ambitions within the GM plan. In Salford the locality plan aims to ensure people in Salford will get the best start in life, to go on and have a fulfilling and productive adulthood, be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. People across Salford will experience health on a parallel with the current 'best' in GM, and the gaps between communities will be narrower than they have ever been before. For younger people we have a specific aim that children will have the best start in life and continue to develop well during their early years – abbreviated to 'Starting Well'. The key outcomes associated with this aim are:

- I am a child who is physically and emotionally healthy, feel safe and able to live life in a positive way
- I am a young person who will achieve their potential in life, with great learning, and employment opportunities
- I am as good a parent as I can be

2.5 This is Salford's updated CAMHS Transformation Plan in response to the national implementation guidance mentioned above and contributing to the 'starting well' ambition of the Salford locality plan. It remains a close collaboration with Salford Local Authority (LA) and wider partners, part of an on-going integration agenda for children and young people 0-25yrs across the economy. In addition it reflects the mental health reforms outlined in the *Greater Manchester Mental Health and Wellbeing Strategy,* part of the GM Health and Social Care devolution agenda (see section 4 below).

3 0-25 Integration Programme

3.1 Our ambition is to ensure that all children and young people in Salford enjoy a happy, confident childhood and achieve their potential. We want them to grow into resilient adults able to cope with the demands of daily life, and empowered to contribute to life in the city. When children and young people need help, we want them to find it easily, for it to meet their needs, be delivered by people who care and for services to listen to their views. In a crisis we want them to get help quickly and as close to home as possible. To support the achievement of this ambition, Salford LA, Clinical Commissioning Group (CCG) and wider partners have committed to a broad transformation programme of integrated support for children and young people 0-25yrs. It involves the review and redesign of provision and commissioning of services for 0-25yr olds to achieve the best outcomes for children and their families in the most cost effective way.

3.2 The 0-25 programme involves three city-wide commissioning test cases and two neighbourhood based pilots. One of the test cases aims to improve the effectiveness of emotional health and wellbeing support, and CAMHS, through improved commissioning and pathways. There is significant congruence between Salford's CAMHS Transformation Plan and 0-25 Emotional Health and Wellbeing project and the individuals leading different aspects of the work have well established communication mechanisms to ensure consistency of approach.

3.3 The governance for the integrated 0-25 work is through an 0-25 Integration Board that receives reports from the Programme Oversight Group (POG), via organisations internal governance structures, that in turn receives reports from the test for change project groups (see diagram in Appendix 1). The Integration Board reports through to the Health and Wellbeing Board, Children's Trust and local Safeguarding Children Board. The governance for the CAMHS Transformation Plan will incorporate elements of this Structure, with a CAMHS Transformation Plan Project Implementation Group reporting through the CCG Children and Young People's Commissioning Group and

Commissioning Committee (meet monthly) to the CCG Governing body and the joint 0-25 Integration Board (meets bi-monthly) and ultimately to the Health and Wellbeing Board (meets monthly).

3.4 A significant amount of work has been undertaken this year across both the CAMHS Transformation Plan and 0-25 Integration programme to better understand need, to review services and to develop improved pathways and services for children and young people with emotional and mental health needs. This has focused the agenda for the Emotional Health and Wellbeing (EHWB) Partnership, which has embraced the opportunities that these programmes present and is acting as the 'expert reference group' for the 0-25 work. A 0-25 Emotional Health and Wellbeing Project team meets to agree priorities and co-ordinate delivery against the work plan. Part of this work has been the development of clear ambitions for the improvement of emotional health and wellbeing in Salford.

3.5 The ambitions have been developed through multi-agency engagement at the EHWB Partnership and through listening to feedback from children, young people and their families. Our ambitions are:

i) Improved awareness and understanding amongst the public and professionals about children and young people's emotional and mental health
ii) Children and young people have timely access to effective child-centred emotional and mental health support when they need it.
iii) Targeted support is available for the most vulnerable, and improved care for children and young people in crisis
iv) Parental support and programmes for those who need it
v) Transparency and accountability across the whole system
vi) Children and Young People have a voice

See Appendix 2 for a copy of the ambitions, highlighting what these will look like when achieved. The CAMHS Transformation Plan forms part of the delivery of these ambitions for Salford. In addition, 'We statements' have been developed by children and young people (see para 7.5 and section 9 below) that outline what the ambitions mean for them.

4 Greater Manchester Health and Social Care Devolution

4.1 The recent devolution provides GM with the opportunity to respond to the challenges outlined within *Future in Mind*, and the *Five Year Forward View for Mental Health.* Addressing mental health, including children and young people's mental health, is a key part of the GM wide health and social care priorities.

4.2 Mental health

GM needs a sustainable mental health system, supported by simplified and strengthened leadership and accountability, to improve child and adult mental health, narrow life expectancy gaps and ensure parity of esteem with physical health. It will involve enabling resilient communities, engaging inclusive employers and working in Partnership with the third sector. GM has already developed, or are in the process of developing:

- a Greater Manchester mental health strategy, governance and delivery plan
- a single specification for Attention Deficit Hyperactivity Disorder (ADHD) and eating disorder services
- a suicide prevention strategy
- an enhanced model of street triage (police and clinical staff working together on the frontline)

- a single commissioning framework for mental health
- new crisis support pathways.

4.3 The GM mental health strategy focuses on:

- **Prevention** – Place based and person centred life course approach improving outcomes, population health and health inequalities.
- **Access** – Responsive and clear arrangements connecting people to the support they need at the right time.
- **Integration** – Parity of mental health and physical illness through collaborative and mature cross-sector working.
- **Sustainability** – Ensure the best spend on the GM funding through improving financial and clinical sustainability.

There is also a Children and Young People's Mental Health Implementation Plan. This sets out the actions that will take place across GM to support improvement in children's mental health in a number of areas, including maternal mental health, work in schools, health of young offenders, transition, carers and community engagement. Work is also underway to look at GM-wide common standards for services, based on outcomes and consistent indicators of provision.

4.4 Within these four pillars of the strategy, thirty two strategic initiatives have been identified. Seven of the thirty two initiatives have been specifically identified as priority initiatives to be implemented early including introducing 24/7 mental health services and 7 day community provision for children and young people and workforce development. Six of the thirty two strategic initiatives identified within the GM strategy relate to children and young people:

- Children, Families and Early Years – improving perinatal, child and parental mental health and wellbeing by directing activities towards the whole family and school life experiences together with community, schools and education programmes
- Supporting vulnerable people – supporting those young people most vulnerable in society to help reduce the risk of developing poor mental health or from any existing mental health conditions.
- Improving support for parents and carers at risk – through linkages to existing programmes of across GM such as Complex Dependency and Troubled Families, encompassing the range of community based support in the NHS, LA, voluntary sector, and Police (GMP) for example.
- Better access to support including more flexible CAMHs service models working outside usual office hours, 24/7 mental health crisis response and liaison services and targeted 7-day community provision for children, young people and families (including where necessary clearer pathways for sanctuary places of safety and in-patient beds) to prevent escalation resulting in inappropriate restrictive placements and care
- Eating disorders - developing specialist children and adolescent Community Eating Disorder Services (CEDS) through multidisciplinary community based teams
- ADHD – co-commissioned multi-agency care pathways for children and young people with ADHD across the lifespan into early adulthood

4.5 Children's services

Reviewing children's services is a significant priority for GM, and proposals and implementation plans have been developed to transform the way these are delivered in GM in the future. Delivery proposals are in line with priorities set out in the mental health strategy, including plans for ADHD, eating disorders and 24/7 mental health crisis services. GM has also asked the Department for Education for devolved

government freedoms and investment in a new system that will radically improve children's services and children's lives, and is currently awaiting a response.

4.6 The GM Early Help Strategy will support wider health and social care transformation plans, including joint commissioning, mental health provision and population health. GM has already begun consultation on this strategy with a full range of primary and secondary health and care services and partner organisations.

4.7 GM's Health and Social Care Partnership will by, April 2017, establish a Children and Young Persons Board that will oversee a whole system transformation of GM's children and young persons' services. This board will be chaired by a senior officer from the partnership and will provide the governance for a GM Future in Mind Transformation plan. This plan will incorporate objectives outlined in local plans and will support those aspects of service planning and delivery that are best commissioned and delivered at scale across a GM footprint, including workforce development and crisis response services.

5 Current Activity

5.1 The principal commissioned mental health services for children and young people in Salford are 42nd Street, core and targeted CAMHS and in-patient services. In addition, there are a range of universal services that offer emotional support across the city as part of their work but they are not specifically mental health services and therefore their activity data is not included here. The information that follows provides details on the above-mentioned commissioned mental health services, presenting the highlights from activity data for Salford 2014/15 and 2015/16; further information is available in Appendix 3.

5.2 The organisation 42nd Street is a charity providing support services to young people aged 11-25yrs under stress in Manchester, Salford, Trafford and Tameside and Glossop. They provide a range of services including counselling, cognitive behavioural therapy (CBT), individual support, group work and volunteering opportunities. The 42nd Street dataset has been updated which means that comparisons between 2014/15 and 2015/16 are difficult, however the new database will be able to capture much higher levels of complex cross category analysis, so that in future years a substantially better comparative dataset will be provided. Looking at the comparable data available in Table 1 below:

Table 1

Measure	2014/15	2015/16	
Referrals	206*	212 (including school = 231)	↑
YP offered an initial assessment	103	129 (including school =147)	↑
YP attending an initial assessment	82	85 (including school = 99)	↑
DNA (sessions)	16%	19% (including schools 18%)	↑
Follow-on work – number of unique young people	126	100 (Including schools 127)	↑
DNA (sessions)	7%	6% (Including schools 5%)	↓

***** These figures include work in schools

- There has been an increase in referrals to the service, with increased numbers offered and attending an initial assessment. Of those offered an initial appointment, 41% were under 18yrs.
- However the 'Did Not Attend' (DNA) rate has also increased, this may reflect a period when waiting times were substantially higher than normal due to staff leaving and recruitment issues. It is also worth noting that the DNA rate is higher between

referral and initial assessment as while young people have consented to being referred, they are not necessarily engaged. The DNA rate improves once the young person is engaged in ongoing work.

