

Report To: STRATEGIC COMMISSIONING BOARD

Date: 25 July 2018

Executive Member/Reporting Officer: Jessica Williams, Interim Director of Commissioning

Subject: CHILDREN AND YOUNG PEOPLE'S (CYP) EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN (LTP) UPDATE

Report Summary: The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015 and assured at the end of 2015/16 through NHS England. There is a requirement for the LTP to be refreshed on an annual basis to reflect local progress and further ambitions. The report details the refresh of the LTPs and is seen by NSH England as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.

Recommendations Strategic Commissioning Board is asked to note the progress outlined in the plan and agree the financial investment to support the plan as detailed for allocated and unallocated spend against the total funding of £931,000 for 2018/19.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	£931k 2018/19	-	-	£931k 2018/19
Total	£931k	-	-	£931k

Section 75 - £'000 Decision: SCB	As set out in table 1 of the report, the CCG receives an earmarked allocation in relation to LTP. This is £931k in 2018/19 rising to £1,136k over the next 3 years. This spend is subject to external scrutiny and audit to ensure the money is spent as in accordance with agreed criteria. The CCG would be at risk of losing this allocation if it is not spent in line with external expectations.
---	--

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

The plan below sets out projected spend which meets external expenditure criteria.

In 19/20, projected spend is £9k higher than the allocation and there is no budget in place to fund additional spend. But the impact of this pressure is more than 12 months in the future and the value is low in terms of materiality. Therefore it should be possible to review plans to mitigate this risk without materially impacting upon operational delivery.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

It will be important for spend to be monitored against outcome to ensure both compliance with the public law duty to the public purse and an understanding of the effectiveness of the plans on improvement to the health and wellbeing of the vulnerable persons they seek to help.

**What is the evidence base for
this recommendation?**

Children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups of all over the next 5 years. Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester. Current prevalence of need estimates that one in ten children aged 5 to 16 years has a diagnosable mental health problem. At present, only 25% of them receive specialist intervention. However, as per the Five Year Forward View for Mental Health, the proportion of children and young people receiving specialist intervention should rise to 35% by 2020/21 with an expected significant expansion in access to high-quality mental health care for children and young people.

**Is this recommendation
aligned to NICE guidance or
other clinical best practice?**

The delivery of the LTP sets out the requirements as detailed in Future In Mind published in March 2015 and the Five Year Forward View for Mental Health published February 2016.

**How will this impact upon the
quality of care received by the
patient?**

The LTP embeds the following aims in order to deliver a seamless service:


- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
- To ensure children, young people and families have:
 - Access to timely and appropriate information and support from pregnancy to adulthood;
 - Clearly signposted routes to support, including specialist CAMHS;
 - An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate;
 - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are).

**Recommendations of the
Health and Care Advisory
Group:**

The Health and Care Advisory Group supports the signing off of the LTP, including the investment requested. GPs were impressed at the progress and recognised the significant improvements in services in the past three years.

Access to Information :

The background papers relating to this report can be inspected by contacting, Pat McKelvey

 Telephone: 07792 060411

 e-mail: pat.mckelvey@nhs.net

1. EXECUTIVE SUMMARY

- 1.1 The LTP refresh report sets the ongoing achievements realised from the onset of the original plan in 2015/16. The report also details a number of actions identified for 2018/19 to continue the transformation and improved outcomes for children and young people with mental health problems in line with Future in Mind and the Five Year Forward View for Mental Health published February 2016.
- 1.2 The LTP report also details the proposed financial plan to support the national delivery of extra capacity and capability whilst also giving access to high-quality mental health care for children and young people.

2. BACKGROUND

- 2.1 The report update continues the emphasis for joined up provision and commissioning for the delivery of the proposals as set out in Future in Mind published in March 2015. The proposals set out a series of transformation and improved outcomes for children and young people with mental health problems which were further endorsed by the Five Year Forward View for Mental Health published February 2016.
- 2.2 The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015. This included reference to how local areas would deliver the national ambition through extra capacity and capability in relation to new funds agreed by NHS England (NHSE) announced in the Autumn Statement 2014 and Spring Budget 2015.
- 2.3 LTP's require active engagement led by Clinical Commissioning Groups (CCG'S) working with all stakeholders. Government and national public interest surrounding children and young people's Mental Health ensures that robust assurance and auditing remains in place; with additional scrutiny from Greater Manchester Health and Social Care Partnership.

3. INTRODUCTION

- 3.1 The LTPs are 'living' documents that need to be refreshed as required and delivered through action plans for the 5 year life span of the programme. In support of this at the start of 2016 CCGs were advised of rising baseline funding for the next five years for implementing Future in Mind and the Five Year Forward View for Mental Health; providing the assurance and confidence for commissioning of increased resources to improve capacity and capability of LTPs.
- 3.2 Our LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE bespoke process, with a view to align in 16/17 with mainstream CCG planning and assurances cycles. An update was published in November 2017.
- 3.3 The refresh of the LTP reflects the local progress and further ambition going forward for 2018/19 and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended.

4. TRANSPARENCY AND GOVERNANCE

- 4.1 Following the initial implementation of the Transformation Programme Board for Children and Young People's Emotional Wellbeing and Mental Health, work has continued, through a number of subgroups. The aim of these groups has been to agree a number of overall high level objectives and key tasks with action plans and timelines for implementation.

