

# Cheshire and Merseyside Mental Health Programme



**Annual Report  
2024/25**

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# Executive Summary

During 2024/25, the Cheshire and Merseyside Mental Health Programme made significant progress in transforming mental health care in line with the NHS Long Term Plan, championing early intervention, improved access, and better outcomes for people of all ages.

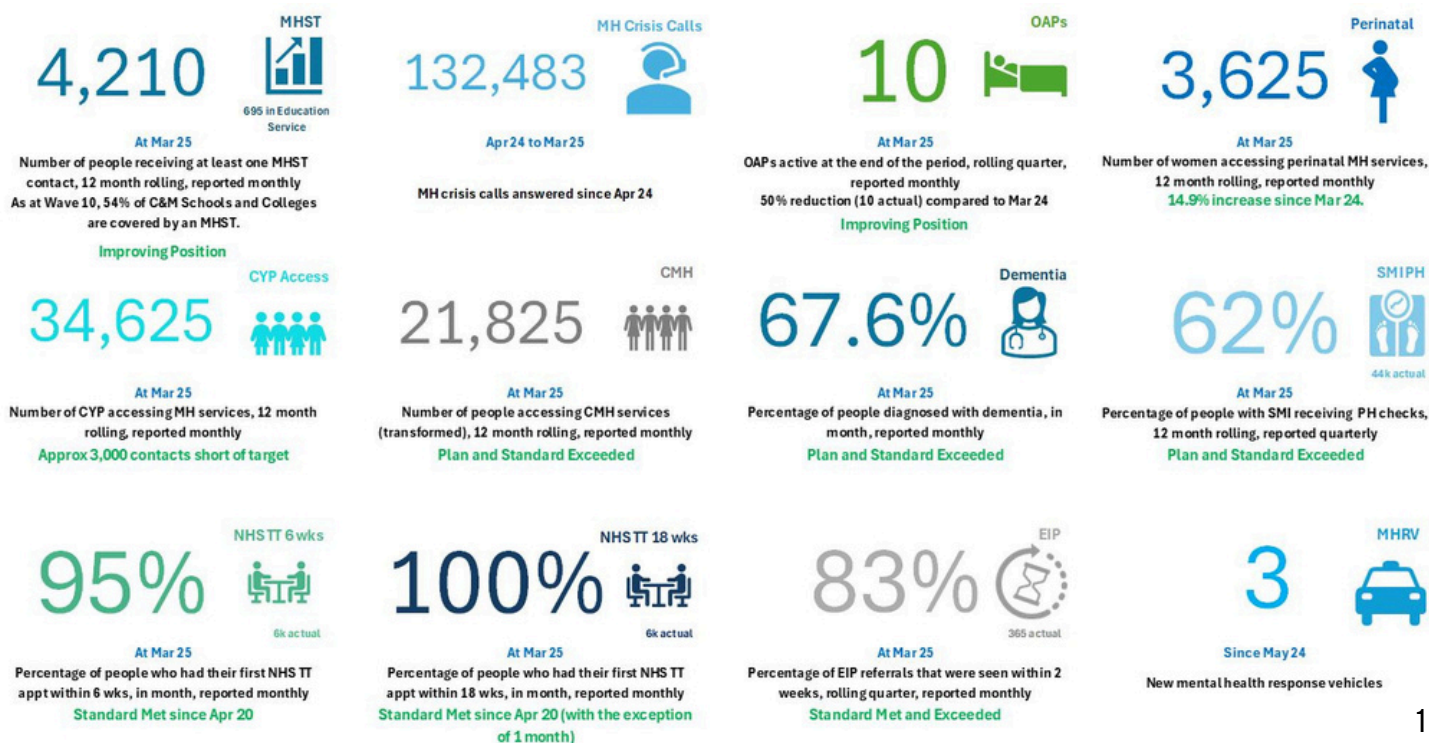
Our programme has brought together partners from across health, social care, voluntary and community sectors to tackle some of the most pressing challenges facing mental health services, whether improving children and young people's care, expanding Talking Therapies, enhancing community provision, or integrating mental health support into physical healthcare pathways such as cancer and dementia.

Key milestones this year include:

- An ICB wide Children and Young People's Mental Health Plan, co-produced with young people and partners.
- Continued rollout of Mental Health Support Teams in schools and expansion of crisis care for children and young people.
- The development of a single service specification for NHS Talking Therapies to ensure consistency across providers to promote increased reliable improvement and reliable recovery rates.
- The development of a new cancer-specific Talking Therapies pathway and professional toolkit to enhance psychosocial support.
- Implementation of adult community mental health models and the development of a single service specification for Individual Placement Support (IPS) services to help people with severe mental illness find and sustain employment.
- Further transformation of urgent crisis services including the implementation of NHS 111 option mental health and three new mental health response vehicles.
- Launch of new NHS Gambling Harms clinic in Liverpool.
- Published a 3 year plan for Mental Health, Learning Disability and Autism Inpatient Quality Transformation.
- Publication of a Digital Sub-Strategy for 2025-2028
- Strengthened suicide prevention, dementia care, and mental health support for vulnerable populations, including rough sleepers.

The infographic below illustrates an overview of mental health provision April 2024 to March 2025.

Data Source: Mental Health Service Data Set



At the heart of all this work is a strong commitment to co-production. We have been privileged to work alongside people with lived experience, whose insights, honesty, and generosity have helped shape more compassionate, relevant, and effective services. Their voices have directly influenced how we train professionals, design care models, and improve equity and access.

We've also built trusted, collaborative relationships across NHS organisations, local authorities, voluntary, community, faith and social enterprise sector (VCFSE) partners, and academic and clinical networks. These partnerships have made it possible to lead transformation at scale while responding meaningfully to local needs.

Looking ahead, we are entering a critical phase. We must consolidate the progress made, embed the new models of care, and continue to champion integrated, community-based mental health support. As we prepare for the next NHS 10-Year Plan and national reforms, our priorities will include addressing workforce challenges, improving data and digital systems, and further reducing inequalities in access and outcomes.

Above all, our commitment remains to the people we serve. We will continue to work together to ensure mental health support is timely, equitable, and tailored to individual needs, delivered by professionals who are skilled, supported, and connected across the system.

Together, we are creating a more inclusive, responsive, and person-centred mental health system for Cheshire and Merseyside.





## Children and Young People's (CYP) Mental Health

### Programme Description:

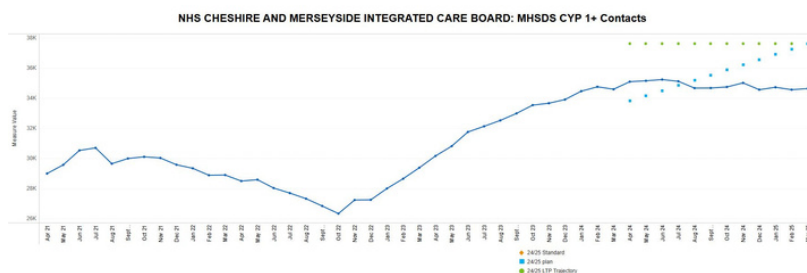
This at scale programme of work supports the delivery of the NHS Long Term Plan targets in relation to CYP mental health. This includes the following national ambitions:

- **Access** – C&M will achieve a target of 38,526 CYP aged 0-25 years accessing community based mental health support
- **Eating Disorders** – access to good quality, safe and effective community based support, meeting nationally set waiting times standards
- **Crisis Support** – community mental health crisis services aligning with Cheshire and Merseyside-wide all-age Mental Health Crisis/First Response Service. Key elements, include NHS 111 Option mental health, mental health response vehicles, and crisis response pathways
- **18-25yrs Young Adults** - By the end of 2023/24 no age-based thresholds are in operation (i.e. no patient should be asked to transition automatically at age 18) and all services are adapted to better meet the needs of 18-25 year olds as part of a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.