- The three most frequent presenting issues for new young people across 2014/15 and 2015/16 were depression, anger management and confidence / self-esteem. However, eating problems had shown an increase but it is too early to know if this is a trend.
- The number of individuals involved in follow-on work with the service has remained virtually the same, and DNA rates for this have reduced slightly. Of those involved in follow-on work, 32% were under 18yrs.
- The three most frequent presenting issues for young people already engaged in the service were depression, confidence / self-esteem and stress / anxiety.
- The service does not currently monitor the average waiting time (although it will do going forward), just the longest that anyone has waited for a service. This was 31 weeks in 2015/16 due to the staffing issues highlighted above. The service aims to see young people within 6 weeks of referral and that is what is happening currently.
- 97 young people left 42nd Street over 2015/16. Of these, 58 had comparable before and after scores with which to measure recovery. 17 of them showed clinically significant improvement (29%), 18 showed recovery (31%) and 14 showed improved or maintained scores (24%).

5.3 Salford's core CAMHS service is delivered by Central Manchester Foundation Trust (CMFT), providing an outpatient service offering comprehensive assessment and treatment of significantly impairing mental health difficulties for children and young people aged 0-18yrs. The service provides a wide range of evidence-based interventions, including CBT, Dialectical Behaviour Therapy skills and groups, Eye Movement Desensitization and Reprocessing**,** Family Therapy, Parent Child Game, Parenting Interventions for ADHD, specialist parenting advice for other conditions (alongside other agencies) and Psychotherapy. In addition the Emerge service works with 16-17yr olds. The key data highlights for core CAMHS are in Table 2 below:

Table 2

Measures	**2014/15**	**2015/16**	
Cases open at end of period	1,658	1,531	↓
Referrals	1,556	1,659	↑
% referrals accepted	86%	78%	↓
New appointments	1,381	1,405	↑
DNA rate	16%	13%	↓
Follow-up appointments	11,197	10,354	↓
DNA rate	15%	14%	↓

- There has been an increase in referrals but a fall in the percentage of referrals accepted. This is probably due to the increased visibility of the service, and work on the development of the i-THRIVE approach and workforce development plans will help to improve referrals to the appropriate points in the pathway.
- There has been an increase in the number of new appointments and a fall in the DNA rate for these.
- There has been a fall in the number of follow-up appointments and a fall in the DNA rate for these.
- The top five primary diagnoses in the two years were ADHD hyperkinetic disorder, autistic spectrum disorder (ASD), depression, attachment problems and generalised anxiety disorder[2]. There was a significant increase in referrals for ASD assessment in 2015/16.

[2] Correct at 05/10/16 when report was run.

- The average waiting time was 10.72 weeks for 2015/16.

5.4 There are a series of targeted CAMHS services jointly funded by the CCG and the LA. These include the Emerge team offering community based mental health services to young people aged 16-17yrs; a post within the Youth Offending Service (YOS) to offer a CAMHS resource within the health team and services for looked after and adopted children and their carers - Salford Therapeutic Advisory and Referral Service for Looked After Children (STARLAC), Salford Adoptive Families Support Service (SAFSS) and Specialist Fostering – 3D. In addition there are some targeted services funded entirely by the CCG, these include a learning disabilities (LD) service and a support for Black and Minority Ethnic (BME) young people. The key data highlights are in the tables 3a and 3b below, however some of the services provide additional information at quarterly monitoring meetings and this is included in Appendix 3:

Table 3a

Measure	Emerge (16-17yrs		BME		LD		YOS	
	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16
Cases open at end of period	144	88 ↓	4	3 ↓	87	49 ↓	17	17 ⇔
Referrals	222	212 ↓	4	2 ↓	100	81 ↓	20	19 ↓
% referrals accepted	88%	92% ↑	100%	100% ⇔	99%	99% ⇔	100%	89% ↓
New appointments	294	256 ↓	14	4 ↓	188	158 ↓	37	31 ↓
DNA rate	31%	27% ↓	14%	0% ↓	20%	18% ↓	22%	29% ↑
Follow-up appointments	1,061	1,040 ↓	73	26 ↓	733	621 ↓	137	118 ↓
DNA rate	18%	22% ↑	7%	15% ↑	13%	17% ↑	20%	24% ↑

Table 3b

Measure	SAFFS		STARLAC		3D	
	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16
Cases open at end of period	17	19 ↑	69	59 ↓	10	10 ⇔
Referrals	19	26 ↑	147	120 ↓	15	23 ↑
% referrals accepted	100%	100% ⇔	88%	89% ↑	100%	96% ↓
New appointments	20	31 ↑	138	117 ↓	10	17 ↑
DNA rate	0%	3% ↑	3%	5% ↑	0%	0% ⇔
Follow-up appointments	371	247	1156	1113 ↓	30	98 ↑
DNA rate	2%	5% ↑	8%	12% ↑	0%	4% ↑

- In the Emerge service the average waiting time was 4 weeks for 2015/16.
- In the BME service the waiting time was 11 weeks. The post holder was on maternity leave during this period and therefore the referrals were not recorded separately. There are plans to review this element of the service in 2017/18.
- In the LD service there has been a fall in the number of referrals, new appointments, and follow-up appointments and the DNA rate for these has increased. The fall in numbers may be due to recording issues, and data recording issues in general are being reviewed across CAMHS. The average waiting time was 18 weeks.
- The average waiting time in YOS was 4 weeks.
- The waiting times for SAFFS / STARLAC / 3D was 11 weeks.

5.5 As part of the 0-25 Integration work, commissioners across the CCG and LA are currently working with the provider to improve the monitoring information provided, in particular to improve the reporting of outcomes not just activity. The full implementation of the CAMHS national data set will also offer significant opportunities to inform improvements around monitoring to ensure the accessibility of the service. In addition

there are plans to develop a GM service specification and outcome framework for CAMHS in 2017/18.

5.6 NHSE commissions specialised services i.e. those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills. This includes in-patient beds, including mental health beds, for children and young people. The specialised commissioning team is currently reviewing the data as part of the national service review (see para 5.7 below). Unfortunately the data for 2015/16 is not comparable with 2014/15 for all units (see table 4 below), so it is difficult to draw any conclusions from the information provided.

Table 4

Year	**Children's**		**Acute**		**Mother & Baby**		**PICU**		**ED**		**General**	
	No.	*OBD*	*No.*	*OBD*	*No.*	*OBD*	*No.*	*OBD*	*No.*	*OBD*	*No.*	*OBD*
2013/14	3	509	9	1301	4	353	2	13				
2014/15	2	92	16	645	3	213						
2015/16							1	65	1	80	39	1032

5.7 A national service review is being undertaken by NHSE at the moment looking at CAMHS, peri-natal mother and baby units and adult mental health beds. The review will determine what is needed by region to ensure equity of access (so that patients are not being placed far from home in order to receive a service) and consistency in quality and pricing. This will enable more local, rather than national, control of bed allocation. There are 1,442 CAMHS beds nationally. At this stage NHSE is not looking to increase or decrease bed numbers, but the beds may need to be redistributed regionally to ensure local access. The review to date has shown that the North West has more CAMHS beds than it requires overall, however there are not enough beds for learning disabilities and eating disorders. The outcome of the review is expected in 2017, and validated data will follow. In readiness for the national procurement of inpatient mental health beds for children and young people, Salford CCG along with the other GM CCGs, is working with GM's providers (including commercial and independent providers) of children and young persons' inpatient mental health beds to support the development of a provider alliance to develop a single GM mental health inpatient offer.

5.8 Improving Access to Psychological Therapies (IAPT) Step 2 services are available for those 16yrs and upwards, consisting of Psychological Wellbeing Practitioners (PWPs) delivering low intensity CBT. PWPs are trained to assess common mental health disorders and collaboratively devise treatment plans with people experiencing mild or moderate: depression, panic disorder or generalised anxiety disorder. The main focus of this treatment is supporting the use of a published self-help guide or other CBT self-help materials (sometimes via computerised CBT). In Salford the Step 2 service is provided by Six Degrees Social Enterprise. The Step 2 IAPT service in Salford receives over 8,000 referrals a year.

- In 2015/16, 25 young people aged 16-17yrs entered a treatment programme with the service; this is an increase of 6 young people on the previous year.
- The number of young people reporting recovery remains almost the same and the number of young people not seen (either because they do not turn up, cancel or are not suitable) remains high.

5.9 There are two teams within Salford that support people who are experiencing forms of psychosis, or loss of touch with reality; the Early Detection and Intervention Team (EDIT) and the Early Intervention in Psychosis Team (EIT). EDIT is a specialist psychological therapy service that works with young people aged 14–35 years who are

experiencing distress and symptoms such as hearing or seeing things that others cannot, paranoia, unusually high or low moods, sleeping too much or too little and difficulty concentrating and being easily distracted. It is aimed at detecting and providing cognitive therapy for people at high risk of developing mental health problems (e.g. psychosis). EIT works with people aged 14-65yrs who have experienced a first episode of psychosis, also providing support to the families of people who are using the service. The service aims to address problems at the earliest opportunity to reduce the impact on a person's quality of life. The service provides a range of evidence based interventions designed to help people manage the effects of psychosis and continue with their lives. 24 young people under 18 yrs were referred into EIT and EDIT in 2015/16, 16% of the total referrals. Of those, 11 remained in treatment.

5.10 With only two years' worth of information it is difficult to draw too many conclusions from the above data. However it appears to show:
- increasing demand with a greater number of referrals into the principle commissioned services,
- improvements in the DNA rates in these services,
- that depression and anxiety remain significant issues for young people, with high numbers of ADHD cases and rising numbers of ASD cases within CAMHS
- generally stable waiting times, which investments in additional provision should help to improve.
- continuing issues with the robustness of data, particularly inpatient data. The latter is being addressed through the national service review and work across GM.

