

**Report to:** HEALTH AND WELLBEING BOARD

**Date:** 7 March 2019

**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 NHS 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:** The Health and Wellbeing Board are asked to note the progress detailed in the draft plan, agree and comment on the direction of travel and planned future developments.

**Links to Community Strategy:** Throughout the transformation plan, there is a focus on developing a whole-system collaborative approach to meeting the emotional health and well-being needs of children and young people. The plan has partnership involvement from a range of providers including specialist services, the third sector and the wider public sector. There is ongoing partnership work to fully implement the THRIVE model of practice with strong links to the Neighbourhood teams.

**Policy Implications:** Clinical Commissioning Groups, working closely with the Health and Wellbeing Board and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors – are required to develop Local Transformation Plans to support improvements in children and young people's mental health and wellbeing.

**Financial Implications:**  
(authorised by Section 151 Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	£1,024k	-	-	£1,024k
<b>Total</b>	<b>£1,024k</b>	-	-	<b>£1,024k</b>
<b>Section 75 - £'000 Decision: SCB</b>	As set out in table 1 of the report, the CCG will receive an earmarked allocation in relation to LTP. This is £1,024k in 2019/20 rising to £1,136k the following two years. This expenditure is subject to external scrutiny and audit ensuring the funding is spent 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 detailed in the report sets out projected spend which meets external expenditure criteria.

**Legal Implications:**  
(authorised by Borough Solicitor)

**Risk Management :**

Failure to confront the issues the report seeks to address will have potentially serious future consequences for the vulnerable children and young people who it seeks to protect, with a consequential impact on the legal framework within which they find themselves.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Kristy Nuttall, Children, Young People and Families Commissioning Manager



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## **1. EXECUTIVE SUMMARY**

- 1.1 The Local Transformation Plan (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 2019/20 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.
- 2.4 The NHS Long Term Plan sets the continued commitment to improving the mental health support available to children and young people and builds on the plans set out in the Five year forward view. The plan includes the following:
  - Continued expansion of access to community based mental health services to meet the needs of more children and young people.
  - Continued investment and development of CYP eating disorder services.
  - Improving access to support for children and young people experiencing a mental health crisis.
  - Mental health support for children and young people will be embedded in schools and colleges.
  - A new approach to young adult mental health for people aged 18-25 will support transition into adulthood.

## **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 2019/20 and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended.

#### **4. CONTEXT AND NEED**

4.1 The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

4.2 Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

4.3 Most children grow up mentally healthy, but surveys suggest that more children and young people have problems with their mental health today than 30 years ago. That's probably because of changes in the way we live now and how that affects the experience of growing up.<sup>2</sup>

4.4 Therefore it is important to know that across England

- 10% of children aged 5-16 years suffer from a clinically significant mental health illness<sup>1</sup>
- Only 25% of children who need treatment receive it.<sup>2</sup>
- 50% of those with lifetime mental illness will experience symptoms by the age of 14 years.<sup>3</sup>
- Maternal depression is associated with a 5 fold increased risk of mental health conditions in children.<sup>5</sup>
- Boys aged 11-15 years are 1.3 times more likely to have a mental health issues than girls of the same age.<sup>4</sup>
- 60% of Looked after children have some form of emotional or mental health problem.
- Young people in prison are 18 times more likely to take their own lives than others of the same age.<sup>4</sup>

4.5 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 over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

4.6 Current prevalence estimations predict that one in ten children aged 5 to 16 years has a diagnosable mental health. Applying prevalence assumptions the table below shows the Greater Manchester estimated prevalence of mental health disorder in children and young people aged 5 – 17 years, at a locality level.

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<sup>1</sup> Department of Health (2013) Our children deserve better: Prevention pays

<sup>2</sup> Kessler R, Berglund P, Demler O et al Arch Gen Psychiatry. 2005;62(6):593-602 Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey

<sup>3</sup> Children and young people's health outcome forum (2012) Report of the children and young people's health outcomes forum – mental health subgroup

<sup>4</sup> Department of Health (2013) Our children deserve better: Prevention pays

Table 1. Greater Manchester Estimated number of children with mental health disorders aged 5-17 years

Greater Manchester Locality	Locality Population Aged 5-17 yrs.*	Prevalence % **	Estimated Prevalence of Mental Health Disorder
Bolton	47,297	9.8	4,635
Bury	30,549	9	2,749
Manchester	80,618	10.5	8,465
Oldham	41,833	10.1	4,225
Rochdale	36,288	10.1	3,665
Salford	37,267	10	3,727
Stockport	44,310	8.7	3,855
Tameside & Glossop	39,496	9.9	3,910
Trafford	39,957	8.4	3,356
Wigan	49,068	9.8	4,809
<b>Greater Manchester</b>	<b>446,683</b>		<b>43,396</b>
Greater Manchester (Aggregated)		9.7	43,328

\* Mid-2016 Local Authority and Lower Layer Super Output Area population estimates

\*\* Modelled on synthetic estimates, 2015 (Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

- 4.7 A 2014/15 base line suggests only 25% of them receive specialist intervention. The NHS has committed to widening access to NHS funded community Mental Health service, so that 70,000 more Children and Young people (CYP) by 2020/21 are accessing treatment each year. 'Implementing the Five Year Forward View' (2016) sets out an indicative trajectory to achieve this.