### Where we are now:

Access to NHS-funded mental health community support remained broadly stable across 2024/25, with approximately 34,500 meaningful contacts recorded against a target of 37,590 (0-18 years). While improvements have been made, variation in access remains across Places, largely due to data flow challenges from VCFSE providers and increased complexity of need. In response, ongoing work has focused on improving data quality and accuracy, ensuring all relevant activity is correctly recorded and reported to the Mental Health Services Data Set (MHSDS), a key national requirement set by NHS England.

A CYP Emotional Wellbeing and Mental Health Programme Partnership has formed, streamlining multiple existing forums into a single, strategic oversight group. It brings together cross-sector, multi-agency partners to lead and align transformation at scale. Acting on behalf of NHS Cheshire and Merseyside Children's Committee, it provides strategic oversight and drives delivery of the CYP Mental Health Plan across all nine Places ensuring transformation is both locally driven and regionally coordinated.



Data Source: Mental Health Service Data Set



## **NHS Cheshire and Merseyside Children and Young People's Mental Health Plan**

In early 2024, the Mental Health Programme led the development of the NHS Cheshire and Merseyside system-wide Children and Young People's Mental Health Plan. Co-produced with children, young people, families, professionals, and community partners, the 2024–2026 Plan sets out eight shared priorities aligned to ICS and NHS England strategies. It reflects real needs and a strong collective commitment to improving outcomes through co-production, integration, and innovation.

### **Early Years (0–5) Mental Health**

Early years services have been strengthened through the Parent-Infant and Early Years Relationships (PIER) Clinical Network, which is leading system-wide work to develop a Thrive-aligned approach to early intervention. Local networks across the ICB are embedding the PIER best practice model through multi-disciplinary collaboration, with this work now contributing to NHS England's national guidance on 0–5 services. A rapid review has highlighted both strong practice and service gaps, particularly for children aged 2–5. Transformation for this age group will continue, aligned with wider developments such as Family Hubs.

### **Mental Health Support Teams in Schools (MHSTs)**

MHSTs continued to expand through Wave 11 rollout, building on 54% school and college coverage across C&M from Wave 10. These teams provide early intervention and whole-school approaches, contributing to 12% of community mental health access. Wave 11 brings us closer to the 100% coverage target by 2029/30.

### **Young Adults (18–25 years)**

Young adults have been a key focus, with system partners and young people co-designing a care model tailored to their needs. This includes developing an ICB-wide transition policy and best practice approach to bridge gaps between children's and adult services—moving beyond age-based thresholds to improve continuity and experience of care. This work continues into next year where recommendations will be made to NHS Cheshire and Merseyside Children's Committee.

## **Children and Young People's Community Eating Disorder Services:**

Community Eating Disorder (CED) services remain a system priority, delivered by Alder Hey NHS FT, Mersey Care NHS FT, and Cheshire and Wirral Partnership NHS FT. In response to rising demand, increasing clinical complexity, and outdated national guidance, work is underway to develop a new best practice model for future service delivery. Co-designed with system-wide stakeholders and people with lived experience, the model aims to meet national waiting time standards, improve access and equity, and ensure integrated care pathways for conditions such as Avoidant Restrictive Food Intake Disorder (ARFID), diabetes, and other comorbidities. Two regional design workshops have shaped the draft model, which is now being refined with clinical leaders ahead of updated national guidance expected in 2025/26.

### **Children and Young People's Crisis Care**

Crisis care for children and young people has advanced significantly, with 24/7 access now available through crisis lines, rapid assessment, home-based interventions, and intensive support teams. This marks a system-wide shift away from reliance on A&E and acute care settings. (See also: All-Age Mental Health Crisis section.)

The CYP Crisis Advisory Group, evolving from the former Crisis Development Group, is actively shaping all-age crisis care with young people at the centre. All 4 functions of CYP crisis care were operational by April 2024. Key contributions include input into NHS 111 option mental health, the design of crisis alternatives, mental health vehicle protocols, and improvements to Section 136 pathways.

### **Looking Ahead**

We're entering Year 2 of the CYP Mental Health Plan with momentum and purpose. At the same time, we are laying the foundations for a 10-year strategy that puts co-production, equity, and early intervention at the heart of every decision.



# Talking Therapies

## Programme Description

This at scale programme supports the ambition of the Government's Autumn Statement in relation to Talking Therapies by developing a delivery plan to help the achievement of reliable recovery, reliable improvement, and completed courses of treatment. Working across the Cheshire and Merseyside footprint the Talking Therapies Steering Group oversee the implementation of the delivery plan which includes enabling functions such as data, workforce, service delivery and digital solutions.

## Where we are now:

The Talking Therapies Programme (previously known as IAPT) was developed as a systematic way to organise and improve the delivery of, and access to, evidence-based psychological therapies within the NHS. The Five Year Forward View for Mental Health, The NHS Long Term Plan and more latterly the Autumn Statement in 2023 committed the NHS to further expand the Talking Therapies Programme so that an additional 384,000 people will be able to access psychological therapies within 5 years. The Autumn Statement commitment brought with it nationally additional workforce investment and new metrics for Talking Therapies with a focus on reliable recovery (48%) and reliable improvement (67%) from April 2024, with a view to deliver quality outcomes. This has been a focus of the activity over the last year.

There are currently 5 providers in Cheshire and Merseyside, delivering 10 place-based services. This is a mixture of NHS and Non-NHS providers. Led by the Cheshire and Merseyside Talking Therapies Steering Group, there is active engagement from all Talking Therapy providers and system partners to develop a consistent approach to Talking Therapies across Cheshire and Merseyside in line with national expectations.

During 2024/25, a standardised Cheshire and Merseyside service specification has been developed to create consistency across providers, this will be implemented from April 2025. The steering group continue to monitor and review progress in relation to the metrics.

## Service Delivery and Performance

Between April 2024 and March 2025 30,605 people across Cheshire and Merseyside completed a course of treatment with Talking Therapies. The reliable improvement metric exceeded the 67% national target by 1%. The reliable recovery rate achieved was 48%, also exceeding the national ambition by 1%. However, rates were not consistently delivered throughout the year and variance at place level was evident.

Recovery rates in Liverpool remained static but below target. Sefton experienced a notable decline in recovery rates during February 2025, thought to be influenced by the tragic events in Southport. In response, the local Talking Therapies service provided timely and compassionate psychological support, highlighting the service's critical role in system-wide crisis response.

## Investment and Consistency

A Cheshire and Merseyside-wide Service Specification for Talking Therapies has been developed and will be implemented from April 2025 to promote consistent delivery of best practice across all Places.

The Silvercloud contract for digital therapy has been extended for two years (2025–2027), ensuring Cheshire and Merseyside continues to meet national expectations for digital mental health provision.

## Workforce Expansion and Development

In 2024/25, 60 Psychological Wellbeing Practitioners and 40 High Intensity Therapist trainees were recruited.

A centralised recruitment approach is being undertaken to attract and retain a sustainable workforce. Work continues on:

- Workforce modelling to meet revised performance metrics
- Expanding supervision capacity, especially for new recruits
- Reviewing education and training capacity
- Centralised supervision support via the Workforce and Development Hub (hosted by CWP), which also delivers targeted CPD sessions—e.g., on bereavement and risk.
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As the national workforce modelling tool has not yet been updated, Cheshire and Merseyside is working with North West colleagues to develop a proxy model to guide local planning.

## Employment Support

2024/25 funding supported the ongoing delivery of employment support services across Cheshire and Merseyside including:

- 8 Senior Employment Advisors
- 47 Employment Advisors
- 3 Deputy Senior Advisors (at a new expansion site in Cheshire)

Services continue to report positive outcomes.



## Data Quality and Improvement

A deep dive into service data commenced to better understand factors affecting productivity, such as non-attendance (DNAs), re-referrals, and the number of contacts per patient. This informs a robust improvement plan for 2025/26.

Persistent data quality issues, particularly in June 2024, have impacted national reporting of mental health metrics. Improving data flow and reporting has been prioritised for the coming year to ensure an accurate and actionable picture of service performance.