6 Current Finances

6.1 The total investment in the above services in 2014/15 and 2015/16 is broken down in the table 5 below:

Table 5

Service	**CCG Funding**		**LA Funding**		**NHSE funding**		**Total**	
	2014/15	**2015/16**	**2014/15**	**2015/16**	**2014/15**	**2015/16**	**2014/15**	**2015/16**
42nd Street	£50,908	£112,708	£61,800	0			£112,708	£112,708
Core CAMHS	£2,424,866	£2,356,622[3]					£2,424,866	£2,356,622
Targeted CAMHS	£305,416	£305,416	£432,408	£370,871			£737,824	£676,287
In-patient beds					£569,756	£656,754	£569,756	£656,754
LTP Monies		£267,000[4]						£267,000
Total	£2,781,190	£3,041,746	£494,208	£370,871	£569,756	£656,754	**£3,845,154**	**£4,069,371**

6.2 The total above reflects the commissioned specific mental health services, not including the money invested in Step 2 IAPT and Early Intervention in Psychosis services as only very small numbers of young people access the service (see para 5.8 and 5.9 above) and it is not possible to present the cost for just these cases. In addition there is some bereavement counselling commissioned for children and young people through Gaddum costing £20,850. The above does not reflect the provision within universal and community services like health visiting, family nurse partnership, school nursing, children's centres etc. The annual contract value for health visiting, family nurse partnership and school nursing is presented in the table 6 below. These services will include promotion of good

[3] This figure is less than 2014/15 in part because of 1.5% deflation

[4] This represents a portion of the 2015/16 Local Transformation Plan (LTP) allocation as requested

emotional health within their work, but are not specifically commissioned as mental health services.

Table 6

Service	2014/15	2015/16	2016/17	2017/18
HV & FNP	£4,888,000	£4,888,000	£4,805,576	
School Nursing	£867,864	£865,117	£874,634	
Combined Contract				£5,351,258

6.3 Scoping work was undertaken with the health visiting service to identify whether a model could be developed that would demonstrate the contribution of universal services to emotional health and well-being, both financially and in terms of activity. The costing model could then be replicated with other universal services. The Salford 0–25yrs Integration POG directed this work. In order to demonstrate the contribution, the health visiting key performance indicators were reviewed to identify those that contributed to emotional health and wellbeing. A staff banding and an estimated time taken was then allocated against these activities. This generated a notional cost. Based on this, 1.76% of the overall health visiting contract value is the estimated cost contribution of the health visiting service to emotional health and wellbeing. However, this needs to be treated with some caution as only certain activities were considered and there was limited quantifiable activity data available. For these reasons the POG felt that there was little value in extending the exercise to other universal services.

6.4 Table 7 below shows the breakdown of the additional investment from central government for the local transformation plan (LTP). For Salford this totalled £562,735. However, only £267,000 was requested in 2015/16 to allow for commencement part way through the year, generally a quarter of the overall cost. This is apart from item 3 which is zero as funding has already been identified to pilot this Jan-March 2016; item 4 which is non-recurrent monies to extend the Schools / CAMHS pilot to allow up to an additional 22 schools to participate; item 5 which is a one-off investment into 42nd Street to facilitate some research into the needs of the Orthodox Jewish community and item 7 which is a request to support the initial implementation of the project. Updates on the projects themselves will follow in the next section.

Table 7

Scheme	Spend 2015/16
1. Community Eating Disorder Service	£62,500
2. Rapid Access / Home Treatment Team	£27,500
3. Single Point of Access in the Bridge	0
4. Whole School Approach to Emotional Wellbeing	£100,000
5. Prevention, early intervention & community support	£40,000
6. Capacity Building (inc. training)	£7,000
7. Project implementation support	£30,000
Total	**267,000**

The projected spend for 2016/17 will be £557,391, and is broken down in table 8 below:

Table 8

Scheme	Allocated Spend	Projected Spend
1. Community Eating Disorder Service	£250,000	£193,539
2. Integrated First Response (formerly Rapid Access / Home Treatment Team)	£110,000	£132,128
3. Single Point of Contact in CAMHS	£53,000	£49,159
4. Whole School Approach to Emotional Wellbeing	£75,000	£75,595
5. Prevention, early intervention & community	£45,000	

support - Tues / Thurs LGBT Support Group* - Emotional wellbeing early help support in west locality pilot*		£29,500 £47,750
6. Capacity Building (inc. training) - i-THRIVE research*	£29,735	 £26,720
7. Miscellaneous - Additional monies for CYP-IAPT backfill (see below)		£3,000
Total	**£562,735**	**£557,391**[5]

* Non-recurrent investments

In addition we have received a non-recurrent allocation of monies in 2016/17 from NHSE totalling £134,000 to support initiatives to drive down average waiting times for treatment and reduce length of stay in inpatient care through more robust 24/7 crisis care support pathways. We are taking a GM approach to this allocation, working with GM commissioners to bolster the on-call support rota for young people experiencing crisis out of hours and an all-age Rapid Assessment, Interface and Discharge (RAID)[6] pilot. In addition the resource will be used to fund backfill to allow two Salford practitioners to undertake IAPT courses and a small allocation to a GM support programme. This totals £137,000.

6.5 Our projected investments for 2017/18 are currently allocated according to the headings in Table 9 below (subject to final confirmation of the total from NHSE):

Table 9

Scheme	**Allocated Spend**
Community Eating Disorder Service	£161,000
Integrated First Response	£150,000
Single Point of Contact in CAMHS	£50,000
Whole School Approach to Emotional Wellbeing	£100,000
Prevention, early intervention & community support	£100,000
Capacity Building / Training	£50,000
GM Crisis Care Pathway Support	£71,000
GM Work	£42,000
Total	**£724,000**

6.6 These ambitious programmes need to be underpinned by a comprehensive workforce strategy which takes into account skills, capabilities, age, gender and ethnic mix to enable us to develop and support a workforce that is flexible, sustainable and fit for purpose. Salford is collaborating with all other GM CCGs to develop a multi-agency a workforce strategy for GM. Salford has begun work to map our current workforce with partners to understand the profile across the borough. The next phase is to continue and consolidate this mapping work and develop a workforce strategy that links to a learning and development plan, building on the work already undertaken detailed in section 8 below.

6.7 The staffing breakdown for commissioned services in 2015/16 is outlined in Appendix 4. There were 38.98 whole-time equivalents (WTE) across core and targeted CAMHS.

[5] Underspend of £5,344 due to VAT reclaim on i-THRIVE research

[6] Rapid Assessment, Interface and Discharge (RAID) is a specialist mental health service, based in various hospitals, that will see anyone who has reason to attend A&E or is a hospital inpatient, who might be suffering from mental health problems. It supports the diagnosis, assessment and management of people with mental health issues.

This compares favourably with other providers across GM. This is before any increase in staffing through the additional investments from the local CAMHS transformation plan monies, see also workforce development section below (para 8.29 – 8.32). In addition there are 2 WTE workers in 42nd Street.

6.8 NHSE published indicators in 2016 designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. The aim is to achieve at least 35% of children and young people with a diagnosable mental health condition receiving treatment from an NHS-funded community mental health service by 2020/21, in line with the national trajectory set out in *Implementing the Five Year Forward View for Mental Health*. Table 10 below outlines Salford's position against this trajectory (N.B. these figures are currently from Salford CAMHS only).

Table 10

Indicator	2016/17 NHSE Estimate	2016/17 Provider Estimate	2017/18 Estimate	2018/19 Estimate
Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services	915	1,421	1,632	1,744
Total number of individual children and young people aged 0-18 with a diagnosable mental health condition	5,445	5,445	5,445	5,445
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	16.8% (Target 28%)	26.1%	30%	32%

Salford commissioners' will continue to work closely with providers to ensure that they remain on target to achieve the national trajectory.

7 Involvement of Children and Young People

7.1 Salford's Locality Plan 2016-2021 sets out how we will work as a Salford wide health and social care economy to address health inequalities, provide better services and empower and engage citizens. The plan describes a direction of travel for engagement; moving from consultation to co-production and empowerment. To achieve this will require working alongside communities to shape services and projects from the outset and developing relationships that enable greater citizen power and true involvement e.g. co-production of services and plans. As part of this approach there is an aim to engage young people in the development, delivery and evaluation of the CAHMS Transformation Plan and associated projects. The engagement plan 2016/17 to support this identified four key areas of work: identifying priorities for the plan e.g. Healthwatch consultation, prevention and wellbeing e.g. plays in schools, service design and evaluation e.g. frame of mind campaign and co-production and partnership e.g. Salford Young People's NHS Forum. This engagement plan will be refreshed on a yearly basis. Further information is contained in the sections below.

7.2 **Plays in schools**: Further funding was secured to commission a community arts group to deliver a new performance workshop for 2016. The new self-harm production also incorporated a focus on eating disorders, which was identified in the previous

evaluation data as an issue that young people wanted to have more information about. The script, workshop and accompanying school lesson plan was developed collaboratively with 42nd Street, a young people's mental health charity. During March 2016, two thousand and eighty Y9 students from the majority of Salford secondary schools participated as well as pupils from all pupil referral units (PRUs) and a Secure Training Centre.

7.3 The feedback from both students and teaching staff was excellent and funding has been secured to develop the performance workshop further for 2017. These 2017 workshops will continue to focus on self-harm and eating disorders but body image, depression and suicidal feelings will also be incorporated into the performance as these were the emerging themes identified in student feedback. A scoping exercise is also due to take place to develop the project, widening engagement to incorporate a younger audience including Y6 students (10-11 year olds), to help foster resilience to cope with transition and emotional health issues. A review will also be undertaken with schools on the teaching resources and lesson plans that accompanied the theatre production to gauge their usefulness going forward.

7.4 **Frame of Mind campaign**: Progress on the local Youth Council campaign to educate young people and parents and support teaching staff around mental health issues has been slow. However the Youth Council still hope to produce training materials for teaching staff to raise awareness, highlighting the triggers which may identify young people require additional emotional support.