Table 2. Adapted from *Implementing the Five Year Forward View for Mental Health: CYP Increased Access Trajectories*

Objective	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community Mental Health service.	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	49,000	63,000	70,000

- 4.8 The risk of child mental health disorders is estimated up to six times higher in vulnerable groups of children and young people e.g. those with a Learning Disability and Autism, children with chronic physical health problems, Looked After Children, children in contact with youth justice, and in families where parents / carers have a mental health disorder.
- 4.9 Mental health disorders in childhood have high levels of persistence and continuity through adolescence, and sometimes into adult life (25 to 40%). The consequences of untreated emotional wellbeing and mental health problems early in life can be long lasting and far-reaching, thus effective early intervention is essential.
- 4.10 For Tameside and Glossop children's and young people's mental and emotional health outcomes are worse when compared to the England averages. For example when looking at risk factors

- In 2018 there were 616 looked after children (Tameside only)<sup>5</sup>
- Around 329 children in need in 2017 was due to family stress or dysfunction.<sup>7</sup> (Tameside only)
- Approximately 375 people in drug and alcohol treatment services in 2017/18 had children.<sup>6</sup> (Tameside only)
- Around 1,200 women experienced mild to moderate postnatal depression or post-traumatic stress in 2015/16.<sup>7</sup>
- Around 15% of children and young people in Tameside and Glossop have a long term condition, disability or medical condition.<sup>8</sup>
- 16% of 15 year olds in Tameside report low life satisfaction.<sup>10</sup>
- More than half of all 15 year olds say they have been bullied.<sup>10</sup>
- Around 9% of 15 year olds say they are regular drinkers of alcohol.<sup>10</sup>
- Around 69, 10 to 15 year olds entered the youth justice system for the first time in 2017.<sup>10</sup> (Tameside only)
- More than 1,500 10 to 15 year olds provide unpaid care.<sup>10</sup>
- More than 1,700 referrals to children social care in 2017/18 were related to domestic abuse.<sup>9</sup>

4.11 Therefore the prevalence of Emotional and mental health issues for children and young people in Tameside and Glossop are significant

- Around 3,124 children aged 5-16 years have a mental health condition.<sup>10</sup>
- Around 1,195 children have an emotional disorder.<sup>12</sup>
- Approximately 3,183 children aged 16 to 24 years have an eating disorder.<sup>12</sup>
- 758 school aged children in 2018 had a social, emotional or mental health need.<sup>12</sup> (Tameside only)
- In 2016/17, 107 children were admitted to hospital due to self-harm.<sup>11</sup>
- There were 603 A&E attendances for self-harm in children and young people in 2017/18<sup>12</sup>
- In 2017/18 there were 1,717 referrals to Child and Adolescent Mental Health services (CAHMS) in Tameside & Glossop.<sup>13</sup>

## 5. TRANSPARENCY AND GOVERNANCE

5.1 The initial Transformation Programme Board for Children and Young People's Emotional Wellbeing and Mental Health has developed into the Children's emotional health and wellbeing Strategic Steering Group and will report to the Starting Well Board as this is established. Work will also continue with a number of smaller working groups or task and finish groups. 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.

<sup>5</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766707/LAIT.xls](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766707/LAIT.xls)

<sup>6</sup><https://www.ndtms.net/>

<sup>7</sup><https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

<sup>8</sup><https://fingertips.phe.org.uk/profile/child-health-profiles>

<sup>9</sup> Tameside mbc childrens social care

<sup>10</sup><https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000008/iid/92766/age/245/sex/4>

<sup>11</sup><https://fingertips.phe.org.uk/profile/child-health-profiles>

<sup>12</sup> TIIG

<sup>13</sup><https://www.gmtableau.nhs.uk/#/site/TamesideandGlossopCCG/views/>

- 5.2 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).

## 6. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

- 6.1 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.*

- 6.2 This year's Make Your Mark campaign has seen 1,106,788 young people take part, making it one of the largest youth consultations of its kind in UK history, with 1 in 5 of all young people aged 11-18 taking part. The Make Your Mark ballot is supported by Local Authorities, schools, Parliament, the British Youth Council and the Department for Digital, Culture, Media & Sport. It gives young people across the country a say on what is to be debated on the green benches of the House of Commons by Members of Youth Parliament.

The five issues that have been prioritised are:

- **Put an end to Knife crime** – Too many young people's lives are lost to knife crime; the Government need to do more to help end the knife crime epidemic.
- **Mental Health** – Mental health services should be improved with young people's help; and should be available in schools..
- **Equal Pay, Equal Work** – Give young people the same amount of pay, if they are doing the same work as adults in the same job.
- **Tackling Homelessness** – Every person should have a place to live and the opportunity to live comfortably. Let's make it happen and put a stop to homelessness.
- **Votes at 16** – Give 16 and 17 year olds the right to vote in all elections/referendums.

