cheshire & Merseyside's NHS providers have invested significant effort both ahead of and since the retirement of these separate data collections to ensure that the data they are flowing to MHSDS is an accurate reflection of their activity.

We are still awaiting the publication of the new guidance for CYP eating disorder but in the meantime Cheshire & Merseyside continue to support services to improve their data reporting to improve the accuracy of performance being reported against the standard, focussing on improving our MHSDS data flow and data quality. Cheshire & Merseyside will also continue to take advantage of the supporting resources developed by the national team.

Programme Governance and Oversight

System Leadership

The programme has a strong system leadership / sponsorship to support delivery. Key roles within the Integrated Care System include:

- ICB Executive Lead for CYP: Christine Douglas, Executive Director for Nursing and Care, NHS Cheshire, and Merseyside
- SRO, MH Programme: Tim Welch, Chief Executive, Cheshire, and Wirral Partnership NHS Foundation Trust
- Strategic ICB Lead: Simon Banks, Place Director, Wirral
- Programme Director: Claire James

Wide system engagement is reflected within the MH Programme Board membership and via workstream leadership. This approach to partnership working recognises the complexity and multiple stakeholders that are involved within the mental health agenda to ensure that we add value and avoid duplication.

Governance