7.5 **Salford Young People's NHS Forum**: This new group has been formed, made up of representatives from a number of proactive youth groups across the city, including looked after young people and carers. The focus of the 12 month pilot group is to be a 'critical friend' to health and social health care partners, helping them to improve existing provisions and services within Salford. This includes helping to develop 'We statements' that support the set of ambitions for children and young people's emotional health and wellbeing in Salford developed by the EHWB Partnership. The 'We statements' ensure children and young people have a voice in describing what these ambitions mean for them. The 'We statements' are reproduced below in section 9 and will support the evaluation and development of services going forward as they are a benchmark for the aspirations of children and young people. The group are also leading on the development and delivery of a youth event aimed at raising awareness of health and mental wellbeing and engaging with young people to understand their experience of Salford's primary care services. The event will be held in spring 2017.

7.6 **Healthwatch consultation:** Healthwatch Salford and the young carers' service worked with children and young people to plan and carry out the engagement project between July 2015 – November 2015. A group of 4 young people aged between 14 and 18 years was established to help plan the project. They developed a questionnaire to ask people about their experiences of being happy, being unhappy and using wellbeing and mental health services. The young people involved worked on the language, questions and planning for the survey. They decided where we should send the questionnaire. Healthwatch Salford also asked the young carers' service, engagement leads in the city, the Children's Trust Board, people who plan and buy services and people who work with young people for their ideas on the implementation of the survey. The questionnaire was taken to schools, groups and places in the community. Lesson plans and activity sheets were developed to help younger children answer the questions. 411 responses were analysed and used to develop recommendations.

7.7 The key insights were that young people aged 11-17 years told us that they feel happy less often than younger people. Young people told us that life events, like the loss of a family member or parents getting a divorce, can be difficult. People aged 11-17 who answered the questionnaire told us that they get less support from family members. Good relationships are seen as important for stopping people getting stressed. People said that having relationships with people they can trust is important. The people answering this questionnaire found learning ways to manage stress useful. Local people told us that females are more likely than males to talk to someone if they need help and support when they are feeling stressed. Young people answering this questionnaire said that they would like to have a service that they can access when they need it. Most young people in our survey felt that things either stayed the same or got worse whilst they were waiting for support. Young people told us that having some support (self-help, peer support or just someone to talk to) would make things better. Some children and young people found themselves waiting to go to a service for some time. Some people got help very quickly. It was expressed that most of the time, teachers and parents are the people who get them help. There is evidence that most young people completing the questionnaire did not feel that they had information about the service they were getting help from. The young people in the group talked about how Primary schools feel more caring than high schools. They felt that Secondary schools had more pressure and the teachers were stricter and focussed more on the work. Young People told us that this can make it harder to talk to teachers about mental health.

7.8 The results of the project have been presented to the Children and Young People's Trust Board and the project has been commended by Healthwatch England in their award scheme. The findings have been taken on board and are reflected in the work of the CAMHS Transformation Plan and 0-25 Integration programme, whilst acknowledging the principle that engagement is ongoing.

7.9 **Lesbian, Gay, Bisexual and Transgender Community (LGBT)[7] Research**: The Proud Trust was commissioned in February 2016 to undertake some research in Salford to understand the needs of the young LGBT population. This included a background review of the pertinent literature, plus a national and local context search and data collection across 35 participants, including 25 Young people. The report has been produced with recommendations for commissioners and services. Based on a thematic analysis of the interviews and focus groups, there were three superordinate themes: the experiences and barriers faced by LGBT young people, issues navigating local systems and services and good experiences with local services.

7.10 Some of the experiences and barriers included the geography of Salford, varying degrees of deprivation and diversity, not enough relevant and accessible services, generational differences, sexism and misogyny, harassment, abuse and bullying. Some groups were identified as particularly marginalised (this included Roma and certain religious communities). Navigating local systems and services also highlighted the importance of timely and direct communication, training for GPs on how to engage / support young LGBT people, the importance of services asking about sexuality, issues for schools including relationships and sex education that meets the needs of LGBT young people and transitioning between young people's and adult services. Good practice was highlighted including acceptance from others, safe space with time to explore / reflect on sexuality, not making assumptions – individualised care for specific groups and young LGBT people at the centre of the work services provide.

[7] This is sometimes represented now as LGBTQ to include 'questioning' of sexuality.

7.11 Some key recommendations have been identified around the importance of youth groups and peer support, training for schools, GPs and the mental health workforce, structures that support challenging of homophobia, and the positive visibility of LGBT identities, sufficient staffing resources and funding committed in order to support LGBT young people, youth voice and involvement, promotion of LGBT support in mainstream settings, LGBT and youth friendly spaces, outreach to rural and BME communities, sufficient time spent on interventions, systematic monitoring by confident staff and trans tailored services as part of 'Devolution Manchester.' An action plan is being developed to address the needs highlighted within the report that will be monitored through the EHWB partnership. A working group is being established to take this forward and representation from the young people involved in the research is being sought to participate in this group.

Priorities for 2017/18:
- Evaluation of the plays in schools & accompanying teaching resources
- Further development of the Salford Young People's NHS Forum and the 'We statements' work
- Progress on the action plan to deliver the recommendations of the LGBT research
- Continued involvement of young people in the evaluation and development of services

8 What Has Been Accomplished Since December 2015

Resilience, Prevention and Early Intervention

8.1 **Early Help**: The 0-25yrs emotional health and wellbeing test case recognises the need to build resilience in children and young people and build capacity amongst the wider workforce that provides universal / early help support to enable front line workers and professionals to have the confidence to identify needs early and provide advice and support where required. There are plans to develop an early help approach around emotional health which will be tested through the 0-25 west locality pilot, with a focus on awareness raising, capacity building through the locality team, introducing assessment tools and establishing clear pathways and protocols for when to refer on (step up and down).

8.2 **Early Years Delivery Model (EYDM)**: Work has started to scope the early years element of early help for children and young people and their families around emotional health and wellbeing, to understand the 'as is' and describe the desired pathways and standards for perinatal, maternity, health visiting, children's services (aged 0-5) and parental mental health / parenting support. As part of the EYDM, Salford is no longer trialling the Wigan antenatal programme in the west locality as this did not have a sufficient evidence base. Instead, Salford is exploring the Solihull antenatal programme as the Solihull approach is used by all health visitors in Salford, so it will complement their work. The children's centre workers across Salford will also be trained in the Solihull approach to ensure consistency for families. Therefore the Solihull approach is currently being piloted in the west and north localities with a view to roll-out across the city. Universal Baby Incredible Years is being rolled out across the city following an initial pilot in the west locality as a universal offer for families with referrals from midwifery, heath visitors and children's centre workers. The course promotes bonding and attachment, and parents can either attend the programme in pregnancy or after the baby is born. In addition, the NSPCC Baby Steps programme is being explored and if approved will be tested within Salford's Strengthening Families programme as this is a more targeted antenatal and postnatal offer.

8.3 **Whole school approach to emotional wellbeing**: There has been a huge amount of work to explore the emotional wellbeing offer to schools.

8.3.1 For a second year Salford CCG has funded a Healthy School Programme which targets primary schools. Salford primary schools were invited to bid for small pots of grant funding for projects that would be delivered across academic years 2015/16 and 2016/17. The funding is available for schools to deliver programmes to improve the health and well-being of children with a focus on promoting healthy weight, healthy lifestyles and improving children's emotional health and well-being. There were two pots of grant funding available: universal funding that allows schools to bid for up to £2,000 to carry out their own sustainable health projects and innovation funding that allows individual primary schools to bid for up to £5,000 or voluntary organisations and/or clusters of schools to bid for up to £15,000. The following table shows the total number of primary schools and voluntary organisations who have applied for the funding since it has been available. An evaluation of this work has been undertaken and will inform the CCG of future developments.

Funding	Academic Year 2014/15	Academic Year 2015/16
Universal Funding	48	52
Innovation Funding Primary Schools	29	29
Innovation Funding Voluntary Organisations	9	9

8.3.2 The educational psychology service has continued to provide support under the Targeted Mental Health in Schools (TaMHS) remit. Since its initial launch in March 2015, the Emotionally Friendly Schools (EFS) programme has continued to be rolled out across schools, with now over 60 primary and secondary settings involved in the process which offers schools whole school awareness training and an action planning meeting alongside a resource manual. The EFS has been incorporated into the CAMHS / schools link pilot, with an expectation that schools involved in the pilot are also engaged with the EFS process. The manual has been updated this academic year and schools have been offered additional training workshops, these include self-harm, anxiety, depression and bereavement and loss. The second EFS conference took place in April 2016 with a focus on Bereavement, Attachment and Loss. It was well received with 115 delegates attending from schools and settings across Salford. The next EFS conference for 2017 is currently being organised and will have a focus on staff wellbeing.

8.3.3 Research with schools was undertaken between January and May 2016 and engaged approximately 50% of Salford schools. An audit was undertaken of current provision, measurement of outcomes, identified gaps in provision and training needs. Several themes were identified for future development and support to schools including: more support and training around LGBT issues; improvements to transition processes; supported commissioning (approved providers) and support and demand for additional development of the Emotionally Friendly Schools programme. It is anticipated that a second phase of research will take place to engage more schools in order to provide a more representative sample and to develop further some of the themes and topics that were identified in phase 1.

8.3.4 A Schools Counselling Approved Provider Register has been established for Salford which will provide a vehicle for primary and secondary schools to access

a menu of provision and a pool of quality assured counselling providers. This builds on the good practice already in place in some schools, and the real difference that counselling provision can make to the support offered by schools for children and young people and their families. Nine providers have been approved on the Schools Counselling Provider Register to deliver in Salford schools from September 2016.

8.3.5 Salford CCG submitted a successful bid to participate in the national CAMHS / School Link Pilot Scheme, which included 6 primary schools, 3 high schools and 1 Pupil Referral Unit. There have been some significant achievements within the pilot to date including the identification of named mental health leads in each of the 10 pilot schools, a full-time CAMHS School Link Post, implementation and testing of a CAMHS direct referral model for schools (currently being tested with the 10 pilot schools), improved communication and relationships between the pilot schools and CAMHS, improved awareness regarding roles and responsibilities and improved working relationships between CAMHS and education psychology and delivery of joint training.