There were 6,078 votes from young people within Tameside which is 27.67% of the 11-18 population. 1,159 votes were for improved mental health services, which was the highest vote at 19%.

We are working with the Youth Council to progress these views and explore how we can get some in-depth feedback to inform and co-design new services such as the youth counselling service and transitions pathway.

6.3 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”.

6.4 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)

6.5 We have established whole system outcome monitoring, working in partnership with CORC. Data is being collected by providers, using pertinent outcome measures. From April 2019, there will be a national outcome matrix and a requirement to submit outcome data to the Mental Health Services Data Set (MHSDS). This will supersede CORC reporting.

6.6 Throughout 2018/19, 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.

## 7. LEVEL OF AMBITION

7.1 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.

7.2 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
T&G Target - No. of additional CYP treated over 2014/5 baseline	1646	1755	1865	1920

- 7.3 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.
- 7.4 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.
- 7.5 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.
- 7.6 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.
- 7.7 These investments initially reduced waiting times and enabled the wider offer for this client group in partnership with Paediatric services (if no co morbidity of MH needs) and education. Those with other identified MH needs are seen and held by HYM through the offer of post diagnosis parenting support/ workshops. Further work is ongoing to ensure the pathway model is sufficient to meet the ongoing rise in demand.
- 7.8 Within HYM, 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.

- 7.9 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'.

## 8. WHERE ARE WE NOW (Jan 2019 UPDATE)

- 8.1 **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 5yFV (outline in 5.2). However this needs to be captured (evidenced) through the MHSDS. The BI post identified in last year's LTP is not required due to changes in the access to the MHSDS from April 2019. Interim arrangements are in place for third sector providers to submit their data via a secure CCG connection, however, challenges remain in the collection and format of the data collection and this is not yet flowing successfully from all providers.

- 8.2 **Referrals** - The number of referrals for part year 2017/2018 (February) were 1439 and those accepted for HYM were 747. A further 316 referrals were picked up by partner agencies from (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.

The number of referrals accepted by Healthy Young Minds is on average 60 per month from April 2018, with very few referrals being rejected. Increased demand on the service the waiting times average around 8 weeks to first appointment and 13 weeks to second appointment, with only around 3% being seen outside of the 18 week target.

Partner organisations collect referrals from the Single Point of Entry (SPOE) which is working well as a multi-agency triage meeting.

Off the Record receive on average 60 referrals a month with the main referral source as GP, but a good proportion of referrals are also generated from the SPOE. They see an average of 33 young people per month for counselling, and on average the young people have 5 sessions each. In addition, around 20 people per month attend the Off the Record drop in sessions for counselling.

The open access offer has seen on average 80 young people per month attend the Hive to access early intervention or counselling, and 40 people access the Talk Shop for individual brief intervention counselling or support.

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.

8.3 **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, all phases are currently underway. The work completed so far includes:

- 1- Participating in GM wide data masterclass, which was supported by NHS Improvement's Intensive Support Team (IST). Discussion with the main provider regarding the learning from Trafford CCG in relation to data collection and quality.
- 2- Completed through the strategic steering group.
- 3- Actions are being worked through to improve the reporting on to the MHSDS by provider and there is an action plan in place to ensure that Data will be flowing into the MHDS by April 2019.
- 4- Data now flowing from the ICFT for Neurodevelopmental Paediatric clinics and diabetes Psychology.

8.4 **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 3<sup>rd</sup> 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.

8.5 **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 FYFVMH and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), GM as an STP area has been asked to submit returns to NHSE/ HEE on how we are planning to grow the mental health workforce to enable us to deliver the FYFVMH objectives. Our Tameside and Glossop LTP year on year has realised this aspect with an uplift in the specialist HYM workforce from 23.7 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. In January 2019, there are 34.7 FTE and a further 4.13 FTE posts to be established and recruited to by April 2019 (total 38.83 FTE) which represents a 63.8% increase in specialist HYM workforce since 2014.

The local Tameside and Glossop expansion is seen below:

CYP Workforce Expansion 2016-2021	Medical	N&M	AHP (STT)	Total Clinical
Tameside & Glossop (8.3%)	0.7 FTE	4 FTE	8 FTE	12.7 FTE

N.B there is also additional specialist workforce expansion in the Greater Manchester commissioned teams such as the Community Eating Disorder service and the Crisis Care Pathway and an additional Neurodevelopmental Co-ordinator FTE.

8.6 **Growth in Community Services** - Key community and voluntary sector providers continue to support the delivery of The Getting Advice and The Getting Help elements 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)

8.7 Work in this area has included the addition of a website [www.youandyourmind.co.uk](http://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, TMBC 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.