## Innovation and Digital Transformation

A “Readiness for Therapy” video was developed during quarter 4 of 2024/25 to support service users in understanding what to expect from Talking Therapies. Launching in June 2025, it aims to reduce non-completion rates and improve productivity. Further AI technology (LIMBIC) is also now embedded in four of five provider services, simplifying referrals and supporting increased access and service efficiency.

## Pathway Integration and Long-Term Conditions

Work to embed integrated pathways for people with long-term conditions (LTCs), supported by cross-sector collaboration and tailored workforce training has continued.

In 2024/25, cancer was prioritised with financial support from the Cheshire and Merseyside Cancer Alliance to host a transformation role (fixed term basis) to develop sustainable strategic links between cancer services and Talking Therapies. (See next section).

Work has also progressed integrating mental health practitioners in primary care networks with Talking Therapy services. A series of cross-system workshops held in 2024/25 have led to the identification of implementation themes, now being put into practice at Place level.

## Lived Experience Leadership

The voice of lived experience continues to guide and strengthen the Talking Therapies programme. This work is led by the Cheshire and Merseyside Lived Experience Network, hosted by Wirral Mind. Lived experience is a core part of the Talking Therapies Steering Group, ensuring services remain grounded in what matters most to those who use them.



# Integrating Mental Health Support in Cancer Care Pathways

## Programme Description

As part of a wider effort to deliver more holistic, person-centred cancer care, two linked projects funded by the Cheshire and Merseyside Cancer Alliance (CMCA) were mobilised during 2024/25. These projects aim to strengthen the psychological and emotional support available to people affected by cancer, in line with the NHS Long Term Plan's focus on personalised care.

There is growing national recognition that psychosocial support is not only essential to help people live longer, but also to help them live well. Psychological care plays a critical role in relieving emotional distress, enhancing quality of life, and promoting recovery and resilience.

The 2020 NHS Cancer Patient Experience Survey highlighted widespread unmet need for mental health support from the point of diagnosis. In response, CMCA commissioned a gap analysis of psychosocial support provision across Cheshire and Merseyside, which identified key system-wide challenges:

- Inequity and variation in psychology service provision
- Limited access to cancer-specific NHS Talking Therapies pathways
- Inconsistent assessment of psychosocial needs
- Lack of clarity around eligibility, access, and referral routes
- Complexities in delivering support across a large geographical area

## Where we are now:

To address these issues, the Cheshire and Merseyside Cancer Alliance commissioned two interdependent projects:

- Psychosocial Support Project: Aimed at enhancing awareness, navigation, and coordination of existing support offers.
- Talking Therapies Project: Focused on developing a standardised, accessible pathway into psychological therapies for people affected by cancer.

Both projects contribute to the broader goal of strengthening the interface between cancer and mental health services and will provide learning which can potentially be transferred into other physical health pathways.



## Stakeholder Engagement and Insight

An extensive programme of stakeholder engagement was delivered, including:

- Two ICB-wide surveys with over 260 professionals working in cancer care
- Ongoing engagement forums with clinicians, third-sector organisations, and people with lived experience



Key themes from this engagement have directly informed the development of both the professional toolkit and the Talking Therapies pathway, including:

- Confidence and attitudes of professionals in supporting people with cancer
- Knowledge gaps and priority training areas
- Barriers to appropriate referral into Talking Therapies services
- Opportunities to improve awareness of existing psychosocial offers



Importantly, people with lived experience played a central role, ensuring that new resources are grounded in real-world need and reflect the lived realities of navigating cancer care.

## Toolkit Development

A professional resource Toolkit is in development to support those delivering cancer and psychosocial care. Designed around the THRIVE Framework and key psychosocial domains (e.g. identity, trauma, relationships, finances), the toolkit will:

- Help professionals navigate support pathways and referral processes
- Offer clear guidance on eligibility and access routes
- Include training, supervision, and CPD opportunities
- Be hosted on the Cancer Academy platform for system-wide accessibility



Initial feedback from stakeholders and expert clinical groups (including the CMCA Psychology Clinical Quality Group) has shaped the draft toolkit, with further refinement and pilot testing scheduled in the coming months.



## Talking Therapies Pathway Design

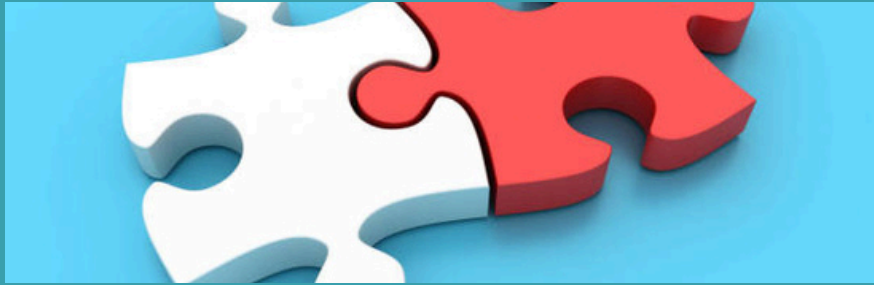
In parallel, the Talking Therapies Project worked with all NHS Talking Therapies providers across Cheshire and Merseyside to design a standardised pathway for people living with and beyond cancer. Key achievements include:

- Agreement of consistent inclusion/exclusion criteria
- Identification of local Cancer Champions within Talking Therapies teams
- Completion of a workforce development survey (136 responses), informing targeted training and supervision offers



This work aims to ensure that people affected by cancer receive timely, appropriate psychological support embedded within their care journey. By improving access and aligning pathways, the project supports earlier intervention and helps reduce health inequalities across the region.

Together, these projects are laying the groundwork for a more integrated, psychologically informed cancer care model. By equipping professionals with the tools, training, and clarity they need to support individuals with cancer-related psychological needs, Cheshire and Merseyside are moving closer to delivering truly holistic, personalised cancer care.



# Adult Community Mental Health

## Programme Description

All ICSs have received funding to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses. The new models of care incorporate support for adults with eating disorders, mental health rehabilitation needs and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other groups.

New models of care span both core community provision and dedicated services, where the evidence supports them, built around Primary Care Networks. The C&M Mental Health Programme have been working alongside providers and partners this year on the following workstreams at scale:

- Mental Health Practitioners in Primary Care Networks via the Additional Roles Reimbursement Scheme (ARRS)
- Use of Patient Reported Outcomes Measures
- Community Waiting Times
- Data capture and quality improvement

## Where are we now

The Adult and Older People's Community Mental Health Transformation Programme in Cheshire and Merseyside has seen significant progress across 2024/25, with workstreams now transitioning from transformation to business as usual. Cheshire and Merseyside exceeded the national ambition for access to transformed models of community mental health target with 21,825 receiving two or more contacts against a target of 20,600.

## Primary Care Mental Health Roles (ARRS)

ARRS-funded Mental Health Practitioner roles were introduced to support early intervention, improve access, and strengthen links between primary and secondary care, with a focus on people with Severe Mental Illness (SMI). The roles are designed to help manage complexity within the community, close to where people live and reduce reliance on more specialist services.

Changes to the GP contract in 2024/25, (continuing into 2025/26), has allowed greater flexibility in how ARRS funding is used, including the recruitment of newly qualified GPs.

While the roles offer clear benefits, implementation has varied across our ICB footprint. In response, NHS Mental Health provider services have been exploring how to maintain integrated care within emerging Neighbourhood models. The C&M Primary Care/GP Mental Health Leads group is helping to strengthen collaboration and shared understanding across the system.

### Individual Placement and Support (IPS):

IPS is an evidence-based approach that helps people with Severe Mental Illness (SMI) to find and sustain paid employment, recognising work as a key part of recovery. IPS services offer personalised, one-to-one support that is integrated with mental health care, focused on rapid job search, and tailored to the individual's goals and strengths. Access to IPS services was significantly below expected levels in 2024/25 with only 855 people receiving their first contact during the year compared with a target of 2,751.