8.3.6 In addition, Salford CCG launched phase 2 of the scheme with a further 22 Salford Schools using LTP monies. An introductory session was delivered to the phase 2 schools in March 2016 and the engagement process was completed throughout the Spring/Summer term. A signed participation agreement from all 22 phase 2 schools has been received and named mental health leads have been identified. To further develop the CAMHS / school link work, both cohort of schools (10 national pilot schools and 22 phase 2 schools) participated in a planned mental health and emotional wellbeing networking event in October 2016. The main focus was to give the participating schools an improved knowledge and understanding of the wider Salford emotional health and wellbeing services available to them, with 18 local organisations showcasing their services. Further roll-out to the remaining schools is planned for 2018, dependent on the evaluation of the scheme.

8.3.7 A working group on emotional health and wellbeing in Schools has been established across the CAMHS Transformation Plan and 0-25 Integration work on emotional health to join up the work outlined above. An integrated delivery plan has been drafted which incorporates best practice in schools and gaps identified through some schools research, access to counselling in schools, emotional friendly schools programme through educational psychology, the CAMHS / Schools Link pilot developments and drama workshops for Year 9s. Further work is planned around training / work force development, young ambassadors / peer support and successful transition from primary to secondary school. Representatives from schools have been engaged and will sit on the group in 2017.

8.4 **School Nursing Service**: The re-specification and procurement of the Salford Schools Health Service has been included within a new integrated 0-19 child health service that will begin in April 2017. Emotional Health and Wellbeing will remain a priority theme for the service and they will support schools to introduce a ‘whole school approach’ to Emotional Health and Wellbeing. This will involve providing guidance and professional support to schools and delivering interventions that will engage secondary aged children to build resilience and the skills to manage their own health and wellbeing and raising awareness of support available to them.

8.5 **Voluntary, Community and Social Enterprise (VCSE) Research**: The research project, undertaken by Salford Council for Voluntary Services (CVS) highlights the current provision for children and young people from a sample of 42 VCSE organisations, including the impact and added value of their support for children and young people. Particular focus is given to three main areas of work within the 0-25 transformation programme, namely emotional health and wellbeing, children and young people with disabilities and speech, language and communication needs. The aims were to identify the range of current VCSE services supporting children and young people, including the costs and impacts of these activities, assist in the development of effective pathways and further develop the evidence base of need. Of the 42 organisations participating in the research, 33 were supported to create an impact analysis and an 'Impact on a Page' report. These provide a snapshot of activities, strengths and key impacts. 17 of the sample of 42 undertook a 'Value for Money assessment' with the Centre for Local Economic Strategies (CLES). The brief being to include evidence regarding the three test cases in Salford with reference to public sector costs, and to identify social value and the broader benefits and outcomes from Salford VCSE activity with children and young people. In relation to emotional health and wellbeing needs and outcomes, most organisations stated that the needs of children and young people had become more frequent and severe in recent years. They reported that children and families were under strain due to school life feeling pressurised and families having less resources. There was also a sense that CAMHS were hard to get in touch with or engage with. The report makes a number of recommendations for Salford CCG, LA and CVS and a number of specific recommendations for the three transformation programme areas. These include valuing and investing in VCSE activities, providing support and ensuring on-going involvement of the sector, promotion of funding opportunities, provision of capacity building support and encouragement of young people's volunteering. In relation to emotional health and wellbeing, there are specific recommendations in relation to supporting access to the EHWB Directory, training opportunities and improved engagement with CAMHS for the sector.

Priorities for 2017/18:

- Delivery and evaluation of the early help approach for emotional health in the West Locality pilot
- Consolidation of the EYDM in Salford
- Implementation of the emotional health & wellbeing in schools delivery plan
- Review the outcomes and recommendations of the VCSE research

Improving Access to Effective Support

8.6 **i-THRIVE**: Salford is committed to the implementation of the THRIVE model, moving away from a tiered approach to a needs based whole-system model. As an i-THRIVE Accelerator CMFT joined the i-THRIVE Community of Practice along with the nine other successful sites. This has enabled us to access support, training and shared learning events. In addition there is a proposal for a GM i-THRIVE hub which will be the only formally established collaborative outside London with the Anna Freud Centre. Initial discussions have taken place at the Salford EHWB Partnership to engage different agencies in an understanding of the i-THRIVE model. As part of this, work needs to commence across Manchester and Salford to establish a current baseline, conduct a needs and resources assessment and develop a robust plan to guide implementation. This work will be initiated through research to be conducted by the Centre for Public Innovation. An initial stakeholder engagement event across Manchester and Salford was held in early February, with follow-up events planned in May 2017.

8.7 **Future commissioning**: A commissioning impact assessment and options appraisal has been undertaken to consider future commissioning arrangements for children's emotional and mental health services in Salford. A range of commissioners across both children's and adult services were involved in considering the options and making recommendations to senior management teams in both the LA and CCG. This will inform a more integrated approach to how we commission services and manage delivery in the future.

8.8 **Work with General Practice (GP)**: A recent communication was undertaken with Salford GPs as part of a programme of awareness-raising with GPs in relation to the disparity in referral rates to CAMHS. Salford commissioners will also be working with the GM Strategic Clinical Network (SCN) to develop a GM programme of work to raise emotional well-being awareness with the wider primary care providers such as pharmacy and dental providers. Following the review in 2015 of anti-depressant use for mental health conditions in children and young people, there were discussions regarding the need for joined-up approaches between GPs and CAMHS on the management of these young people. As a result, it is planned to repeat the audit in 2017 and work has been undertaken with CAMHS to design an appropriate audit tool.

8.9 **Transition**: There were two initial workshops in 2015 around three identified groups where transition arrangements needed to be considered further, namely young people known to the EIT, young people with a mental health diagnosis who are under CAMHS and vulnerable young people who don't necessarily have a serious mental illness but who have other diagnoses e.g. ADHD or Aspergers, and who may be in high cost placements. The two workshops raised a number of questions, including whether there is sufficient resource in CAMHS, the nature of assertive engagement between Adult Mental Health Services (AMHS) and CAMHS, the step down provision for vulnerable young people with complex needs, the possibility of pooling budgets / joint working protocols, the consistency of management of need between different CAMHS, the management of the provider market and numbers of staff involved in transition. Further work has been undertaken to address the points raised. Data was reviewed from July - December 2015 for EIT and the provider has given assurance that there are no barriers to people transitioning to AMHS from these services. Data was reviewed over the same period for Emerge which highlighted some relatively short transition periods (ranging from 1 week to 2 months), but also showed that some of these young people had only been known to the service for a short period of time. This has highlighted areas for further work, including the consideration of CAMHS staffing resources to support transition, and the potential for the 2017 Transition CQUIN to support developments. In addition work is on-going regarding the vulnerable cohort with a number of complexities, to discuss the role of transitional social workers in the identification of young people who may need to transfer to adult mental health services, and co-working with mental health providers and the potential for an existing panel to maintain an overview of cases that may be appropriate for adult mental health services to ensure that young people are not overlooked.

8.10 **Single Point of Contact:** A pilot was undertaken at the beginning of 2016 around CAMHS involvement in the Bridge (Salford's multi-agency safeguarding hub) to facilitate a single point of contact for services to CAMHS expertise. It was envisaged that this would enable a multi-agency approach and wrap around offer to mental health related referrals that may not require a CAMHS (tier 3+) response, offering wider step down support to children and families. However the initial pilot was inconclusive and after additional work it was determined that the Bridge was not the right location for the resource. Further scoping has been undertaken and the resource would best sit within

as CAMHS duty function but operate flexibility across the city, helping to raise awareness about emotional health and CAMHS provision, and attending key meetings with services and linking into the Bridge. The aim will be to provide advice and consultation on pathways / referrals for professionals (including GPs, schools not part of the CAMHS / Schools Pilot, school nurses, health visitors, youth workers, social workers and the Bridge). The post will be for a year initially to test the idea, and a collaborative evaluation will be conducted looking at the learning from the CAMHS / Schools post and the early help offer in the west locality pilot.

8.11 **DNA (did not attend) / CAN (could not attend)**: Following the review of failed appointments within CAMHS (DNA / CNA) undertaken in October 2015, the following actions have been undertaken to improve attendance. The wait for a first appointment has been identified by young people as the crucial 'engagement' phase for them. In order to ensure the most potential of young people arriving at CAMHS, CMFT are looking at things to do whilst awaiting your first appointment with the current participation groups across the service. This will include an invite to a young person 'user' group prior to their first appointment. This is work in progress and is due to report in April 2017. In addition, work is underway to produce videos on what to expect from the first visit to CAMHS, these will go on the website hopefully by the end of March 2017. The CAMHS website will be improved and will include a section with information on 'what to do whilst waiting' by end of March 2017. A leaflet explaining what to expect from CAMHS, the maximum wait time and information on where to access self-help information will also be developed by the end of March 2017. Work is ongoing to ensure all service users are contacted before their appointment to remind them of it. It is not possible to use one messaging system across all services but reminder texts to those attending ADHD clinics commenced in November 2016. Clinicians now review cases if the individual fails to attend an appointment to determine the most effective strategy for contact e.g. direct phone call, to enquire as to the best next step. Clinicians ensure that the next appointment is agreed with the family and young person at the current appointment.

8.12 **Special Educational Needs and Disability (SEND)**: An overarching multiagency SEND strategy for Salford is currently being developed with a series of consultation sessions for all partners underway including specific sessions with children, young people and their parents and carers. The importance of emotional health and wellbeing is clearly identified within this strategy. Alongside this, one of the test cases for the 0-25 integration work is on children and young people with disabilities, and provides the opportunity for a review of current services to streamline what is provided across different agencies into joint pathways, reducing duplication and improving patient experience. The work on the ADHD and ASD pathways (see paras 8.20-8.21 below) form part of this. The Designated Medical Officer (DMO) for special educational needs and disability (SEND) role is well developed in Salford and a detailed workplan has been developed to implement the changes within the Children and Family Act (2014). As part of this a specific piece of work is underway to develop a pathway for CAMHS involvement in the assessment process for Education Health and Care Plans (EHCPs), to ensure more timely access to information. The DMO has met with the CAMHS lead and has agreed the need for specialist CAMHS advice to input into an EHCP where the young person is involved with CAMHS. CAMHS advice is provided currently when requested but there is not a clear pathway. In order to improve this, a specific proforma has been developed to provide the advice, and work is underway to map demand and cost this new pathway.

