



**b. MH Outcome Framework and revised quality and performance reporting**

We will work with our PCFT Locality lead to develop this by March 2019.

**c. Indicative Activity Plan**

Commissioners require this for all services for inclusion in the contract.

**d. Safer Staffing**

Evidence of quality and safety improvements is required and we will agree the trajectory for this before March 2019.

**e. Additional 12 Beds (previously referred to as IG beds)**

Decisions regarding the commissioning of the additional beds from April 2019 will not be progressed until activity reconciles with the level of funding in the contract.

**2. Starting Well**

**a. Children and young people priorities;**

- Access and waiting time standards achievement
- GM CAMHS Specification; taking forward the findings of the review notably options to meet extended hours and provision for 16 and 17 year olds
- Embed local all age RAID/vulnerable YP provision, morphing the service as GM provision comes on stream
- Integrated children's services – embedding neighbourhood and schools mental health practitioners in the teams

**b. Perinatal Infant MH**

We propose to move the Early Attachment Service into the NHS Contract, outside the block. PCFT is requested to work in close partnership with the GM Perinatal Community Mental Health Team and other partners to establish a fully integrated care pathway. In line with this the 1001 Critical Days action plan should be refreshed.

**3. Living Well**

**a. Transforming MH support for people to keep themselves well**

Working together with wide range of partners through the *Living Life Well Programme*, we plan to change how we support people to manage their own mental health in the community. In 2019/20, we will establish the new model of neighbourhood mental health support for people below the threshold for secondary care and start work to determine how this approach can extend to people on CMHT caseloads. This will involve significant redesign of PCFT services.

**b. Acute and Crisis Care services**

We will work with the ICFT and PCFT to progress the establishment of a MH Observation and Assessment Room/Safe Haven in an appropriate setting.

**c. IAPT**

We will continue to work with the PCFT on reforming payment systems for IAPT in line with national guidance, should this become a mandated requirement. It is anticipated that the work to revise the pathway and work with the Step 1 partner will ensure that all the standards are consistently met and secondary waiting times fall.

**d. Early Intervention in Psychosis**

We have already requested a costed plan to improve the service in line with national standards.