- 4.2 Governance structures are maturing ensuring we fully realise the benefits of the additional investment agreed by the CCG/Strategic Commission. At GM CYP MH Programme and implementation plan has been developed. The delivery of this is being overseen by the GM CYP Mental Health Board, which in turn reports into the GM MH Programme Delivery Board and overseen by GM Joint Commissioning Board (GM JCB).

5. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

- 5.1 Tameside and Glossop continue to undertake a variety of engagement activities with CYP to inform the development of its LTP. The original 'I Statements', developed by children, young people and their families in 2016 remain at the core of all commissioning and outcome monitoring:-

Figure 1: The Voice of the Child I statements

1. *I should be listened to, given time to tell my story and feel like what I say matters.*
2. *I want my situation to be treated sensitively and I should be respected and not feel judged.*
3. *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
4. *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
5. *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
6. *I want my friends, family and those close to me to understand the issues so that we can support each other.*
7. *I want clear and up to date detailed information about the services that I can access.*
8. *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
9. *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

- 5.2 Future in Mind sets out a clear rationale that;

"All services give you the **opportunity to set your own treatment goals** and will **monitor with you how things are going**. If things aren't going well, the team providing your care will work with you to make changes to achieve your goals. You have the **opportunity to shape the services you receive**. That means **listening to your experience of your care**, how this fits with your life and **how you would like services to work with you**. It means giving you and those who care for you the **opportunity to feedback and make suggestions** about the way services are provided".

- 5.3 With the points above in mind, work to incorporate outcome led commissioning has enabled emerging and growing evidence indicating that services are:

- establishing good therapeutic alliance – vital in helping recovery;
- helping CYPF to recover together and demonstrating effective services;
- aiding CYPF to progress towards their self-identified goals;
- offering a positive experience according to CYP and parent feedback through a range of Routine Outcome Measures (ROM) – Experience of Service Questionnaire (ESQ), Young Child Outcome Rating (YCOR), Young Child Session Rating Scale (YCSRS), Goal Based Outcome (GBO).

- 5.4 We have established whole system outcome monitoring, working in partnership with Child Outcome Research Consortium. Data is being collected by all providers, using pertinent outcome measures. An example of the report can be found in the **Appendix**.
- 5.5 Throughout 2017/18, Action Together have further developed work around the voice of the child establishing a young people's emotional wellbeing voice and influence forum. The forum has worked alongside Tameside Youth Council and Tameside Children in Care Council to develop a Voice of the Child Strategy for the wider Tameside Partnership.

6. LEVEL OF AMBITION

- 6.1 As detailed above, our LTP has been structured in line with the five priority areas set out in the Future in Minds and the Five Year Forward View for Mental Health. Our ambition is for a children and young people's emotional wellbeing and mental health system that is truly personalised, joined up, supports all children and young people to stay well and provides the very best support and care when and where they need it.
- 6.2 It is expected that by 2020/21, there is a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year nationally will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. The expectation in Tameside and Glossop is as follows:-

Objective	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receives treatment from an NHS-funded community MH service	30%	32%	34%	35%
National Target- No. of additional CYP treated over 2014/5 baseline	35,000	49,000	63,000	70,000
Tameside and Glossop Target - No. of additional CYP treated over 2014/5 baseline	Awaiting Data			

- 6.3 Our ambition, through working collectively to create an integrated system requires the following aims to be achieved and embedded in order to deliver a seamless service:
- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
 - To ensure children, young people and families have:
 - Access to timely and appropriate information and support from pregnancy to adulthood;
 - Clearly signposted routes to support, including specialist CAMHS;
 - An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate;
 - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are);
 - Timely access to this support that is as close to home as possible.
- 6.4 Maximising success is a key driver in delivering success at Greater Manchester level which recognises the need to improve access and partnership working through an integrated whole system approach to meeting the emotional and mental health needs of children and young people.

- 6.5 This is a five year programme of change and our successes to date should be viewed as the start of a longer planning process with subsequent year on year updated action plans to follow; ensuring a phased approach that addresses not just system changes, but also develops the culture for sustainability and learning.
- 6.6 Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in Future in Mind but also changes the model of care for CAMHS to the Thrive model fully incorporating universal, community and voluntary sector provision, and also the pace and volume of supporting activity required to make this happen. Our plan includes a mix of redesign, underpinned by the transformational restructure of our specialist Healthy Young Minds (CAMHS) service, and additional investment to increase capacity in specific pathways and services such as Eating Disorders and Neurodevelopmental conditions (ADHD and ASC). Details of all investment areas are provided in the finance section.
- 6.7 These investments have reduced waiting times and enabled the wider offer for this client group in partnership with Paediatric services (if no co morbidity of mental health needs) and education. Those with other identified mental health needs are seen and held by Healthy Young Minds through the offer of post diagnosis parenting support/ workshops.
- 6.8 Within Healthy Young Minds, all care pathways have been redeveloped and aligned to the Thrive model. This has ensured that further development of close working alliances with our partner agencies remains crucial to ensure that care is coordinated and comprehensive across all levels of need.
- 6.9 While last year's nationally mandated priority was for the design, development and delivery of extended specialist Eating Disorder Teams for children and young people (which we have delivered), this year's focus is on ensuring 'Better Crisis Care support'.