Priorities for 2017/18:
- Engagement and implementation of the i-THRIVE model

- Review future integrated commissioning arrangements and implement the GM service specification
- Review transition pathways and learning from the CQUIN
- Collaborative review of the single point of contact
- Review achievements of initiatives to reduce DNA / CNA

Care for the Most Vulnerable

8.13 **Community Eating Disorder Service (CEDS)**: Using the monies allocated for the treatment of children and young people with eating disorders up to the age of 18yrs, Salford CCG has worked with Manchester CCG's to specify a community eating disorder service across the two localities in line with the access and waiting time standard and NICE Guidance. The aim has been to specify an outcome focused service that will ensure swift access to an appropriate evidence-based community resource. The ambition is to ensure that every child and young person with an eating disorder receives an integrated service that supports sustained recovery and reduction in relapse, and reduced need for inpatient admissions. Children, young people and their families and carers will benefit from increased awareness and more involvement in commissioning services that meet their needs. This will be measured through performance indicators that include access to treatment, readmission rates and quality measures that focus on improved outcomes and recovery reporting and feedback from service users and their families.

8.14 Equity of access across Salford and Manchester will be delivered through a hub and spoke model with all cases referred to a single point of access. The hub will be in CMFT with a spoke in Salford. This gives families the option of being seen within their locality (which could include home or the local Tier 3 CAMHS clinic) or within the hub – especially relevant if there are significant concerns about physical health or risk and an urgent paediatric assessment or psychiatric risk assessment is needed. The specialist community mental health practitioners (CMHPs) will be co-located and integrated within the current core locality CAMHS teams. The remainder of the multi-disciplinary team will be located at the hub. It is proposed that the CMHP's will be the lead clinicians supported by the multi-disciplinary team and at any one time will have a caseload capacity of 30 young people and families each. The current caseload of active cases, held within core CAMHS will transfer over to this team within a 6 month timeframe and the released capacity will be focused upon adding increased capacity for emergency support or new appointment availability to reduce the current routine access pathway. There is a dedicated Eating Disorder Families Group in Galaxy House that will be consulted in the development and delivery of policies and team procedures, as well as the Salford Young People's NHS Forum (see para 7.5 above). The service is one of the three CEDS across GM, and will be piloted for 12 months from April 2017; the evaluation of the success of the pilot will include benchmarking against the other services to ensure the most appropriate model in Salford and Manchester.

8.15 **Crisis Support Audit**: The Care Quality Commission review of Salford LAC and Safeguarding in May 2014 highlighted that there was no robust pathway in place for 16 and 17 year olds attending adult A&E as a result of self-harm. A revised pathway to ensure clear shared care to underpin support for 16-17 year olds who present at the adult Emergency Department with self-harming behaviours, with effective follow up to reduce the risk of further attendances, was implemented and embedded within practice in December 2014. An audit was completed in November 2015 in conjunction with CAMHS and the Mental Health Liaison Service (MHLS).This concluded that the self-harm pathway was embedded and adhered to within practice. Where care deviation from the pathway occurred in a minimum of cases, clear clinical rationale was

documented regarding ongoing referrals. A further follow-up audit is scheduled to be undertaken in 2017 to provide assurance on continued adherence.

8.16 **All age 24/7 mental health crisis service:** the aim is by January 2018 to have developed and implemented 24/7 crisis care support for children and young people across all GM, providing easy access to services that are responsive and provide appropriate help. Investment in community and crisis support is required, in order to improve health outcomes for young people across GM and to reduce the requirement for acute and long term care. Work has commenced to review current provision from a range of perspectives; to scope best practice across the region and beyond; to consult widely with all stakeholders; and to connect with associated transformational processes e.g. GM Crisis Concordat, Mental Health Liaison Strategy, local transformation plans, Childrens Services Review, Youth Justice Review and NHSE CAMHS Tier 4 and Secure Procurement Review. The focus is now on developing an economically viable and outcome focused offer that is coproduced with young people and those who care for them, which can achieve a reduction in the demand for crisis care by strengthening prevention and early help across the system. A collective agreement has been reached to develop a GM offer for crisis and extended community provision pump-primed through additional non-recurrent investment to accelerate implementation. This will include an extended community model, such as the existing adult Sanctuary model, and an extension of RAID to under 16's. Work will be undertaken with GM's local authorities and mental health service providers to develop a GM wide multi-agency offer that is informed by single GM standards and GM wide trusted processes and tools.

8.17 **Integrated First Response** (formerly Rapid Access / Home Treatment Team)**:** work is currently underway in partnership with Manchester CCGs to scope out an Integrated First Response pilot across Manchester and Salford. The service will provide an early assessment for children and young people who present with high levels of distress caused by the combined impact of their social situation and their mental health needs. The current proposal for the pilot suggests placing THRIVE Practitioners (TPs) in identified settings across Manchester and Salford where young people regularly present with episodes of psycho-social distress and risk and where there is a recognition that the current configuration of services and support does not appropriately respond to or contain young people's immediate needs. There is an expectation that the development of more responsive, de-escalation support for young people within and around these settings will allow for the testing of mechanisms, processes, protocols and governance required across the system, to inform future provision, potential wider roll out and to dovetail with developments around the wider crisis pathway being developed at a GM level. The model also includes strengthening partnership working, capacity building and aligning of services across the system and across sectors and is expected to reduce the need for crisis/acute services and ensure that where referrals are made they are appropriate, high quality and meet the young people's needs. The proposed initial settings in Salford are the Clifton PRU and the Missing from Home Team and the Early Help Outreach Team. The aim is to offer short term care to help stop admissions to in-patient beds / facilitate early discharge with a step up / step down into other community services when stable. The model for the service will be an integrated, outcome-focussed one across health, social care and the voluntary sector, aligned to the GM crisis care pathway.

8.18 **Health & Justice**: The GM Mental Health Crisis Care Concordat now has a CAMHS sub-group and CAMHS also now attend the monthly police liaison meetings with adult mental health about the issues police have had in that month with mental health incidents and vice versa. CAMHS have now joined to increase communication and

understanding across agencies. The providers of police custodial health services and liaison and diversion services are involved in the Crisis Care Concordat so CAMHS works in partnership with them through that umbrella. In addition Salford has a CAMHS post within the YOS. There is also a local sexual assault pathway that meets the requirements of the national guidance and ensures that there is a smooth transition between different elements of the pathway.

8.19 **Child Sexual Exploitation (CSE)**: Salford Safeguarding Board has a CSE Strategy and the work of the strategy is taken forward by the CSE strategic subgroup of the Safeguarding Board. It is a multi-agency group including membership from CAMHS. The strategy was revised in October 2016 to reference the future multi-agency work around CSE.The action plan to deliver the strategy includes actions for CAMHS around staff training, supporting a rolling programme for the secondary prevention targeted group (ACE – Assertive, Confident, Empowered) for looked after children in years 6, 7 and 8 and providing appropriate screening measures to the Police Protect team and School Health Advisors to allow CYP where CSE is identified to be screened for emotional health and wellbeing difficulties. There is a similar access pathway with Protect to that for St Marys Sexual Assault Referral Centre (SARC). All CAMHS clinicians are required to do level 3 Safeguarding training, which includes CSE.

8.20 **ADHD Pathway**: Work to develop an integrated care pathway to improve the management of ADHD within Salford is continuing, based on the good practice guidance *Delivering Effective Services for Children and Young People with ADHD*. CMFT are leading on this work to create a bespoke integrated care pathway by July 2017, to meet the analysed needs of the Salford under 18 population, in keeping with the design of Salford's health and social care systems. The project work and resultant pathway will be multi-agency involving school health, community paediatrics, GPs, social care and the voluntary sector. Engagement with schools, school nurses and education psychology has been undertaken and a cohort of schools has been identified to test out the pathway before scaling up to all agencies / services. All high school special educational needs coordinators (SENCOs) have been offered training sessions in ADHD awareness with a senior CAMHS consultant. Work now needs to be progressed to join up with health (paediatrics and GPs). The work has increased understanding amongst partners of the role of CAMHS and the information that would be useful to ensure CAMHS can do a timely assessment.

8.21 **ASD Diagnostic Pathway**: Work has been undertaken to develop a diagnostic pathway for ASD from the first point of concerns about social communication skills in a child or young person to assessment and post diagnostic support. This work was multi-agency across paediatrics, CAMHS, speech and language therapy, physiotherapy and occupational therapy, schools, special educational needs, educational psychology, learning support service, starting life well team and children's centres. There are two proposed pathways one looking at making the diagnosis and one focussing on post diagnostic support (NB it is recognised that support will be needed throughout the assessment and still needs to be in place for those children whose parents do not wish to pursue a formal diagnosis). There are still some aspects of the pathway that require clarification; one of these is the referral route into the pathway to ensure a single point of entry for a child whatever age with social communication difficulties. The development of an integrated model has reduced duplication between agencies. The next phase of the work is to progress costing and implementation. This is very complicated as it involves such a lot of different services / agencies and there is not a single existing pathway or uniform service for ASD at the moment. This will be part of the 0-25 Integration programme children with disabilities test case going forward.

8.22 **Integrated Care Pathways (ICP's)**: CMFT have made progress with the development and implementation of ICP's. CMFT CAMHS are also looking to align their ICPs with the proposed Department of Health Payment System Project (see http://www.pbrcamhs.org/). The integrated joint access pathway for health, social care and VCSE sector organisations, the emergency referral pathway and the CAMHS admission pathway for young people in custody are all operational. Others (including pathways on discharge, transition, ADHD, anxiety, depression, anorexia, bulimia and behavioural problems) will be operational by April 2017.