8.8 **THRIVE** - Also within the ‘THRIVE’ 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 HYM’s 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.

Off The Record’s Time-2-Talk project provides counselling and group work support for young people who are the victims of CSE and Sexual Abuse in Tameside. Off The Record has developed a partnership with the Police, the Phoenix Team and the Women’s and

Family Centre at Cavendish Mill to ensure young people and their families have access to emotional support. This project has attracted national research funding from the NSPCC. In October 2018 researchers from the Anna Freud Centre came and conducted interviews over two days. They interviewed the victims and survivors of child sexual exploitation, their families, carers and other professionals working with the project. In total 20 interviews were booked and every participant turned up for their interview. Findings from the research will be published in Summer 2019.

The Action Learning Sets are run in collaboration by HYM's 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. A new ALS is being planned for Spring 2019.

8.9 **Working with schools** - Tameside and Glossop was selected in 2016 as a national pilot site by the Department for Education (DofE) and NHS England (NHSE) to test the named CAMHS school link scheme expressed in Future in Minds.

8.10 In addition to the school link scheme, 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 assessments;
- 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 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, with subsequent schools since.

It is envisaged by April 2020, 40% of Tameside schools will have accessed the programme.

Furthermore, Tameside has launched a new Sex and Relationship Curriculum to support the statutory requirements in 2020, this covers a range of topics but includes emotional health and relationships. A Drugs, Alcohol and Tobacco Curriculum is currently in the making and due for releasing in the academic year 2019/20.

Tameside has also developed in partnership with local artists and schools, an arts based resource to enable child to reflect and express their feeling during the school day.

For more information on this work, please contact [charlotte.lee@tameside.gov.uk](mailto:charlotte.lee@tameside.gov.uk) (Tameside Population Health).

8.11 **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 2018/19 offering places to 128 participants. The feedback is positive and courses are fully attended.

In its third year, the YMHFA delivery team plan to deliver to more school groups in a cluster approach, local leisure providers and the wider workforce to really embed the principles that mental health support is everybody’s business.

*Table1: Evaluation of Youth Mental First Aid Course based on 59 Responses*

	Improved	Maintained	Declined
Participants personal confidence of how best to support young people with a mental health problem	98.3%	1.7%	0%
Participants knowledge of understanding of how best to support young people with a mental health problem	100%	0%	0%

8.12 **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. Initially, the team worked with over 16 year olds but this has not been extended to reach young people age 14 and over.

8.13 **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.

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.

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

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.

- 8.14 **New Developments for Age 16+, The Living Life Well Programme (Neighbourhood Mental Health Teams)** – It has been recognised that a number of people age 16+ with multi-faceted needs are falling between commissioned services in Tameside and Glossop. Although there are a number of options to support people diagnosed with mental health needs in primary and secondary care many people fall between the thresholds for these services and often present to their GP, A&E and other settings looking for help. Tragically there have been a number of people within this group who have taken their own life.

#### **Types of multi-faceted complex needs of this group of people**

- The effects of childhood abuse
  - Emotional instability
  - Dual diagnosis (substance misuse, LD and autism)
  - Young adults transitioning from CAMHS
  - People with complex psychological needs
  - Medically unexplained symptoms
  - People frequently asking for help, including GP, A&E
  - People under the care of tertiary services e.g. with eating disorders
- 8.15 In January 2018 the Strategic Commissioning Board (SCB) agreed to prioritise investment in mental health to improve parity of esteem. Investment to support establishing a new model of mental health support in the neighbourhoods and improving support to people with ADHD and autism were included. Following an analysis of options by a multi-agency working group SCB agreed investment to establish the 101 Days for Mental Health Project in May 2018. This included investing in the support of an experienced consultancy partner, the Innovation Unit to support bringing together a wide range of partners and people with lived experience to collaboratively co-produce a new model of care for mental health in the neighbourhoods.

As a result new mental health neighbourhood service model was co-produced. The service will provide support people aged 16+ however by seeing vulnerable groups of people and improving their quality of care this could have a positive effect for families and carers that could be under the age of 18. In summer 2018 Tameside and Glossop were also chosen as one of four sites nationally to join the Living Well UK Programme. Funded by the Big Lottery and led by the Innovation Unit this three year programme will build on the work started in the 101 days project. In 2019 we will be prototyping this new model in one neighbourhood to test, learn and adapt what we offer to ensure it meets people's needs prior to incrementally reaching the whole of Tameside and Glossop by 2020.

## **9. 2019 PRIORITIES AND BEYOND**

### **9.1 Improving Access -**

- Increase access to high quality mental health services so that 35% of Tameside and Glossop Young people with a mental health condition are getting the help and support that they need. There is an ongoing commitment to train existing staff in evidence based Psychological Therapies through the CYP- IAPT training programme.
- Further improve access to drop-in sessions across the borough.
- Review and further develop the single point of entry.

- Strengthen the links between mental health services and the Neighbourhood and early help teams.