7. WHERE ARE WE NOW (APRIL 2018 UPDATE)

- 7.1 **Access** – Improving access to mental health support for children and young people is at the heart of our LTP ambition, with transformation money being invested to ensure far more children with a diagnosable mental health condition will get support where and when they need it. At a CCG level and Greater Manchester STP level we are aware that the data quality reported through MHSDS does not reflect the completeness of the activity taking place. The known reasons for discrepancies in the data being submitted centre around the difficulties and complexities with the submission of data to the MHSDS capturing all NHS funded activity that should also include the Voluntary, Community and Social Enterprise (VCSE) sector, education settings and paediatrics. As such locally we are confident that as a locality we reaching the required access target our lined in the Five Year Forward View (outline in 5.2). However this needs to be captured (evidenced) through the MHSDS.
- 7.2 **Referrals** - The number of referrals for part year 2017/2018 (February) were 1439 and those accepted for Healthy Young Minds were 747. A further 316 referrals were picked up by partner agencies from Single Point of Entry (SPOE). The current wait times to first meeting have reduced to an average of less than 6 weeks for a first appointment and there is less than 2% which have exceeded the 18 week target which have been due to delays in getting further information to enable an informed decision being made.

VCSE organisations attendance at the Single Point of Entry is a significant development. Sharing information and knowledge as equal partners has helped to break down barriers and has forged new partnerships and helped to develop new levels of trust and cooperation. As partners we have been able to respond in a multi-disciplinary way, offering young people and families a wider range of options to enable them to get the most appropriate types and levels of support.

7.3 **Data Quality** - Improvement actions for reducing variation and improving data quality and completeness have been instigated. Under the improvement plan 4 phases/domains are identified:

- Phase 1: NHS CAMHS Provider Assurance;
- Phase 2: Commissioning Review;
- Phase 3: VSCE Reporting;
- Phase 4: Other NHS Provider Reporting (e.g. Paediatrics).

To date work is underway under phase 1 and 2 that has included participating in GM wide data masterclass, which was supported by NHS Improvement's Intensive Support Team (IST). In addition, actions are being worked through to improve the reporting on to the MHSDS by providers and the CCG with a GM CYP mental Health data group established to support this work. A single pan-GM commissioning outcomes and performance framework has been developed based on the work initiated in Tameside and Glossop, which will be implemented from the 1st April 2018. This will enable coherence in the information to be collated locally and reported at a whole system level. Through our LTP Business Intelligence is being enhanced to enable from April 2018 a review of VSCE activity and establish its reporting, which will further support improved data quality completeness.

7.4 **Waiting times** - Reducing waiting times was identified in the LTP as a key priority for 2017 and beyond. Moving to a Single Point of Access (SPOE) where all referrals to HYM are reviewed by a multi-disciplinary and multi-agency team which includes representation from local 3rd sector representatives, Local authority and education this has resulted in a reduction in those referrals that would have not been accepted or an instruction "you need to refer to another service" it has aided partnership relations and reduced waiting times for a response to individuals requiring a service therefore offering the right support in the right place within a timely manner. These responses are fully integrating the Thrive model approach of support / response to the presenting needs.

7.5 **Growth in Specialist CAMHS** - In order to sustain delivering increased timely access to mental health services a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), GM as an Sustainability and Transformation Planning area has been asked to submit returns to NHS England / Health Education England on how we are planning to grow the mental health workforce to enable us to deliver the Five Year Forward View for Mental Health objectives. Our Tameside and Glossop LTP year on year has realised this aspect with an uplift in the specialist Healthy Young Minds workforce from 23.7 full time equivalent (FTE) in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year) and in 2017/18 34.5 FTE (a 0.66 increase on baseline year). This is a total of 45.6% increase.

CYP Workforce Expansion 2016-2021	Medical	N&M	AHP (STT)	Total Clinical
Tameside & Glossop (8.3%)	0.7 FTE	5.4 FTE	3.1 FTE	9.2 FTE

7.6 **Growth in Community Services** - Key community and voluntary sector providers continue to support the delivery of The Getting Help (Coping) element of the Thrive Model. This steering group continues to align and review its priorities outlined as follows:

- CYP Voice: Raise the profile of those services who are providing mental health support - who can help;
- CYP Voice: Let us know who can help;

- Continuation of the engagement of Children, Young People and Families in the co-production of the CAMHS Service to ensure the Voice of the Child is embedded;
- Continuation of drop-in/open access support from Third Sector organisations, before during and after treatment;
- Ensure promotion of mental health and emotional wellbeing through tackling stigma campaigns, workshops and local events (e.g. World Mental Health Day).

7.7 Work in this area has included the addition of a website www.youandyourmind.co.uk offering access to local and national support as well as including self-help tools for children and young people. The site was developed by a group of local young people the “Jury Riggers” who won Tameside Hack 2017, a 2 day coding competition for 12-18 year olds. The group have worked collaboratively with Public Health, Tameside MBC Employment and Skills and third sector organisations to ensure the implementation and promotion of the website and to ensure that the meaningful engagement and involvement of young people who use emotional wellbeing services has influenced the development and implementation of the website.

7.8 Also within the ‘Coping’ offer, ‘The Talk Shop’ has continued to grow. The Talk Shop is a collaborative drop in service for children, young people and their families with Off The Record, Healthy Young Minds and The Anthony Seddon Fund. This runs in partnership with ‘The Hive’ coordinated by TOG Mind.