In 2024/25, Cheshire and Merseyside successfully re-tendered its IPS services from 1st April 2025 moving from four providers to two aligned with Mental Health Trust footprints. This will improve consistency, strengthen relationships and increase value for money. The new model supports greater access to employment services, in line with IPS Grow best practice and locally agreed targets.

Providers are now equipped to flow data to the Mental Health Services Data Set (MHSDS) and the IPS Grow tool, enabling more robust performance monitoring and outcome reporting. One provider has also piloted the Access Elemental CRM system – a digital platform designed to support personalised care coordination, track employment journeys, and improve data quality. This pilot is helping to strengthen digital reporting, enhance service delivery, and ensure compliance with national standards.



### SMI Physical Health (SMI-PH):

Addressing health inequalities remains a priority, with continued focus on delivering annual physical health checks for people with Severe Mental Illness (SMI), a group at significantly higher risk of preventable physical conditions and reduced life expectancy. By March 2025, 62% of people on GP SMI registers had received all six physical health checks, exceeding the national ambition of 60%.

Despite GP contract changes removing QOF incentives and SMI registers (which will impact monitoring from 2025/26), Cheshire and Merseyside maintained momentum. A detailed progress report was submitted to the ICB Board, and the SMI-PH Group continued to meet, chaired by Place-level MH Leads, ensuring oversight and commitment to improving outcomes.

### Data Quality and Intelligence:

Improving data quality has been central to programme delivery. Providers enhanced MHSDS submissions through validation of waiting lists and electronic patient record system updates for key metrics like access, waiting times, and SMI-PH checks. Non-NHS providers, including VCSFEs and ARRS-funded roles, have been supported to onboard with MHSDS, though digital maturity remains a challenge. Further improvements are expected in 2025/26 as system-wide solutions and investment are explored through the C&M Mental Health Digital Strategy.

### Outcome Measures and Waiting Times:

Mental Health Trusts across Cheshire and Merseyside now routinely collect Patient Reported Outcome Measures (PROMs), which provide valuable insight into how service users perceive their own progress and the impact of care. These measures support more person-centred, outcomes-focused services. Work is ongoing to improve the quality and consistency of PROMs reporting to better inform service improvement. Alongside this, system-wide efforts have focused on aligning waiting time data with new national standards, with collaborative work across data, clinical, and operational teams to strengthen accuracy and reporting.

### Intensive and Assertive Outreach – Homicide Review Response:

The programme led the system's response to a national homicide review, focused on improving care for individuals needing assertive, intensive support. A Cheshire and Merseyside-wide action plan has been developed with oversight and assurance through Provider Trust Boards and ICB from July 2025.

# Dementia Care

## Programme Description

This programme seeks to work with providers and commissioners to support current and future improvements to service provision across Cheshire and Merseyside in relation to dementia. This includes Dementia Diagnosis Rate (DDR), DiaDeM (diagnosing in advanced dementia in care homes), strategy and planning (ICB Wide Dementia Strategy), and maintaining an active community of Practice

## Where we are now:

Dementia affects many people, either directly or through supporting a loved one. As recognised in the NHS Long Term Plan, there is a national commitment to improving care for individuals living with dementia and delirium—both in hospital and in the community.

In Cheshire and Merseyside, dementia prevalence is notably high, with an estimated 34,100 people aged 65 and over currently living with the condition. However, service provision across the region remains inconsistent, with significant variation in access and quality not fully explained by local need.

**Dementia Diagnosis Rates By Place  
(target 66.7%)**

	January 2023		March 2025		Increase in DDR	
Cheshire	66.2%		67.3%		1.1%	
Halton	67.6%		66.6%		-1.3%	
Knowsley	58.7%		62.7%		4%	
Liverpool	60.3%		67.8%		7.5%	
South Sefton	60.2%		58.7%		-1.5%	
Southport & Formby	68.4%		75.1%		6.7%	
St Helens	66.3%		67.6%		1.3%	
Warrington	69.3%		71.6%		2.3%	
Wirral	62.3%		66.5%		4.2%	
Cheshire & Merseyside	64.5%		67.6%		3.1%	

## Improving Dementia Diagnosis Rates (DDR)

Timely diagnosis is vital for enabling people with dementia to access support and live well. In 2024/25, Cheshire and Merseyside saw notable improvements in the Dementia Diagnosis Rate (DDR), supported by local recovery plans following a national decline during the COVID-19 pandemic.

Tailored initiatives across all Places included:

- New assessment pathways
- Primary care collaboration to identify unregistered diagnoses
- Public engagement to encourage assessment
- Service optimisation to increase accessibility

As a result, DDR in Cheshire and Merseyside now exceeds the national average, with 853 more people receiving a formal diagnosis and access to vital support this year. Place-specific plans remain in place to drive continued improvement. However, the national decision to stop routine DDR reporting poses challenges to ongoing monitoring and benchmarking.



### **DiADeM Implementation: Reaching People in Care Homes**

The Diagnosing Advanced Dementia Mandate (DiADeM) tool was piloted in Knowsley and Wirral to identify people with advanced dementia in care homes who had not yet been formally diagnosed.

- 53 care homes participated
- 120 assessments were completed
- 108 new diagnoses were made
- Existing diagnoses not yet linked to services were referred for support

Positive feedback highlighted the tool's non-invasive nature and its role in improving care planning and access to funding. Warrington has also been routinely using DiADeM. Lessons from pilot sites will inform guidance for potential rollout across Cheshire and Merseyside in 2025/26.

### **Re-establishing the Dementia Community of Practice**

The Cheshire and Merseyside Dementia Community of Practice was re-established in 2024/25, creating a valuable platform for knowledge exchange and collaboration.

- Monthly virtual meetings attract around 30 participants
- Attendees include commissioners, clinicians, VCSE partners, and providers
- Sessions combine updates and CPD content, with recent topics including young onset dementia, end-of-life care, and suicide prevention in older people

This forum plays a key role in spreading best practice and building collective capability across the system.

### **Developing an ICB-Wide Dementia Strategy**

Work is underway to co-produce a Cheshire and Merseyside-wide dementia strategy, with the aim of ensuring consistent, person-centred care regardless of location.

Key milestones achieved:

- A strategy working group established with Place representation
- Overarching aims agreed, focusing on Human Rights and personalised care
- Strategy aligned to the national 'Dementia Well' Pathway: Preventing Well, Diagnosing Well, Supporting Well, Living Well, and Dying Well

The strategy will be finalised in 2025/26 to address unwarranted variation and standardise support offers.



# All Age Mental Health Crisis Care

## Programme Description

This large-scale transformation programme supports the delivery of NHS Long Term Plan (LTP) targets, urgent care recovery, and improved system flow across Cheshire and Merseyside through the implementation of a coordinated All Age Crisis Transformation Plan.

The programme focuses on enhancing access to timely, effective mental health crisis support by developing and embedding key components such as:

- NHS 111 mental health option
- Mental Health Response Vehicles (MHRVs)
- First response models
- Crisis text services

Working across all Places within the Cheshire and Merseyside footprint, the programme is overseen by the C&M Crisis Oversight Group, which provides strategic leadership and ensures alignment with regional priorities.

Key areas of delivery include:

- Improving data quality and reporting to support planning and assurance
- Enhancing the NHS 111 interface for mental health
- Expanding MHRV provision to provide timely community-based crisis support
- Strengthening Section 136 pathways
- Scaling First Response models across the system
- Advancing Children and Young People's (CYP) crisis care

Together, these workstreams aim to deliver a more responsive, equitable, and integrated crisis care system, reducing reliance on emergency departments and improving experiences for people in mental health crisis.



**Mental Health Response Vehicle**

## Where are we now

Mental health crisis care remains a complex area, involving multiple stakeholders, each with their own priorities and pressures. A whole-system approach is essential, but progress continues to be challenged by workforce constraints, increasing demand, and competing organisational pressures.

Mental health trusts report a rise in individuals presenting in crisis who have not previously accessed services. These individuals often have more acute and complex needs, and are staying longer in inpatient settings.