9.2 **THRIVE-** Tameside and Glossop are being supported by GM iTHRIVE team to ensure continued roll out of the THRIVE model across all areas. Small teams will attend workshops and complete implementation projects on 4 key priorities including shared decision making, getting advice and signposting, risk support and knowing when to end treatment. These working groups will feed into the Children's Emotional Health and Well-being Strategic Steering Group and subsequently the Starting Well board.

9.3 **Parent Infant Mental Health** – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop, ongoing review of the integrated PIMH pathway will continue.

9.4 **CYP access to care in a crisis** – Ongoing work with the GM Crisis Care Pathway Team, Healthy Young Minds, Accident and Emergency and the hospital staff to ensure that children and young people suffering a mental health crisis get the help and support they need and are supported to stay or to return into the community where safe to do so. Children and Young people who present at A and E or on the Paediatric ward will have access to timely mental health assessments. This will include all an extended RAID provision in A and E.

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

- Transforming care and CETR processes will be relaunched to include better use of the children and young people's Dynamic Register – multi-agency planning for CYP who require additional support
- 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

9.6 **Data** – Ensure that all access and outcome data is flowing to the Mental Health Services Data Set (MHSDS) from all providers.

9.7 **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 the strengthening of governance structures. The CYP Emotional Health and Well-being Strategic Steering board will report into the Starting Well board and this board will set the strategic priorities moving forwards.

9.8 **Neurodevelopmental Pathway** – Complete a review of the neuro-developmental pathway, aligning with the Greater Manchester developments and ensuring that children and young people receive timely support and diagnoses where indicated.

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

10.1 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.



- 10.2 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.
- 10.3 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.
- 10.4 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](http://www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester_mental_health_strategy)
- 10.5 **Collaborative Commissioning across Greater Manchester** - 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/LAs 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.
- 10.6 **Greater Manchester Programmes** - The Greater Manchester Health & 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:
- 10.7 **Crisis Care Pathway** - A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols.

For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid

Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families. As a key partner we will continue to support this vital work as it progresses. For further information please go to: <https://www.penninecare.nhs.uk/gmccp/>

- 10.8 **GM i-THRIVE** - Each of the 10 Local areas will work with GM iTHRIVE team to enable the delivery of the GM CYP mental health transformation programme. It is planned that this will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process.

Training will be provided and supported by a GM iTHRIVE Training and Development team over a three year period. GM iTHRIVE will provide training for a minimum of 60 front-line staff per year – 6 per locality to be trained and able to embed the training back in the locality to support delivery of THRIVE-like services. The GM team will coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each LTP to develop a wider understanding of each locality’s needs and requirements and draw from both the resources in the THRIVE toolkit and the expertise within the National iTHRIVE team in order to provide each LTP with a tailored package of support.

Utilising the iTHRIVE implementation, evaluation and outcomes framework the GM team will create a learning network/community of practice alongside action learning groups, and will organise and facilitate joint learning days that will address and tackle common issues and challenges encountered across the 10 LTPs, and share knowledge about service improvement, innovations, that emerge within individual localities.

Since GM i-THRIVE programme team in place (July 2018)

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool
- All localities have as draft implementation plan and have had one to one meetings with programme manager to plan next steps.
- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops are starting to take place across GM.
- GM Outcomes Framework drafted.

Plan for 2019/20

- All localities to complete workshops and have a full understanding of what their current whole system looks like and identify priorities.
- Phase 1 of implementation to be completed.
- Subject Matter Experts to be pulled in using the funding from GM to work on implementing i-THRIVE in different parts of the system.
- THRIVE training academy to start in January – all localities committed to allocating 6 people from across the system to attend training and embed practice back within the locality.
- All localities committed to Community of Practice.
- Localities committed to supporting the gathering of data for GM Outcomes Framework including assistant psychologists undertaking surveys/interviews with Children and Young People and the wider workforce.
- Explore supervision and consultation models to support the broadening of the system (phase 2).
- THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.
- All localities to have a communication and engagement plan.

10.9 **GM wide mental health support in schools pilot** - A six month schools emotional wellbeing and mental health rapid pilot was delivered at pace across GM to increase access to evidence informed mental health support and help for students/pupils and staff, delivered across primary and secondary schools, special educational needs (SEN) schools and a pupil referral unit ( PRU). The pilot was linked with the Green Paper reforms for 'Transforming Children and Young People's Mental Health Provision,' which was published in December 2017. A key feature of the pilot was a collaborative model of delivery of the programme to 31 primary and secondary schools, SEN schools and PRU. The pilot was delivered by four voluntary and community social enterprises (VCSE) organisations: Alliance for Learning (AfL), Place2Be (P2B), Youth Sport Trust (YST) and 42nd St, over an intense six month period and was completed in October 2018.

Each partner delivered areas of the programme which highlighted their expertise. AfL delivered Mental Health First Aid Training to support senior leaders and Mental Health First Aid Lite. P2B supported staff with a whole school approach and delivered Mental Health Champions training to senior leaders. They also worked with primary school students and supported YST with the delivery of their sessions.