The Talk Shop offers families and carers support, advice and advocacy. Young people can access face to face counselling, brief intervention counselling and a range of activities, including drama and art workshops. Parents, carers and other agencies can meet and get advice from a Healthy Young Minds manager. This has helped to breakdown a number of barriers. Young people at the Talk Shop are developing a young people’s emotional wellbeing forum, this is being delivered by the Anthony Seddon Fund.

The Hive is a children, young people and families emotional wellbeing hub, services available from the hub include:

- Weekly Drop-in sessions - CYP can attend as one-off appointment to find out about our services or other services available within the area or can attend whilst they are waiting to access a service if their situation changes and then need some immediate support.
- 1-1 early intervention sessions - This facilitated self-help service support CYP to work on specific issues such as anxiety, low mood, and anger.
- Group psychoeducational courses- Specific issues are addressed with interactive activities, promoting peer support.
- Family wellbeing activities - Workshops delivered within the café space at our wellbeing centre include specific cooking sessions, creative/arts & crafts activities such as mindfulness colouring, parent information sessions.
- Counselling - Time-based counselling sessions for young people needing higher clinical support to address specific issue, up to 8 sessions offered.
- Hive Hosts - The wellbeing centre supports other voluntary sector groups to deliver young people’s services within available spaces at the centre.

The Action learning Sets are run in collaboration by Healthy Young Minds and Off The Record. It is a process of learning and reflection, supported by a small group or ‘set’ of people with the intention of moving work issues forward. Individuals learn with and from each other by working on their own particular situations and reflecting on their experience. The sets are open to the children and young people’s mental health and wellbeing workforce. To date, three Actions Learning Sets have been completed successfully and they have attracted an eclectic group of professionals, including; Head Teachers, Teachers, Commissioners, School Pastoral Managers, Careers Officers, Early Years Workers and managers from the Voluntary Sector. Feedback from professionals attending the sets has been very positive.

Off The Record's Time-2-Talk project provides counselling and group work support for young people who are the victims of Child Sexual Exploitation and Sexual Abuse in Tameside. Off The Record has developed a partnership with the Police and the Phoenix Team to ensure young people and their families have access to emotional support. This project has attracted national research funding from the NSPCC in partnership with the Anna Freud Centre.

7.9 Working with Schools - Tameside and Glossop was selected in 2016 as a national pilot site by the Department for Education and NHSE to test the named CAMHS school link scheme expressed in Future in Minds.

In addition to the school link, a programme is in place to support Tameside schools to implementation and sustain a whole school approach to emotional health and wellbeing. This programme is known as the Emotional Health and Wellbeing Consultancy delivered by TOG Mind (commissioned by Tameside Population Health). The consultancy programme offers tailored and flexible support to the school including:

- Emotional Wellbeing and Mental Health asset-based assessment.
- Pupil, parent and staff survey distribution, evaluation and feedback summary.
- Interactive strategy session with senior staff to review finding of the two above.
- Bespoke support package addressing specific needs and key actions to the school's tailored plan.
- Additional two support or training sessions available to support implementation of the model, this could include specific skills training for select staff.

Schools working on the consultancy programme have the opportunity to seek the nationally recognised AcSEED Award, a quality assurance mark presented to schools that have made a substantial effort to support the mental health of their students. The first school in Tameside and Greater Manchester was award May 2018. So far 25 schools have and are accessed the programme.

7.10 **Workforce Training** - The development of a local training ladder and a programme of e-learning and face to face training hosted by Tameside Safeguarding Children's Board from April 2017 has included a Youth Mental Health First Aid Course delivered by Tameside and Glossop Mind. The course is delivered to workers from across the sector with the aim of the developing people's knowledge and understanding to best support young people with a mental health problem. Delivery is on target to facilitate 8 courses in 2017/18 and has offered 135 places exceeding a target of 128.

Table1: Evaluation of Youth Mental First Aid Course based on 94 Responses

	Improved	Maintained	Declined
Participants personal confidence of how best to support young people with a mental health problem	100%	0%	0%
Participants knowledge of understanding of how best to support young people with a mental health problem	100%	0%	0%

7.11 **Eating Disorder Provision** The launch of the new innovative South Sector Hub Community Eating Disorders Service (CEDS) covering Tameside and Glossop was launched in November 2017.

7.12 The continued development and expansion of this service has delivered the following;

- Planned homebased treatment for young people aged under 16 years;
- Ongoing support sessions and workshops to young people aged 14 years and above and families/carers where appropriate;
- Parent support groups for all ages across CEDS and HYM referral routes;
- Partnership work with the eating disorder charity B-eat delivering training to those agencies in contact with young people and an ambassador role ;
- An identified eating disorders champion across HYM and CEDS collaborating bi- monthly case support through a Junior Marzipan Meeting;
- Offer seven day triage for 16-18 year olds;
- Further develop close working arrangements with a range of support services from the third sector;
- Completion of 16 days National Eating Disorder Training by the staff team.

7.13 **Parent Infant Mental Health** Through the LTP the Parent Infant Mental Health pathway has been reviewed in line with national developments, including NICE Guidance on Ante and Postnatal Mental Health and has been mapped to the Thrive model. The pathway in Tameside and Glossop includes a strategic network involving all stakeholders to ensure the functioning of a whole service pathway and to allow for development and innovation as new evidence arises.

7.14 It is recognised that intervening early and maximising the impact of change in the first 1001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Parental mental health is also a significant factor for children entering the care system. Children's social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.