Despite these challenges, strong collaborative working across system partners has enabled steady progress in mental health crisis care transformation. This work provides a solid foundation, but significant effort is still required to fully implement the Crisis Transformation Plan.

Alongside improvements to urgent and emergency care, there is active work to improve system flow and discharge. The introduction of Right Care, Right Person (national Policing strategy) particularly Phase 3 related to Section 136 of the Mental Health Act, is raising concern among NHS and local authority partners due to its expected impact on system demand.

Given the years of work already undertaken, system partners agreed it was timely to pause, reflect, and collectively define what the optimal all-age crisis model should look like for Cheshire and Merseyside.

A series of workshops were held in early 2025, culminating in completion of the national Urgent and Emergency Mental Health Service Assessment Tool (Men-SAT) in May. Findings from this assessment will inform the development of a system-wide improvement plan for 2025/26.

## **24/7 Crisis Provision for All Ages**

Cheshire and Merseyside now offer 24/7 mental health crisis services for all age groups. The First Response model includes mental health crisis telephone support, triage, signposting, and face-to-face response via Mental Health Response Vehicles. NHS 111 Option Mental Health went live in April 2024 and a new Fitness to Assess Tool was developed and approved. During quarter 2, the MH Programme tested British Sign Language (BSL) and text relay functionality to support people who are deaf/hearing impaired to access crisis services. This was promoted as a national approach, but local testing has identified challenges which we are now looking to find solutions for. Feedback has been provided across the region and to NHS England nationally.

## **Expansion of Mental Health Response Vehicles**

In May 2024, three new MHRVs were deployed in partnership with North West Ambulance Service, Cheshire and Wirral Partnership NHS FT, Mersey Care NHS FT, and Alder Hey NHS FT. Across 708 shifts (May 2024 – February 2025), the vehicles responded to 1,629 patients, with 90% receiving face-to-face triage. Of these, 82% were treated on site, preventing conveyance to hospital and reducing pressure on Accident and Emergency (A&E) departments. A MHRV Learning Event was held in December 2024 where operational staff reflected on the standard operating processes in place and outlined potential improvements. Plans are in place to increase utilisation further in 2025/26.

## **Crisis Line Triage and 999 Integration**

A system-wide options appraisal is underway to explore mental health practitioner triage of NWS Category 3–5 calls, with a preferred model of direct call transfer at point of contact being considered.

Digital feasibility has been confirmed, and work is now also progressing on the Directory of Services (DoS) to ensure appropriate outcomes for callers via NHS 111 or 999.

## **Crisis Alternatives and A&E Diversion**

All general hospital A&E departments in Cheshire and Merseyside now have mental health liaison teams, but challenges remain due to workforce and environmental pressures, including 72-hour delays. Work is ongoing to address these delays, including the launch of a pilot Urgent Care Assessment Centre in April 2025 with learning shared across the ICB.

An all-age crisis alternatives model has been developed to offer non-A&E options, with consideration being given to longer-term commissioning to support sustainability.

## **Section 136 Pathways and Infrastructure**

A Section 136 action plan has been developed, aligned with RCRP Phase 3. Key developments include:

- Deployment of a digital consultation tool for emergency services to access clinical support from crisis lines
- Ongoing work to improve access to S136 suites to prevent inappropriate A&E attendances
- Mersey Care NHS FT operates four S136 suites, though staffing currently limits routine operation to two. Capital bids have been submitted for suite refurbishment and for a new Crisis Assessment Centre at Broadoak
- Plans are underway for new places of safety in Cheshire, including a capital development at the Countess of Chester Health Park and a proposal for Arrowe Park Hospital
- Work is also underway to co-produce a regional S136 escalation framework and address long-term observational support planning.

## **Workforce Development**

To address ongoing staffing challenges, an All-Age Crisis Workforce Group has been established. This aligns with the wider Mental Health Workforce Strategy and focuses on:

- Training - Identifying population need and skill/competency requirements across crisis services
- Retention - Supporting staff wellbeing and resilience
- Reform - Developing a shared induction programme and supervision framework for all crisis services staff across providers.

## **Data and Reporting**

Significant work has been completed to review and improve data quality in line with Mental Health Services Data Set (MHSDS) requirements. This includes efforts to ensure accuracy in key metrics used in national dashboards.

## **Lived Experience and Co-Production**

Collaboration with people with lived experience has been central to the programme's success. The Cheshire and Merseyside Lived Experience Network, hosted by Wirral Mind, has played a key role in shaping multiple aspects of crisis transformation, from model design to evaluation, ensuring that services reflect the needs and voices of those they serve.

# Inpatient Quality Transformation

## Programme Description

This at scale programme of work seeks to improve the quality and safety of care people experience in Mental Health, Learning disability and Autism inpatient settings by:

- Introducing a new, reimagined model of care for the future
- Localising and realigning inpatient services, harnessing the potential of people and communities
- Improving the culture of care and supporting staff
- Supporting systems and providers facing immediate challenges
- Making oversight and support arrangements fit for the sector.

## Where we are now

The Inpatient Quality Transformation Programme (QTP) has progressed from planning into the implementation phase. Aligned with the national QTP framework, a three-year plan for Cheshire and Merseyside has been agreed and is now published on the [ICB website](#). The programme is supported by a clear governance structure, with dedicated workstreams reporting into the Inpatient Quality Transformation Oversight Group.

Infrastructure to support the redesign of adult mental health and rehabilitation pathways is now fully established. Work to finalise the infrastructure for learning disability and autism pathways is nearing completion, in alignment with the Cheshire and Merseyside Transforming Care Programme.

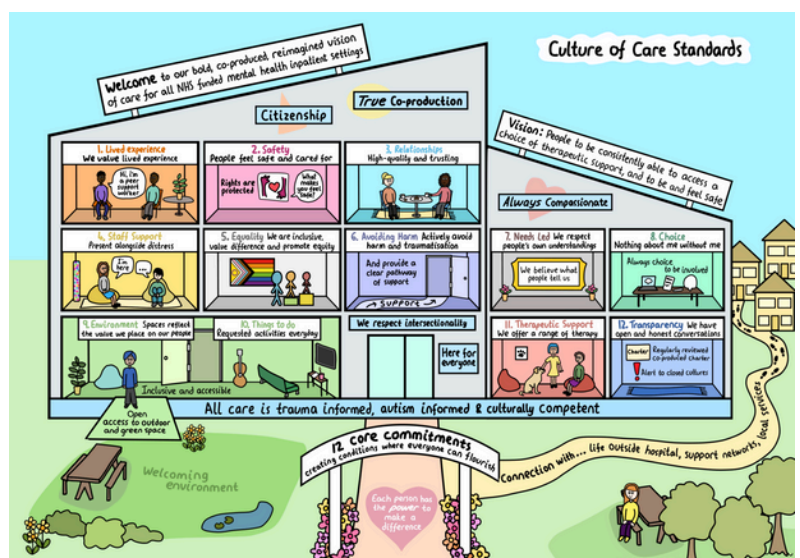
For children and young people, the redesign programme is being led by the Level Up Cheshire and Merseyside Young People and Families Provider Collaborative, which also reports into the Oversight Group to ensure system-wide alignment and accountability.

System plans are now being actively delivered, underpinned by robust data analysis and ongoing engagement to guide local and regional improvements. The Culture of Care programme, led by provider trusts, is supporting co-production, staff development, and continuous quality improvement on inpatient wards. A strong emphasis is being placed on embedding anti-racism, trauma-informed, and autism-informed practices into improvement initiatives.

This illustration summarises the 12 culture of care standards for all NHS funded mental health inpatient settings.

Piloting of new quality metrics are also underway to support services in identifying early warning signs and managing risk proactively. This includes testing how metrics can trigger escalation and access to regional support where needed.

Development of the Management and Supervision (MaST) inpatient tool is expected to further strengthen this capability, by providing real-time data to support proactive, data-led decision-making and patient flow management across the system.