YST delivered a programme of support to children and young people – 'Moving Minds' which was delivered by athlete mentors to support C&YP with their physical and emotional wellbeing. They also ran a programme of peer mentoring with Young Mental Health Champions/Ambassadors. 42nd Street offered a programme of supportive workshops to groups of secondary pupils and worked collaboratively with YST to deliver one on one support during their sessions.

The schools involved in the pilot were taken from across the GM footprint and a total of 7 of the 10 localities were included in the coverage of schools for the pilot. The localities involved in phase 1 were: Bolton, Bury, Manchester, Oldham, Stockport, Trafford and Wigan. The University of Manchester were engaged to complete an evaluation of the programme and produced a final report which was summarised into an evaluation document, which give an overview of the pilot, key findings, and recommendations for further development of the programme

An End of Pilot Summit was held in October at the Etihad Stadium. The summit was an opportunity to celebrate the successful completion of the 6 month Rapid Pilot, to hear from the young mental health champions/ambassadors who had participated in the pilot, together with views from some of the Head teachers of the schools involved in the pilot.

In summary:

- 31 schools recruited, engaged trained and supported
- 62 Senior leaders received Mental Health champion training over four sessions
- 53 Middle leaders received Mental Health First Aid Training
- 60 Targeted school staff received Mental Health First Aid Lite Training
- 450 Year 5 Primary pupils participated in two active workshops with follow up support
- 240 Year 10 secondary pupils participated in tow active workshop with follow up support
- 67 Primary pupils received training to become Young Mental Health Champions
- 90 Secondary pupils received training to become Mental Health Champions

Next Steps:

Phase 2 of the Pilot will see the continuation of work across the original 31 schools and the roll out to a further 31 schools & colleges, bringing the total number of schools and colleges within the Pilot to 62. The ambition is to scale the project to 10% of schools and colleges across the GM footprint, with the third phase of the project involving the procurement of additional providers to deliver to a further 63 schools and colleges – which will mean the total coverage of schools and colleges in GM (125) will represent 10% of our total schools and colleges.

10.10 **ADHD** - There is ongoing work across Greater Manchester taking place to ensure paediatrics and CAMHS are jointly delivering the ADHD pathway for young people. Almost all localities have Paeds and CAMHS representatives as part of their local multi-disciplinary team developing and assuring the pathway. Additionally all localities in GM have access to an objective psychometric measure (via Qb Test) to support diagnosis and management if and when required. Further work is taking place to increase all services cognisance with the 12 GM ADHD Standards.

10.11 **Eating Disorders** - Across Greater Manchester (GM) there are currently three community eating disorder services operating out of four different sites for young people. Work is taking place to ensure all services achieving the national access and wait time targets by 2020, which current trends would indicate that is on track, although not currently being achieved.

Source NHS Digital: Data shows CYP ED waiting Times for Urgent at Sept 2018

CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	78.9%	74.7%	81.3%
NORTH OF ENGLAND	78.8%	73.5%	81.6%
GREATER MANCHESTER (ICS)	74.5%	81.0%	90.0%

Source NHS Digital: Data shows CYP ED waiting Times for Routine at Sept 2018

CYP Eating Disorder Waiting time - Routine (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	79.9%	81.2%	80.2%
NORTH OF ENGLAND	85.7%	84.2%	83.4%
GREATER MANCHESTER (ICS)	80.4%	82.8%	86.6%

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

10.12 **Further Education Colleges-** 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. This will include 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.

10.13 **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 25<sup>th</sup> 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.

#### 10.14 **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 PNIMH training ladder

10.15 **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.

10.16 **Greater Manchester CAMHS Workforce-** In order to sustain delivering increased access and improved outcomes for children and young people's (CYP) mental health – as per the national must do - a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health (FYFVMH) and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), Greater Manchester (GM) is required to hold plans how it will grow the mental health workforce to enable us to deliver the FYFVMH objectives.

In addition GM and its localities has recognised the potential risk to effectively delivering our ambitious children and young people mental health transformation plans are largely centred on the workforce.

In response a £1.4 million investment through GM transformation funding has been secured to ensure a clear strategy and associate plans are in place to mitigate the known risks. The

Greater Manchester Children and Young People’s Emotional Wellbeing and Mental Health Workforce Strategy has been developed through consultation and engagement with a variety of stakeholders that included NHS Providers, Clinicians, CCGs and the GM Strategic Clinical Network – to name a few.

The scope of the strategy focuses on the specialist element of CYP Mental Health workforce – CAMHS. Over time and through the work GM transformation funded GM i-Thrive programme strategic planning will seek to develop strategies for the wider CYP workforce. The purpose of the strategy is to outline principles and solutions across four key domains: -

- Improving supply and retention
- Building skills and knowledge
- Talent development and system leadership
- Improve workforce welfare and wellbeing

To date all specialist GM NHS CAMHS services have undergone the Self-assessed Skills Audit Tool (SASAT) to map their existing provision in order that a clear understanding of both local and GM gaps are understood. The assessment provides full information on staff numbers including whole time equivalents, skills and capabilities.