7.15 Parent Infant Mental Health support continues to develop through the LTP as follows;

- a Vulnerable Families post delivering a partnership approach between Early Attachment Services (EAS) and Children's Social Care. The post prioritises families on the edge of care where there are risks of a second child being taken into care and an overarching women's group for this cohort.
- a Parent Infant Mental Health Coordinator based in Home-Start working collaboratively with services, volunteers and families to promote the importance of the parent-infant relationship during the 0-2 period.
- A 1001 Critical Days Action Plan is being taken forward across Adult Mental Health Services.

7.16 The strength of parent infant services comes from the delivery of a coordinated approach through shared practices and training across a specialist team of clinical and other practitioners and volunteers in recognising the significance of the relationship between parents and their infant. The Tameside and Glossop model is being rolled out across Greater Manchester.

8. 2018 PRIORITIES AND BEYOND

8.1 The NHS Operational Planning and Contracting Guidance 2017-2019 has set out three national mandates for CCGs to:

- increase access to high quality mental health services for an additional 70,000 children and young people per year. As such local transformation plans need to deliver expanding access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19).

- deliver community eating disorder teams for children and young people to meet access and waiting time standards.
- increase access to evidence-based specialist perinatal mental health care.

8.2 Tameside and Glossop, as an early adopter of the Thrive model has shared its learning with GM where the application of this model will also be applied from 2017. There will be a commitment to the continued rollout and embedding of the Thrive Model for CAMHS across a whole system approach to improving access to information, guidance, advice and high quality treatment.

8.3 **Community Eating Disorder Service** - The CEDS has a number of priority developments going forward since its launch in 2017. The main areas are; building links with schools and colleges, working closely with HYM for young people under 18 with complex needs, embedding family based treatment and training through a designated post and identifying clear paediatric protocols with partner teams and agencies.

8.4 **Parent Infant Mental Health** – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop in late 2018 we will review the integrated PIMH pathway.

8.5 **CYP access to care in a crisis** – new crisis services are being developed at a GM level and as a result the support required at the local hospital, Tameside and Glossop Integrated Care Foundation Trust, will change over the next three years. We will integrate existing HS, RAID and paediatric resources in line with the GM developments, thereby ensuring appropriate mental health support within the Locality.

8.6 **Transforming Care** for CYP with a learning disability and or autism and mental health needs:

- Early Intervention – a small keyworker service will be piloted to work with children under the age of 7 and their families.
- Training – positive behaviour support training for parents and staff will be rolled out across the system.
- Dynamic Register – multi-agency planning for CYP who require additional support.

8.7 The CYP's Improved Access to Psychological Therapies (IAPT) programme sets out the need to increase and improve workforce skills in terms of those trained in therapeutic interventions. The aim is to have an additional 3,400 by 2021. To strengthen this offer locally and in order to meet projected increases in demands for services, the indicative schedule of IAPT training will be as follows;

8.8 **Oversight** - To ensure the transformation plan and its delivery has a focus on the whole system, building stronger and robust relationships between partners across all sectors. This will be achieved through a refresh of the Oversight Board and action plan.

9. GREATER MANCHESTER STRATEGIC PLANS TO IMPROVE CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES

9.1 Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

9.2 Devolution has enabled Greater Manchester to collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in transforming mental health services for children and young people living in Greater Manchester.

9.3 Greater Manchester has developed an all age Mental Health and Wellbeing Strategy that provides a framework to support the transformation of Children and Young People's mental health at a Local Transformation Partnership level and across the wider Greater Manchester Footprint.

9.4 The Greater Manchester strategy focuses on:

- **Prevention** - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
- **Access** – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.
- **Integration** - many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.
- **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health. The Greater Manchester Mental Health Strategy can be viewed at:

www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester-mental_health_strategy

Collaborative Commissioning across Greater Manchester

9.5 Following the publishing of Future in Mind a collaborative approach to the commissioning and delivery of CYP mental health services across all 10 of GM's Local Authorities / CCGs has been established. This collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester. Working together CCGs / Local Authorities are delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improved as a result of an implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.

Greater Manchester Programmes

9.6 The Greater Manchester Health and Social Care Partnership has made £60m available to support Greater Manchester's Local Transformation Partnerships to implement a three year cross sector system transformation programme that is characterised by:

- The development of a single Greater Manchester **Children and Young Person's mental health specification** and a single outcomes and performance framework that will be adopted by all providers of GM's CYP's mental health services. To be implemented from 1 April 2018.
- The ongoing implementation of **GM ADHD and Community Eating Disorder** standards across all of GM's 10 localities.
- The development of a **GM iTHRIVE Training Academy** that will, using an Organisational Development model, support all 10 Local Transformation Partnerships to develop models of care that are informed by the THRIVE framework which in turn will enable improved access to services for children and young people who require support advice and help.
- The development of a **GM wide Crisis Support offer** that will support an extended offer from community mental health services and includes:

- 24/7 CAMHS Medical On Call rota;
 - All Age RAID (Rapid Assessment Interface and Discharge) – all children and young people presenting at A&E departments within Greater Manchester will receive timely mental health assessments 24/7 and within 2 hours of a child/young person being admitted;
 - Four Rapid Response Teams (Crisis Care and Home Treatment Teams) that by 2021 will be available 24/7;
 - Safe Zones (to be commissioned from the voluntary sector) and three 72 hour Crisis Beds for children and young people experiencing an emotional or psychiatric crisis to stabilise/prevent deterioration;
 - A GM inpatient Assessment and Inreach Centre – the centre will support decision making relating to admissions and facilitate more informed discharge planning leading to improved patient safety and experience of care;
 - As part of an integrated crisis care and inpatient care offer “Care Closer to Home” agreement has been reached with NHSE to collaborate with Greater Manchester Commissioning Hub to develop GM place based commissioning arrangements for inpatient mental health provision within Greater Manchester. This has resulted in agreement for three inpatient beds to be reallocated as 72 hours crisis care beds to support the crisis care pathway.
- **A GM wide mental health support in schools pilot.** Lessons learned will be shared across all 10 Local Transformation Partnership and build on a range of education settings mental health support work that has already begun in each local authority area.
 - A GM wide development programme to support **Further Education Colleges** to be better able to understand and respond to the impact of Adverse Childhood Experiences and Trauma on staff and students
 - The development of GM standards (to be implemented locally) to support the mental health needs of identified **vulnerable groups** (not an exclusive list) including:
 - Looked After Children those adopted and Care Leavers;
 - Young people involved with the Youth Justice System;
 - Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). We will build on the standards developed for ADHD to include ASD, with a view to developing commissioning recommendations and guidance for neurodevelopment disorders;
 - Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual (LGBTQIA);
 - Children and young people with Learning Disabilities;
 - Young Carers (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem);
 - Children and young people with chronic physical health problems;
 - Children and young people who originate from Greater Manchester’s Black and Minority Ethnic Communities;
 - Children and young people who have experienced abuse neglect and trauma including those who have experienced CSE.
 - **Transition services** for young people moving from CYP mental health services to adult mental health services. The development of processes and protocols will be informed by the learning gained from two pilot projects up lifting ADHD and Community Eating Disorders to a young person’s 25th birthday. All of GM’s 10 Local Transformation Partnerships will support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to achieve the above objectives.

- **Perinatal and Infant Mental Health Services**

GM service components:

- Improving access to Parent Infant IAPT services;
 - Develop GM standards;
 - Options appraisal of different models of care;
 - Develop business case detail as required
 - Developing elements for inclusion in IAPT Service Spec (with performance and outcomes framework);
 - Parent Infant Mental Health Services across GM;
 - Draft a Business Case for CCGs to use;
 - Develop GM standards;
 - Developing a GM PIMH Service Spec (with performance & outcomes framework);
 - Offer support to localities to take interagency PIMH developments forward;
 - Developing a PIMH training ladder.
- **Workforce Development** - the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce. A whole GM CYP mental health system skills audit that maps onto the iTHRIVE framework is underway, and the outcomes will be utilised to contribute to the planning of the whole GM children and young person's workforce planning. Local Transformation Partnerships have agreed to collaborate to ensure that the workforce will grow to meet the planned increase of young people accessing specialist services
 - **Youth Justice** – discussions are underway to develop a place based commissioning model of extended support for GM's Youth Justice Service. It is proposed that additional capacity is made available to recruit staff to coordinate and support joint working between GM's Youth Offending Services, Children and Young Person's mental health services and GM's Integrated Health in Custody and Wider Liaison and Diversion Service to better: promote development of early recognition; improve communication between agencies; promote continuity of care and review pathways.
 - **GM's Trauma / Resilience Hub** – set up to support those children, young people and families who were affected by the terror attack in Greater Manchester, and options are being considered to determine the legacy arrangements for this highly effective model. A range of options have been developed to support the ongoing function of the Hub to enable a Greater Manchester trauma service, supporting any child, young person or family who has experienced trauma, for example, families coming into Greater Manchester seeking asylum, being established.

10. 2017-2020 FINANCE PLAN

- 10.1 The assurance of the LTP has ensured additional money for the CCG to support delivery and redesign of children and young people's mental health provision. The refresh of the LTPs – and its publication - is seen by NSH England as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.
- 10.2 The table below outlines the NHS England funding received by the CCG to assist in the delivery of the LTP in supporting the assurance that the additional money is delivering the redesign of children and young people's mental health provision through the recommended programme to take forward till 2020.

Table 1: Draft LTP Funding and Recommend Allocation

NHS T&G CCG LTP Funding	2018/19*	2019/20	2020/21	2021/22
NHS Tameside and Glossop CCG LTP Income	141,000	141,000	141,000	141,000
Community Eating Disorders (CED)	790,000	883,000	995,000	995,000
Local Transformation Funding				
Total LTP Income	931,000	1,024,000	1,136,000	1,136,000
Core Programme:				
Community Eating Disorders (PCFT)	141,000	141,000	141,000	141,000
Parent Infant MH	40,000	40,000	40,000	40,000
Neurodevelopmental pathway	128,547	151,343	151,343	151,343
Looked After Children	104,009	104,009	104,009	104,009
Neighbourhoods and Schools	134,709	134,709	134,709	134,709
Improving Access - 42nd St	49,500	49,500	49,500	49,500
HYM YOS Forensic & Transition	51,575	51,575	51,575	51,575
CVS - CYP/Service User Fora (Action Together)	3,000	3,000	3,000	3,000
CVS - Thrive Navigator Coordinator	14,500	14,500	14,500	14,500
All Age RAID (PCFT)	28,076	56,151	56,151	56,151
Transforming Care - Early intervention	25,678	45,593	45,593	45,593
Transforming Care - Positive Behaviour Support training NR	16,000	0	0	0
CYP IAPT Trainees	50,281	87,975	43,647	9,459
CVS - MH First Aid Training	4,350	0	0	0
Improving Access - parent child drop-in's	25,000	25,000	25,000	25,000
Improving Access - data collection	7,599	7,599	7,599	7,599
Neighbourhood and Schools - expansion	22,797	91,186	91,186	91,186
HYM Psychiatrist FTE 0.33	30,455	30,455	30,455	30,455
<i>Currently unallocated but subject to future SLT approval when schemes are known</i>	<i>53,925</i>	<i>0</i>	<i>146,733</i>	<i>180,921</i>
Total Expenditure	931,000	1,033,595	1,136,000	1,136,000
<i>Funding to be Identified</i>	<i>0</i>	<i>9,595</i>	<i>0</i>	<i>0</i>