## Strategic Planning and Governance

The Inpatient Quality Transformation Programme has made significant progress in its first year of implementation. Project plans for adult mental health, rehabilitation, and learning disability and autism (LDA) have been developed, fully aligned with the ICB's three-year plan, which will soon be available in both standard and Easy Read formats on the ICB website.

Governance has been strengthened with the merger of the QTP Oversight Group and System Flow Recovery Group, effective from May 2025, providing a more coordinated oversight of inpatient redesign and flow.

## Programme Infrastructure and Delivery

- A Service Development Funding (SDF) plan is in place, supporting key roles such as the appointment of a Project Manager for LDA inpatient redesign, who joined in February 2025.
- A Housing Discovery project has begun to identify barriers to discharge with early findings highlighting accommodation access as a major challenge.
- Peer support and discharge coordinator roles are being recruited as part of trust-led initiatives aligned with workforce transformation and safe care priorities.

## Workforce and Service Improvement

An independent review of LDA inpatient services is being commissioned to assess current and future demand and support model redesign. Meanwhile, all rehabilitation and adult acute providers have completed self-assessments against QTP guidance, helping shape improvement plans.

The North West Rehabilitation Group which Cheshire and Merseyside form part of aims to support the embedding of the 10 high impact Initiatives into local implementation. These include:

- Robust housing triage processes
- Tenancy sustainment checks
- Post-discharge follow-up at 72 hours and 6 weeks

Providers have begun to address challenges around 7-day working and have embedded Multi-Agency Discharge Events (MADE reviews) to support timely, coordinated discharge planning. These structured, cross-agency reviews help identify and resolve barriers to discharge, improve patient flow, and reduce length of stay.

## Data, Digital and Reporting Improvements

- A demand and capacity model for mental health inpatient services is being developed by Whole System Partnership to support system planning and prioritisation, feeding into bed base commissioning.
- The first iteration of the North West Inpatient Dashboard has launched, with Cheshire and Merseyside contributing to improved MHSDS data quality and oversight of rehabilitation bed usage.
- Scoping work has begun to automate data flows for Out of Area Placements (OAPs) and block contracts to improve accuracy and reduce reporting burdens.

## Embedding Person-Centred Approaches

A dedicated workstream has been established to implement the 'I' and 'We' Statements across inpatient services. Phase one, now complete, involved co-production workshops with Lived Experience Representatives and Patient Experience Leads to localise and refine the statements. The next phase will focus on creating a practical implementation guide and supporting providers to embed these values in practice.

## Early Warning and Escalation

A System Support Task and Finish Group has been established to lead the development and piloting of Early Warning Signs metrics, enabling proactive responses to emerging quality concerns using real-time data. The pilot will also inform future escalation models and regional support offers for challenged services.

## Capital Investment and Future Planning

Capital bids have been submitted to NHS England to support infrastructure developments, including:

- Reducing Out of Area Placements
- Enhancing rehabilitation and LDA provision
- Supporting urgent care improvements

Several bids have progressed to regional moderation, with governance arrangements being finalised for delivery in 2025/26.





# Suicide Prevention and Suicide Bereavement Support

## Programme Description

The Cheshire and Merseyside Suicide Prevention Partnership Board coordinates delivery of the region's five-year strategy (2022–2027), aiming to reduce suicide and improve emotional wellbeing, particularly among vulnerable groups, using data-led approaches, including real-time surveillance.

## Where We Are Now

In 2023, the North West recorded its highest suicide rate in 30 years, with high rates continuing into 2024 (noting data limitations).

Suicide prevention remains a priority for Directors of Public Health and the ICB, supported by strong multi-agency collaboration across local authorities, NHS trusts, police, NWAS, VCSE, and national partners. This work is aligned to the All Together Fairer vision to reduce health inequalities.

Delivery of the Champs Public Health Collaborative's Suicide Prevention Strategy continues to progress. In 2024, a sector-led improvement review by the Local Government Association (LGA) was completed, offering key recommendations to strengthen the programme and guide future action.

## Digital Campaigns and Public Awareness

- Launched the Suicide Prevention Professional Community website [sppcm.co.uk](https://sppcm.co.uk), with an accompanying LinkedIn campaign to raise awareness among professionals
- Launched the Kind to Your Mind wellbeing campaign and website [kindtoyourmind.org](https://kindtoyourmind.org), promoting mental wellbeing across communities
- Hosted a World Suicide Prevention Day webinar on the theme "Changing the Narrative on Suicide", with over 120 attendees from across the system.

## Data and Intelligence

- Enhanced real-time surveillance (RTS) notification forms to gather richer data on suspected suicides
- Procured the Quality Education Systems (QES) RTS portal, improving local and regional data access to support early intervention.

## Training and Workforce Development

- Delivered a pilot training programme on suicide prevention in the context of domestic abuse, reaching 100 members of the Cheshire and Merseyside workforce, in partnership with Grassroots Suicide Prevention.

## Lived Experience and Community Engagement

- Continued development of the Lived Experience Network, now integrated across the broader Mental Health Transformation Programme while remaining central to suicide prevention activity
- Produced self-harm support guides and booklets for children, young people, and their parents/carers, now available at [sppcm.co.uk/resources-for-children-young-people](https://sppcm.co.uk/resources-for-children-young-people).

## Research, Collaboration and National Influence

- Cheshire and Merseyside presented the region's work at the National Suicide Prevention Conference
- Board members contributed to the Multi-Modal Approach to Preventing Suicide in Schools (MAPSS) pilot at Liverpool John Moores University
- Contributed to national work through the OHID suicide prevention programme and participation in a national suicide prevention roundtable.

## Improving Suicide Audit and Learning

- An amended Memorandum of Understanding between the Cheshire Coroner's Office and Champs Public Health Collaborative now enables audits of suspected suicides dating back to the pre-pandemic period, improving retrospective learning and future prevention efforts.

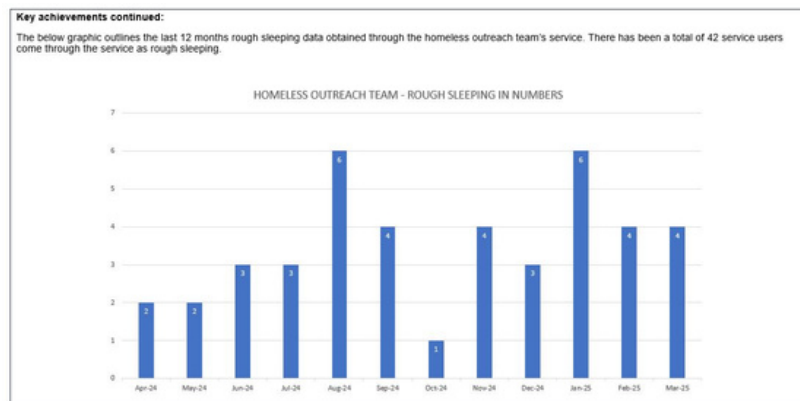
# Rough Sleeping and Mental Health

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). Liverpool was identified as a high need area for specialist mental health services for rough sleepers in Cheshire and Merseyside.

## Where we are now:

Over the past year the Homeless Outreach Team has provided specialist, trauma-informed mental-health support to 42 rough sleepers in Liverpool, one of the city's most vulnerable groups. Working hand-in-hand with housing, substance-misuse, primary-care, and VCSE partners, the team now offers on-street mental-health assessments and interventions, reducing access barriers.

This multi-agency approach has already helped several individuals move into stable accommodation with ongoing clinical support, while continued demand underlines the importance of sustained outreach. To keep pace, staff have completed additional training in trauma-informed and culturally competent practice, further enhancing engagement and care quality for people facing complex challenges.



# Gambling and Mental Health

## Programme Description

Liverpool was identified as one of 15 national sites to host a specialist NHS problem gambling clinic, established in collaboration with NHS England. The NHS Northern Gambling Service, which supports people across the North of England, now extends its offer to residents across Cheshire and Merseyside, providing vital treatment for those struggling with gambling addiction.