Building on the SASAT and in order to meet the requirements and those of the Five Year Forward View for Mental Health and Stepping Forward to 2020/21: The mental health workforce plan for England, GM as an STP area has to submitted returns to NHS England on how we are planning to grow the CAMHS workforce to enable us to deliver increased access and better outcomes.

*Table 1: Greater Manchester CAMHS Workforce expansion (2016-2021)*

<b>CAMHS Workforce Expansion</b>	<b>Medical</b>	<b>Nursing</b>	<b>Allied Health</b>	<b>Total Clinical</b>
<b>Greater Manchester (100%)</b>	<b>9</b>	<b>65</b>	<b>37</b>	<b>111</b>
Bolton (10.1%)	0.9	6.6	3.7	11.2
Bury (6.5%)	0.6	4.2	2.4	7.2
Heywood, Middleton & Rochdale (8.0%)	0.7	5.2	3	8.9
Manchester (21.1%)	1.9	13.7	7.8	23.4
Oldham (8.1%)	0.7	5.3	3	9
Salford (9.5%)	0.9	6.2	3.5	10.5
Stockport (10.0%)	0.9	6.5	3.7	11.1
Tameside & Glossop (8.3%)	0.7	5.4	3.1	9.2
Trafford (7.4%)	0.7	4.8	2.7	8.2
Wigan (11.0%)	1	7.1	4.1	12.2
<b>TOTAL</b>	<b>9</b>	<b>65</b>	<b>37</b>	<b>111</b>

*Note: Workforce expansion by service area in Full Time Equivalents (FTE)*

*The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP*

The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, outlined above, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

- 10.17 **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.
- 10.18 **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.

## 11. 2017-2020 FINANCE PLAN

- 11.1 The CCG is in receipt of £4,242k of external LTP money to support delivery and redesign of children and young people’s mental health provision over a 4 year period. This overall programme of investment has already gone through the strategic commissioning governance process and the previously agreed programme of works will continue in 2019/20.
- 11.2 The LTP funding is subject to external scrutiny and monitoring to ensure funding is spent in accordance with agreed criteria and to assess value for money. The refresh of the LTPs – and its publication - is seen by NSHE 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.
- 11.2 Table 1 outlines the NHSE funding received by the CCG over the 4 year period. We have a budget of £1,024k to spend in 2019/20 which we are on track to deliver against. Subject to NHSE approval, there is the possibility of re-profiling spend across financial years, so long as spend across the lifetime of the programme remains within overall approval limits.

*Table 1: Draft LTP Funding and Recommended Allocation*

<b>NHS Tameside and Glossop CCG LTP Income</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Community Eating Disorders (CED)	141,000	141,000	141,000	141,000
Local Transformation Funding	790,000	883,000	995,000	995,000
<b>Total LTP Income</b>	<b>931,000</b>	<b>1,024,000</b>	<b>1,136,000</b>	<b>1,136,000</b>

<b>Core Programme (Expenditure):</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
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	157,506	210,630	225,895	225,895
Improving Access- Drop ins and Assessments	99,599	99,599	99,599	99,599
HYM YOS Forensic & Transition	51,575	51,575	51,575	51,575
All Age RAID (PCFT)	28,076	56,151	56,151	56,151
Transforming Care - Early intervention	25,678	51,263	51,263	51,263

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
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>	53,924	0	141,063	175,251
<b>Total Expenditure</b>	<b>931,000</b>	<b>1,024,000</b>	<b>1,136,000</b>	<b>1,136,000</b>

11.3 The five year forward view for mental health (approved in 2015) assumes that schemes currently funded through LTP will become recurrent schemes, funded from the CCG baseline from 2022/23 onwards.

11.4 Referencing the unallocated spend in table 1 above, it is anticipated that this will be spent on further improving access to mental Health Services and on building capacity with the Neurodevelopmental pathway. The detail of this spend is subject to future approval from Senior Leadership Team (SLT).

## 12. IDENTIFIED RISKS

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

## 13. IDENTIFIED ACTIONS

13.1 **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.

13.2 **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 SPOE, the weekly Children’s Social Care panel and the developing multi-agency panel in the Hub.

13.3 **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.

13.4 **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.

13.5 **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.