8.23 **Young Jewish People's Peer Research**: 42nd Street were commissioned to deliver this peer research project with the Orthodox Jewish community in Salford in March 2016. There have been necessary delays in order to establish the required level of endorsement and support from the Orthodox Jewish community in order to make the project successful. A refreshed budget has been agreed by the CCG to extend the period of research from 12 to 18 months and partners have been engaged to form a steering group for the project. A research officer has been appointed and started at 42nd Street in October 2016. The project timeline has been extended to run to September 2017. The first phase of the project is underway and will involve engagement with key individuals and institutions within the community, communication about the project and a desk-top review of national and local data on the needs of the communities. The second phase will incorporate recruitment and training of peer researchers, development of the questionnaire and conducting of focus groups and interviews. A final report is expected in September 2017 outlining the key findings and recommendations for commissioners, providers and the community.

8.24 **Suicide Prevention**: The Salford Suicide Prevention Partnership is working to develop a Suicide Prevention Strategy for Salford focusing on awareness raising and the achievement of effective and coordinated preventative work in Salford. The Partnership is multi-agency and the aspiration is that suicide should always be considered as an avoidable occurrence, and that we will work with key partners to ensure that appropriate and accessible support is available at a time of personal crisis so that people do not consider suicide as a solution to the difficulties that they face. The key areas that will be focussed on within the strategy include the identification of high risk groups, support for existing initiatives and commissioning of additional activities that promote positive mental health and wellness activities and accessible support for those who have been affected by bereavement as a result of a suicide. There are three sub-groups, one of which is around children and young people. This has identified the following priority areas: the need for awareness raising campaigns and mental health promotion, the identification of suicide prevention ambassadors, workforce development and training for frontline staff, information on self-harm pathways, access to bereavement services / counselling, the importance of peer support and identification of high risk groups. Work on the strategy is on-going, with the final document due to be published in June 2017.

8.25 **Peri-natal mental health**: In the light of GM developments around a peri-natal support network, led by the SCN, Salford is working to identify the current peri-natal pathways across the midwifery and health visiting services as part of the wider early help and early years work described above. This will enable any GM provision to be aligned to the local offer. In addition there is a proposal for a GM-wide specialist community service, covering all births and integrated with the mother & baby unit at the University Hospital of South Manchester. The specialist service will work with all mental health trusts in GM, maternity services, health visitors, primary care, CAMHS, infant mental health services, social care and the third sector to establish pathways between all

services. In addition there is a bid for a training programme to upskill existing workforce and train new staff to include modular training course, online learning, simulated learning and induction programmes.

8.26 **Early Intervention in Psychosis**: The EIT service is for people aged between 14 – 64yrs, with a first episode or first presentation of psychosis, who have not received treatment for psychosis with antipsychotic medication that commenced over 12 months ago. Acceptance is based on symptom presentation rather than diagnostic criteria. The service model is based on NICE guidance for young people and adults for psychosis and schizophrenia 2014, and includes early detection and assessment within two weeks of referral, care co–ordination under the care programme approach, ongoing assessment and intervention around co–morbidities e.g. alcohol, substance misuse or depression, pharmacological treatment and robust physical health assessments including help with healthy eating, physical activity and stopping smoking. For young people this will be offered in youth focus-low stigmatized settings. All service users will be offered evidence-based psychological interventions suggested by NICE guidelines, including cognitive behavioural therapy for psychosis (CBTp) and family interventions. There is an assertive approach to engagement to reduce the risk of service users being lost to services and potentially experiencing a longer duration of untreated psychosis. In addition support is offered around practical issues like housing, income and finances. There are options for early vocational assessments including access to education and occupation and supported employment programmes. Support for carers and family is also offered.

Priorities for 2017/18:

- Collaborative evaluation of the CEDS pilot
- Review the outcome of the crisis support audit
- Evaluation of the GM crisis care pathway
- Evaluation of the Integrated First Response Service
- Review the ADHD and ASD diagnostic pathways
- Review the results of the young Jewish peoples peer research
- Monitor the implementation of the Suicide Prevention strategy
- Support development of the Salford Peri-natal pathways

Accountability and Transparency

8.27 **Emotional Health & Wellbeing Directory:** The Children and Young People's Emotional Health Service Directory is now published via the City Partnership website. The directory has been developed to support anyone working or volunteering with children and young people, providing an overview of what services are available across the city. It includes contact details, a service description and referral processes for each service, see http://www.partnersinsalford.org/youngemotionalhealth.htm. Young people's emotional health and wellbeing online resources have been developed and the pages are hosted on the WUU2 website, providing information and links to websites, helplines and providing advice on where to access help, see www.wuu2.info/emotional-health-and-wellbeing/. Alongside the Emotional Health Directory, another key area of work identified through the 0-25 Emotional Health and Wellbeing test case is the development of the emotional health and wellbeing resources page on the Partners in Salford website. The page has been developed to help professionals' access useful information about different types of resources that are available to support children and young people's emotional health and wellbeing, including useful websites, online resources including fact sheets, lesson plans and guides, and links to online training. The aim is to keep the resource section regularly

updated to ensure that anyone who works or volunteers with children and young people have access to up to date and relevant information. See www.partnersinsalford.org/3224.htm

8.28 **Communications**: The Salford CAMHS Transformation plan was published in December 2016 on the Salford CCG and Partners in Salford websites, along with an adapted easy read summary. A joint communications strategy has been developed in partnership with key agencies, particularly colleagues at Salford City Council leading on the 0-25 emotional health and wellbeing test case. The initial priorities are to publicise key initiatives, including the CAMHS / Schools Link project, the ambitions for mental health services, the EHWB Directory and self-help resources and outcomes from engagement work to demonstrate voices are being heard.

Priorities for 2017/18:
- Continue communication and engagement activities with the plans

Workforce Development

8.29 **Improving Access to Psychological Therapies (IAPT)**: All NHS providers are part of the North West children and young people's (CYP) IAPT Learning Collaborative. The Collaborative is working with CCGs and providers to ensure that the joint agency transformation plans provide continuing professional development of existing staff. There are a number of strategic challenges including articulating a shared vision for children's mental health across all agencies and organisations, the need to explore new ways of working and the development of new roles, recruitment and retention and the need to promote stronger leadership, management and commissioning. The CYP IAPT collaborative aims to embed evidence-based practice in partnerships, accelerate transformation in services through the use of feedback, outcomes tools and participation of children, young people and families and build capacity of skilled practitioners and clinicians across the North West. Future in Mind has a clear aspiration to reduce variation and fragmentation in service delivery, so there is a real need for parity of workforce linked to local needs. There is a need to take a regional approach to workforce development to prevent ongoing variability in how these issues are managed. In addition the GM Strategic Clinical Network is looking at plans to develop a supervision matrix in order to benchmark the supervisory provision that should ideally be on offer to the wider workforce as it relates to mental health. The SCN are looking at using MindEd[8] as the entry level for ensuring professionals of differing experience across the system are accessing high-quality information on child mental health, and have access to supervision and reflective space at varying levels according to organisational requirements. This work is ongoing.

8.30 In 2014/15 two Mental Health Practitioners from core CAMHS followed the CBT pathway. For 2015/16 in Salford there was one practitioner (clinical psychologist) from core CAMHS following CBT pathway and one practitioner (social worker) from STARLAC following Systemic Family Practice pathway (they did not complete due to personal reasons). In 2017 there are two applicants for the CBT pathway (one Clinical Psychologist from core CAMHS and one educational psychologist from Salford Educational Psychology Service). There has also been the recent development of a Children & Young Peoples' Psychological Wellbeing Practitioner (CYP PWP) role. The funded training for these CYP PWP's will commence in June 2017 for one year and the Manchester and Salford collaborative have been notified that they have three places with a view to deploying these staff across schools and colleges in 2018.

[8] MindEd is an e-learning resource for professionals and families - see https://www.minded.org.uk/

8.31 **Training Audit**: The training audit was completed in April 2016 and the report finalised in June. A total of 47 people responded to all or some of the questionnaire. The responses provided came from a variety of frontline staff, across different professions and sectors that work with children and young people. The questionnaire clearly shows that there is a training requirement for those frontline staff, and this is supported through other engagement work. A key request is for bespoke training on the different local pathways into emotional wellbeing and mental health services available for the children and young people. Communication needs to be developed to sign post staff to the existing resources like the Children and Young People's Emotional Health Service Directory and the national online MindEd training. In addition work has started on a training pool of professionals able to deliver a range of emotional health and wellbeing courses and briefings, based on the SSCB training pool. This will enable the development and embedding of local expertise as well as providing continuing professional development for the practitioners that are members of the training pool. An online questionnaire has been circulated to partners to scope the interest and collate training that could be delivered.

8.32 **Integrated Workforce Planning**: In addition across Manchester and Salford we have plans to complete the Web-based Integrated Workforce Planning Tool developed by ChiMat, the National Child and Maternal Health Intelligence Network, with our providers. The tool supports all professionals, partnerships and organisations that commission and provide services in order to meet the comprehensive mental health and psychological well-being needs of children and young people. This will feed into future training and development requirements for Salford through IAPT and other providers. This will also align to the multi-agency GM workforce strategy, learning and development plan being developed.

Priorities for 2017/18:
- Further develop the Salford training pool
- Support the deployment of CYP PWP's in schools and colleges
- Complete the integrated workforce planning tool across Manchester and Salford
- Participate in the development of the GM workforce strategy, learning and development plan.

9 What we plan to achieve

9.1 We want to ensure that all children and young people in Salford enjoy a happy, confident childhood and achieve their potential. We want them to grow into resilient adults able to cope with the demands of daily life, and empowered to contribute to life in the city. When children and young people need help, we want them to find it easily, for it to meet their needs, be delivered by people who care and for services to listen to their views. In a crisis we want them to get help quickly and as close to home as possible.