The NHS Northern Gambling Service, hosted by Leeds and Yorkshire Partnership NHS Foundation Trust, launched a satellite clinic in February 2024 in Liverpool. During 2024/25, the MH Programme team has worked with the Office for Health Improvement and Disparities (OHID) and public health colleagues to identify local activity being undertaken to address gambling harm. OHID, on behalf of the Government, is currently determining the structure of the statutory levy to fund prevention activity, which is expected to be operational within the current financial year, and fully implemented in 2026/27. Cheshire and Merseyside Directors of Public Health are discussing priority areas for prevention action at local, system and regional level.



# Mental Health Workforce Development

## Programme Description

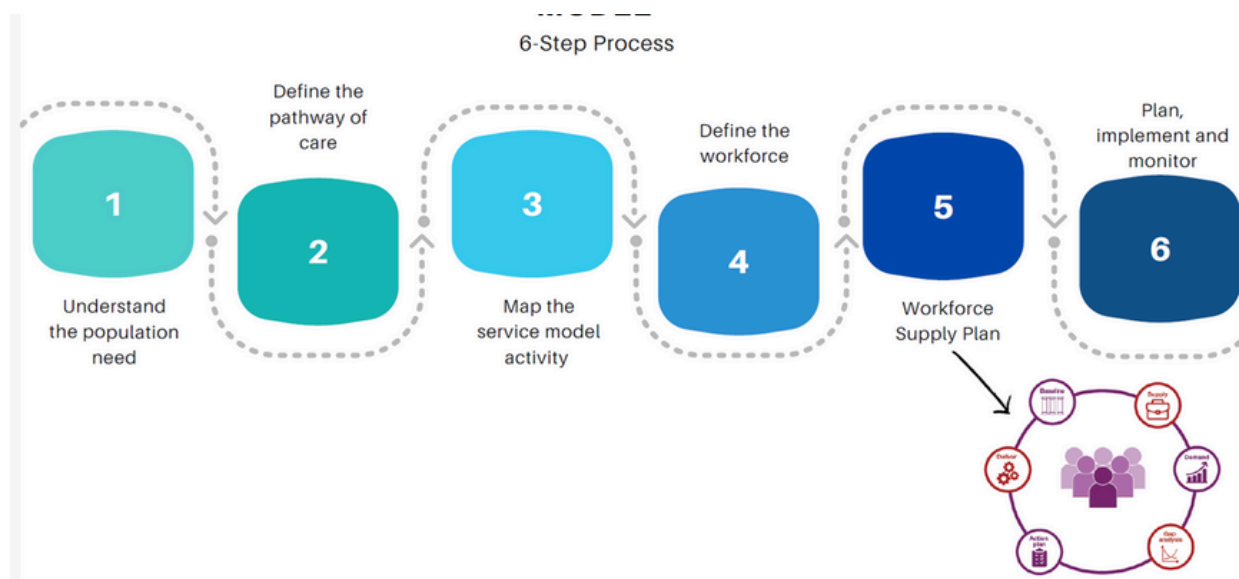
In Cheshire and Merseyside expansion of the mental health workforce at pace is challenging and this programme of work is seeking to support the system to attract, retain and expand its workforce in order to deliver the ambitions in the Long Term Plan, the identified priorities in the Long-Term Workforce Plan, 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.

## Where we are now

Cheshire and Merseyside now benefits from a well-established infrastructure to support the growth and development of the mental health workforce, delivered through a coordinated network of targeted workstreams. In 2024/25, the focus has been on setting clear priorities for workforce transformation. Central to this is the development and implementation of a new strategic approach that aligns service design and transformation with proactive workforce planning.

## The Cheshire and Merseyside mental health service and workforce modelling framework

This framework provides a long-term, strategic approach to identifying the workforce, both staff and volunteers, required to meet current and future demand for mental health and emotional wellbeing support. It helps determine who is needed, where, when, and with what skills and competencies, ensuring services are designed around the needs of the population.



The framework follows a six-step process to assess workforce supply and demand, and to develop targeted action plans to address identified gaps. This integrated and forward-thinking approach is critical to enabling Cheshire and Merseyside to inspire, attract, recruit, train, and retain the mental health workforce required to deliver high-quality, person-centred care.

## **Strategic Infrastructure and Leadership**

In 2024/25, Cheshire and Merseyside strengthened its approach to workforce transformation through the establishment of the Mental Health Workforce Development Group, supporting cross-sector collaboration on shared workforce challenges. Supporting this, a dedicated planning infrastructure was developed to focus on specific workstreams:

### **All Age Crisis**

- Workforce planning fully integrated into Education and Training Activity Plan (ETAP) processes
- Development of an optimum model of care and supporting workforce plan
- Design of a crisis workforce competency framework
- Delivery of a wellbeing and reflective practice framework
- Staff engagement and a provider workshop to shape future talent pipeline priorities

### **Talking Therapies**

- Application of the strategic workforce framework to revise the service specification and future workforce plan
- Establishment of a recruitment sub-group to support longer-term workforce supply
- Completion of a supervision audit to inform future capacity planning

### **Peer Support**

- Delivery of system-wide workshops to assess current practice
- Development of a Cheshire and Merseyside peer support framework to guide recruitment, training, and retention

### **Children and Young People**

- Creation of a toolkit to support implementation of the six-step model across CYP community mental health services, promoting consistency in workforce planning and delivery.

## **System Planning and Oversight**

System-wide coordination included:

- Completion of a Workforce Foundations Audit across all NHS Mental Health Provider Trusts
- Establishment of assurance and escalation processes to improve ICB-level transparency
- Support for the triangulation and oversight of local workforce operational plans
- Quality assurance of submitted planning data to ensure alignment with system priorities.

### **Education and Career Pathways**

To support long-term workforce sustainability, a partnership has been formed with all university psychology departments across Cheshire and Merseyside to co-develop a mental health careers programme, including career route maps for adult and children and young people's psychological professions. This is supported by the ongoing development of the multi-professional ETAP process, which now includes demand scoping, training needs analysis, and operational readiness briefings.

This year has also seen the foundations laid for a **Cheshire and Merseyside Mental Health Workforce Strategy**. This strategy will set out a system-wide approach to building a sustainable, skilled, and inclusive workforce. It aims to support service transformation by aligning workforce planning with service design, underpinned by five pillars: Inspire, Attract, Recruit, Train, Retain, and Reform.

Key priorities include:

- Expanding access to training and supervision across roles and sectors
- Strengthening career pathways, including new routes into the workforce (e.g., apprenticeships and peer support roles)
- Enhancing workforce planning infrastructure, with care group-specific planning groups and system-wide oversight
- Embedding the six-step workforce modelling framework to guide future workforce growth and design

The strategy aims to ensure the mental health workforce reflects the communities it serves and is equipped to meet current and future demand.

# Mental Health Data and Intelligence

## Programme Description

In alignment with the LTP, the National Digital Mental Health Priorities and National MHSDS Data Quality improvement plans, the focus of this programme has been driving improvements in data quality and the way in which Mental Health data is used, enhancing Mental Health Intelligence and Analytics and producing good quality information to drive performance.

Having high quality and timely data in the Mental Health Services Data Set (MHSDS), IAPT dataset and other Mental Health datasets is key to ensuring that the Cheshire and Merseyside system can rapidly demonstrate the delivery of mental health services, the extent to which they are meeting commitments set out in the Long Term Plan (LTP) and the needs of patients and local populations.

C&M recognises the importance of having high quality and timely data and the benefits of accurate and reliable reporting 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 C&M's Mental Health services.