*2018/19 includes schemes for which an estimated start date has been included. Therefore subject to change.

10.3 In order to further support the delivery of the LTP, the unallocated elements of the funding programme have been identified for areas of development to be embedded in service delivery. These are summarised in table 2 and narrative below;

Table 2: LTP Unallocated Funding for Additional Development

NHS T&G CCG LTP Unallocated Funding	2018/19 PYE	2019/20	2020/21	2021/22
Improving Access - parent child drop-in's	25,000	25,000	25,000	25,000
Improving Access - data collection	7,599	7,599	7,599	7,599
Neighbourhood and Schools - expansion	22,797	91,186	91,186	91,186

HYM Psychiatrist FTE 0.33	30,455	30,455	30,455	30,455
Total	85,851	154,240	154,240	154,240

- Voluntary and Community Sector delivery of drop in sessions to support early prevention, open access and the getting help and advice element of the Thrive model;
- Healthy Young Minds expansion of the neighbourhood link in schools to support the Thrive model getting help/more help 1 x whole time equivalent (wte) band 6 post increasing to 2 x wte band 6 posts;
- Healthy Young Minds Psychiatrist 0.33 wte post to support issues of transition for 16-17 year olds;
- Business Intelligence and Data Post linked to Primary Care Foundation Trust footprint and GM data collection.

10.4 The element of the funding programme to be allocated will be considered through the strategic group planning and reported in future business cases.

11. IDENTIFIED RISKS

11.1 **Recruitment** – there are challenges to recruit to specialist posts due to availability of appropriately trained and experienced staff.

12. IDENTIFIED ACTIONS

12.1 **Looked After Children** - access and provision for children who are looked after requires review to ensure that they are provided with timely services to make certain that their emotional health and well-being are promoted.

12.2 **Ensuring the Right Help is offered** – a review of how to ensure better alignment of multi-agency responses to referrals to Healthy Young Minds and Children’s Social Care through a review of the HYM daily screening, the weekly Children’s Social Care panel and the developing multi-agency panel in the Hub.

12.3 **Integrated Neighbourhood Services for CYP and families** - partnership process of designing a more effective model of partnership working on an Integrated Neighbourhood basis, with a strong emphasis upon more effective early help.

12.4 **Children with complex needs** – review of the needs of CYP in high cost out of borough placements and those requiring mental health in-patient care to identify alternative options, notably early intervention.

12.5 **Schools & Colleges** – the new Green Paper focuses on the role of schools in mental health. We will review the current position to ensure that every secondary school and college is supported by specialist services to deliver high quality emotional and mental health support to students and their families.

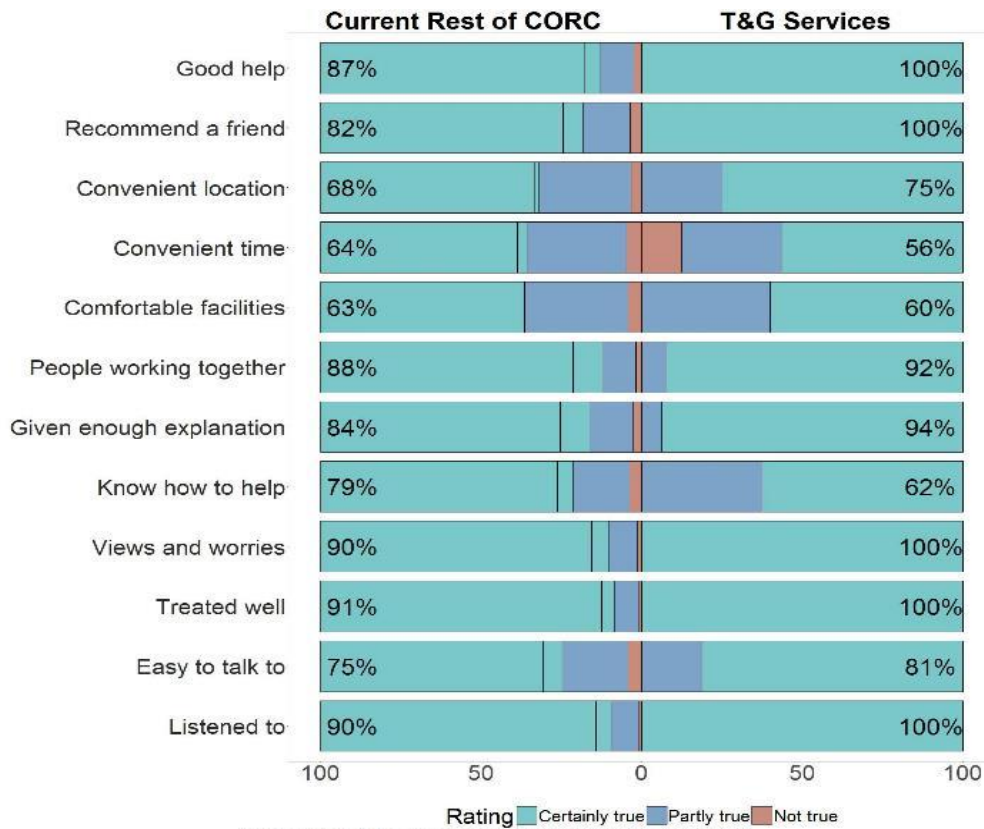
12.6 **Youth Offending Team** – integrated support for young people under the care of YOT will be reviewed.