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

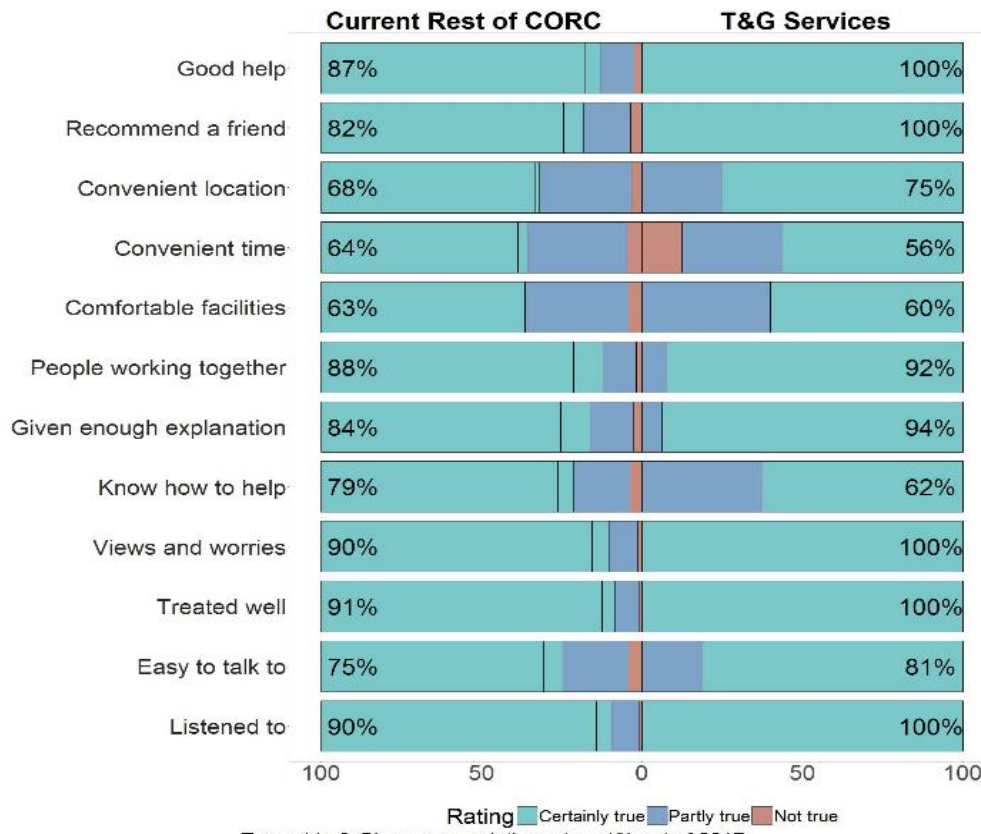
13.7 **Getting Help** - To continue to review and develop the offer delivered by third sector providers in delivering the LTP. Further develop the strategic steering group to support the delivery of the Thrive Model.



## **14. RECOMMENDATIONS**

14.1 As set out on the front page of the report

Child Experience of Service Questionnaire

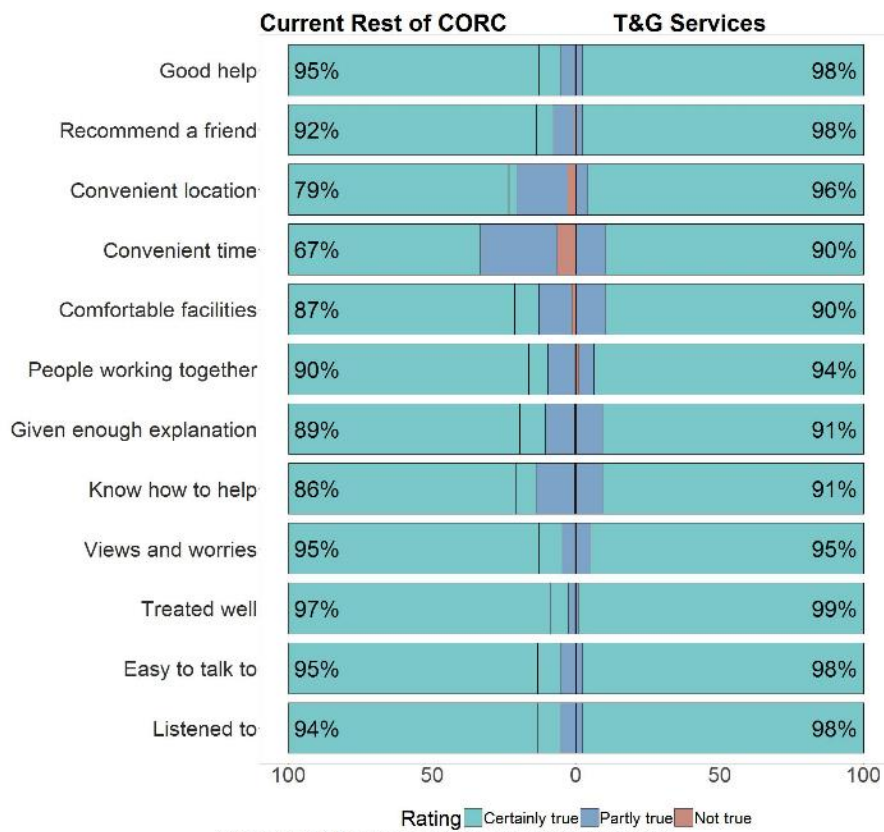


Tameside & Glossop completion rate = 1% out of 2617

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