## Where we are now

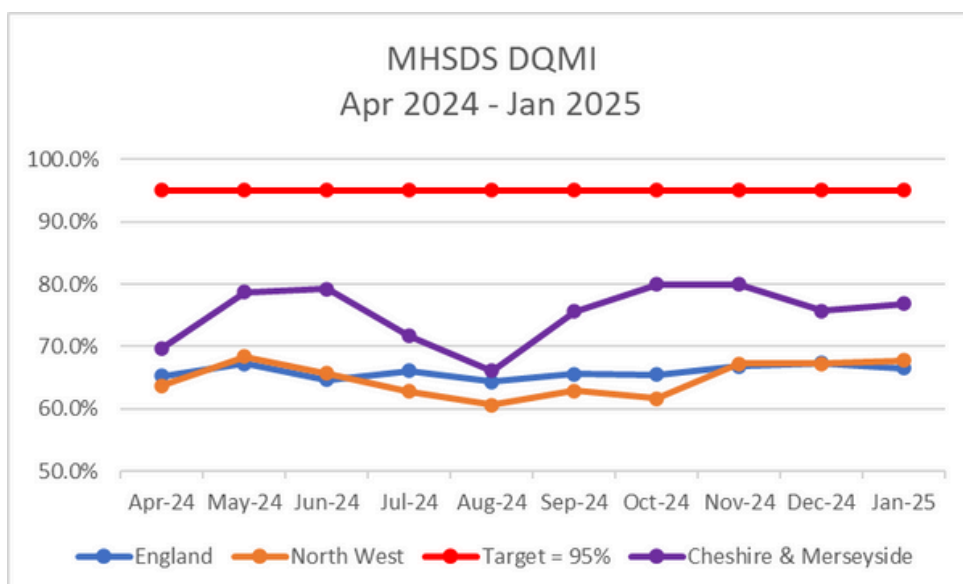
Cheshire and Merseyside has established a data rich and intelligence driven Mental Health system with high quality and timely data to inform service planning and development, commissioning and an understanding of patient outcomes. We also continue to improve the quality of data in line with the national ambitions set out for the Data Quality Key Performance Indicators.

Although Cheshire & Merseyside's MHSDS Data Quality Maturity Index (DQMI) score has remained below the 95% target throughout 2024/25, month on month our score has been above both the National and North West Region scores.

The system has made incremental improvements in Consistency from 69.0% in April 2024 to 88.0% in February 2025 but coverage remains a challenge. Our coverage score reflects the new services and methods of working that have been established across the system; we expect this to improve in 2025/26 as more VCFSE providers start capturing their activity through MHSDS.

We have maintained a consistent level of reporting in relation to both outcome measures and the number of care contacts recorded using SNOMED CT throughout the year, the latter of which is above the National average.

**MHSDS Data Quality (DQMI) Performance**  
(Apr 2024 – Jan 2025) - Tracking monthly DQMI scores against the 95% NHS England Standard





## Digital and Data Improvement

### MHSDS v6.0 Implementation

From April 2024, all in-scope NHS, third sector, and independent mental health providers across Cheshire and Merseyside adopted the new MHSDS v6.0 standards. This included updating data systems and improving data quality in line with the revised model, supporting increased reporting and performance accuracy.

### Data Quality as a System Enabler

Improving data quality is embedded across all mental health programme workstreams. A metric-focused approach is in place, targeting priority areas including Out of Area Placements, Talking Therapies, dementia diagnosis, CYP access, adult community mental health, perinatal care, physical health checks, and crisis access. These metrics help drive delivery against Long Term Plan and local targets.

### Inclusion of VCFSE Providers

Efforts have focused on onboarding non-NHS providers into national datasets. Support has been provided to register with ODS and SDCS Cloud, with digital maturity challenges addressed through pilot projects (e.g., Elemental CRM system for IPS services). These efforts will expand reporting capacity and accuracy in 2025/26.

### Improved Equity and Inpatient Data

Providers have taken steps to improve data on protected characteristics and inpatient care settings, contributing to equity monitoring and the Inpatient Quality Transformation Programme. Enhanced coding and reporting accuracy are supporting the development of Mental Health and Neurodevelopmental Resource Groups (MHNRGs) to support service development, benchmarking, planning and funding discussions.

### System Intelligence and Reporting

A regional Business Intelligence Portal shares key reports and dashboards, enabling more timely monitoring of service performance. Local and national tools (e.g., FutureNHS Core Data Pack) inform performance analysis and planning. Workforce dashboards now support triangulation of staffing, finance, and activity data to track system progress and investment.

### ICB Digital and Data Sub-Strategy for Mental Health

In 2024/25, the ICB launched a new Digital and Data Sub-Strategy for Mental Health, aligning digital investment with strategic priorities to enhance service efficiency, safety, and quality. The Mental Health Programme will continue to work with Cheshire and Merseyside digital leads to secure capacity and resource to progress transformation work and move from analogue to digital, as outlined in the new NHS 10 year plan.

### The five priorities for digital mental health development include:

1. Ensuring the digital basics are in place (e.g. through investment in digital and data infrastructure & Electronic Patient Records, as well as Information Governance, Cyber Security, Data Quality and Clinical Safety).
2. Enhancing data sharing across systems and organisations (e.g. through Shared Care Records, CIPHA pop health platform).
3. Improving how people get the support they need (e.g. through Patient Portals, NHS App, access to accredited apps).
4. Supporting the workforce to deliver the highest-quality care (e.g. through skills development, productivity & collaboration tools).
5. Embedding digital products and services into mental health pathways (e.g. adoption of remote monitoring platform & services).

# Specialised Provider Collaboratives

NHS-led Provider Collaboratives (LPCs) are transforming how care is commissioned and delivered for people with complex mental health needs. These collaboratives bring together NHS providers and partners to lead the commissioning and quality assurance of specialised services. The model shifts decision-making closer to service users, enables more tailored care pathways, and allows providers to reinvest savings into service improvements.

## **LEVEL UP: Adolescent Inpatient Services (tier 4)**

LEVEL UP, led by Cheshire and Wirral Partnership NHS Foundation Trust (CWP), commissions all specialised CAMHS inpatient services for 13–18-year-olds across Cheshire and Merseyside, alongside partners Priory Healthcare and Cygnet Health Care. Key outcomes since April 2022:

- 55% reduction in average inpatient stay
- 75% reduction in out-of-area placements
- Fewer delayed discharges

## **EMPOWERED: Adult Eating Disorder Services**

EMPOWERED, also led by CWP with Priory as a partner, oversees adult inpatient eating disorder care across the North West. Key achievements include:

- 15% reduction in inpatient stay
- 23% reduction in out-of-area care
- Improved discharge processes and reduced delays

## **HELIX: Perinatal Mental Health Services**

HELIX will launch in autumn 2025 as the LPC for specialist perinatal mental health care across Cheshire and Merseyside. Its focus will be on delivering equitable, high-quality, and consistent services for mothers and families.

## **PROSPECT: Secure Services and Forensic Pathways**

PROSPECT, led by Mersey Care NHS Foundation Trust with partners CWP and Elysium Healthcare, has managed adult low/medium secure services and forensic pathways since November 2021. Key outcomes include:

- 50% reduction in medium secure unit male waiting lists
- 43 fewer secure beds in use (23 fewer in the independent sector)
- Out-of-region placements reduced from 12 to 8
- 10-month reduction in long-stay lengths of stay

## **Experts by Experience**

All LPCs embed lived experience through formal experts by experience programmes, with individuals co-producing service priorities, training, and commissioning decisions.

EmpowerED, Adult Eating Disorders, Lead Provider Collaborative (LPC), North West, led by Cheshire and Wirral Partnership NHS Foundation Trust (CWP), won the prestigious national award ‘Patient Contribution – Group or Organisation’ at the Patient Experience Network Awards 2024 (PENNA).

The PENNA awards honor outstanding achievements and best practices in patient experience across the health and social care sectors. EmpowerED has been recognised for its dedication to transforming patient care pathways, reducing variations in care, and fostering collaboration among stakeholders to provide person-centred care in the mental health sector.

## **Looking Ahead**

The four LPCs—LEVEL UP, EMPOWERED, PROSPECT, and soon HELIX, are leading a shift to more local, integrated, and outcome-focused mental health care. As commissioning continues to devolve, these collaboratives will be central to redesigning specialist services and improving the lives of people across Cheshire and Merseyside.