12.7 **Getting Help** - To continue to review and develop the offer delivered by third sector providers in delivering the LTP. Further develop the steering group to support the delivery of the Getting Help (Coping) element of the Thrive Model.

13. CONCLUSION

- 13.1 The aim of the continued work of the LTP is based upon the need to improve and sustain access to children and young people's mental health provision through a whole-system approach that includes the active participation of all partners and key stakeholders
- 13.2 Tameside and Glossop Single Commission is committed to working with children, young people and families and all other partners to deliver the LTP, the recommendations set out in Future in Mind, and to deliver the Five Year Forward View for Mental Health.
- 13.3 Single Commission Officers and Clinical Leads to continue to take relevant steps, make decisions, and to progress arrangements to further the elements discussed through the report.
- Strategic Commissioning Board recommended to support the approval of the LTP refresh and finance plans for deliverables for 2018- 2019, recognising that within the year the plan will need to be reviewed in line with strategic objective to integrate CYP services.
 - Strategic Commissioning Board is asked to support aligning LTP with GM approaches where populations and needs require; thus delivering efficiencies
 - Strategic Commissioning Board is asked to note the national context and building national pressures and assurance measures to increase spending on CAMHS and ensure the publication of the LTP Update.
 - Strategic Commissioning Board recommended to agree financial investment to support developments within the LTP unallocated funding in order to fully meet local and national agenda's in delivering the Local Transformation Plan as follows;
 - Voluntary and Community Sector delivery of drop in sessions to support early prevention, open access and the getting help and advice element of the Thrive model
 - Healthy Young Minds neighbourhood link in schools to support the Thrive model getting help/more help
 - Healthy Young Minds Psychiatrist 0.33 wte post to support issues of transition for 16-17 year olds
 - Business Intelligence and Data Post linked to PCFT footprint and GM data collection.
- 13.4 In conclusion new money being invested into CYP MH will ensure far greater children with a diagnosable mental health condition will get support where and when they need it and as close to home as possible.

Child Experience of Service Questionnaire

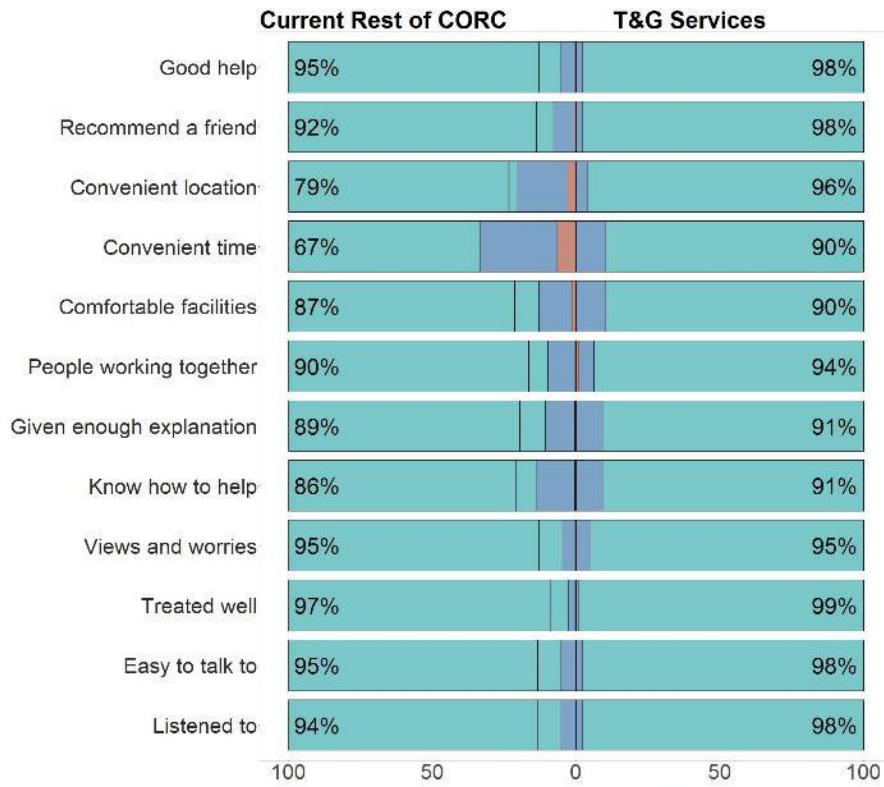


Tameside & Glossop completion rate = 1% out of 2617

Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 6% out of 139088

Parent Experience of Service Questionnaire



Rating ■ Certainly true ■ Partly true ■ Not true

Tameside & Glossop completion rate = 4% out of 2617

Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 5% out of 139088