Our ambitions	Children & Young People's Views
Improved awareness and understanding amongst the public and professionals about children and young people's emotional and mental health	We expect all staff who work with young people to be approachable and trustworthy, with the right skills to communicate with us. We expect staff to be trained to have an understanding of the emotional wellbeing needs of young people, and be sensitive to our needs.
Children and young people	We want to be treated as individuals, and really listened to, giving

have timely access to effective child-centred emotional and mental health support when they need it.	us the time to talk. We would like more peer support available in schools and the community, as young people are more likely to talk to people their own age than adults. We would like to know who we can talk to if we have problems, as sometimes we just need a shoulder to cry on, so make sure that a shoulder is available to us.
Targeted support is available for the most vulnerable, and improved care for children and young people in crisis	We would like all support appointments to happen more quickly and at a more suitable time for young people. We need more education on how to spot issues earlier before they get out of hand and given the confidence to be more open about any issues we may have and encouraged to speak out. We would like access to more and better information in schools and other public places that are young people friendly.
Parental support and programmes for those who need it	We would like better links between our teachers and parents / carers to make sure we have the support we need when we need it most. We would like parents and carers to be able to have support and training when they need it, helping them to feel more confident in helping us with any issues or problems we may have.
Transparency and accountability across the whole system	We expect organisations to be honest with us and explain clearly what we should expect from each service and if you say you're going to do something then please do it. We need better information on services for young people, produce a young person's report on what each organisation does and how they can help us.
Children and Young People have a voice	We want services to hear our voice and really listen, use our ideas and suggestions to improve the services for all young people. We would like to be able to share our ideas in the way we feel most comfortable, such as meetings, social media, in schools and online.

9.2 The sustainable outcomes that we want to achieve over the following years are:

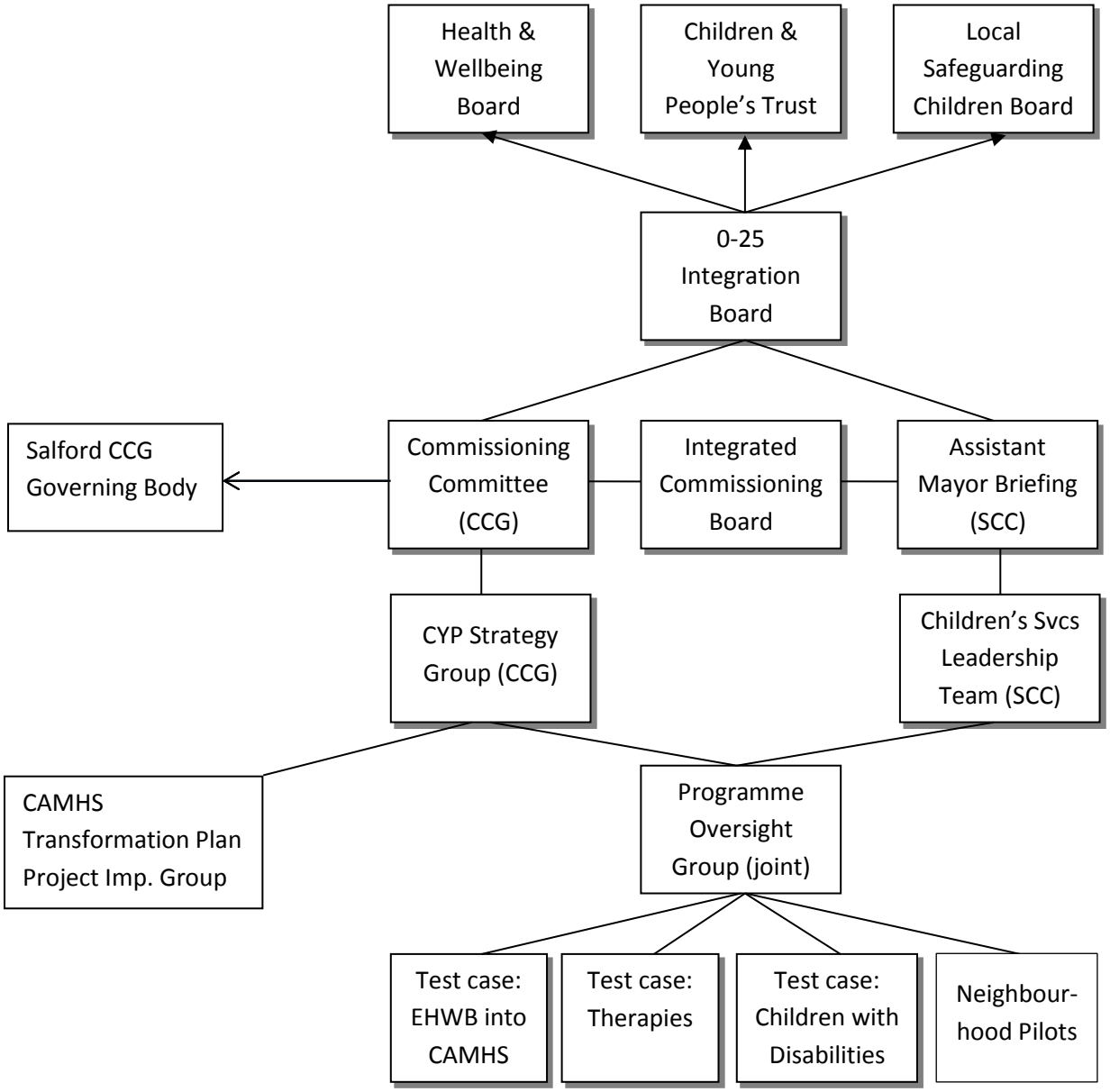
- Improvements in foundation stage assessments on personal, social and emotional development
- Improved attendance and engagement of young people within schools and improved educational attainment
- Effective engagement of children, young people & families in self-care and services
- Effective pathways of support in universal services to reduce escalation
- Improved confidence of frontline staff to respond and reductions in inappropriate referrals
- Reduced waiting times for treatment and improved contact while waiting
- Improved access to services and reduced numbers of DNAs through services
- Shorter times spent in treatment, cases closed with mutual consent and effective step down
- Improved outcomes for young people in treatment, and reduction in re-referrals / re-admissions

- Planned and smooth transitions between services
- Reduced admissions to in-patient beds

Specific performance indicators and SMART targets will be set when the specifications for all new services, and any re-specifications, are undertaken, using national guidance like Public Health England's *Measuring Mental Wellbeing in Children and Young People* and our local ambitions and 'We statements' above as a benchmark.

Appendix 1: Governance Arrangements

Governance Diagram



Appendix 2: Salford's Ambitions for Children and Young People's Emotional Health and Wellbeing and 'We Statements'

Salford's Ambitions

1. Improved awareness and understanding amongst the public and professionals about children and young people's emotional and mental health		
	What will this look like in Salford?	Actions
1.1	People think and feel differently about mental health issues for children and young people where there is less fear, stigma discrimination	National & local publicity and education about EHWB - normalise information; Use of social media, Twitter, Facebook; Information on self help resources - links to WUU2
		Directory and Self help resources promoted via EHWB web pages - Ref 1.4
1.2	City-wide communication & engagement plan for children and young people's emotional health	Joint communication and engagement plan (across SCC / CCG)- working group meet bi-monthly
		EHWB online directory established and maintained.
		Professionals EHWB web pages developed
		Up to date information on Pathways and referral guidance is accessible on line
		Children & Young people have a voice, are engaged and involved in sharing experiences, agreeing priorities and shaping services/ service improvement - Ref. Section 6
		Mental health / CAMHS FAQs developed and published on the EHWB web pages
1.3	Front line workers and professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it	Undertake staff training audit to identify training needs
		Develop and launch training and workforce development plan (linked to ithrive Hub work): - Develop a training pool approach, building on SSCB offer - Targeted training for schools & VCSE sector - Promote MindEd Training via EHWB web pages - CYP IAPT & iThrive local hub
		Manchester / Salford CHIMAT integrated workforce development for commissioned services
1.4	Greater use of IT and technology to provide access to online support and information	Online information / webpages developed for: - Professionals (located on Salford City Partnership Website) - Parents / carers (to be developed) - Children & Young people (located on WUU2 website), including use of videos

2. Children and young people in Salford have timely access to effective child-centred emotional and mental health support when they need it		
	What will this look like in Salford?	Actions
2.1	Children and young people and their families have access to quality self help resources, and can access universal and targeted support when they need it	Self help resources and local offer available via WUU2 website. Ref 1.4
		Self help information for parents/carers and resources (including Mind Ed) available via targeted web pages. Ref 1.4
2.2	Voluntary and community sector capacity is developed and harnessed to support children's and young people's emotional health and wellbeing	Mapping of Salford's VCSE sector capacity and activity will inform future development work with sector
2.3	Clinically effective and evidenced-based mental health support is available to those who need it, when they need it	Specifications for commissioned services include requirement for evidenced based delivery and appropriate waiting times (referral to asessment , referral to therapy).
		Develop shared GM service specification for community CAMHS
		CYP IAPT Training for staff in commissioned services. Ref 1.3
2.4	Emotional and mental health support is more visible and accessible for children and young people	CAMHS Schools link pilot
		Access to counselling in schools. Commissioning via the Approved Register
		Primary / Secondary School / FE Transition - good practice to be identfified and rolled out via Emotionally Friendly Schools Charter - Ref 2.5
		Launch of new Emotionally Friendly Schools Charter (Standards for schools in Salford)
2.5	Practice in Salford is based on a sound evidence base of what works well	Take up of Emotionally Friendly Schools (and accreditation of schools)
		Salford engaged in i-Thrive and linked to GM Hub
		Publish training and workforce development plan for salford

3. Targeted support for the most vulnerable, and improved care for children and young people in crisis		
	What will this look like in Salford?	Actions
3.1	All front line workers and professionals are able to identify risk factors for children and young people and their families and vulnerable groups, and know when to seek advice and support.	Early Help Pilot - 0-25 West Locality (Phase 1) to test / model integrated working and improved capacity to identify and respond to emotional health needs and rollout city wide (Phase 2).
		Single Point of Contact Pilot for CAMHS will provide advice / support on risk and pathways into CAMHS, linked to the Bridge and Integrated First Reponse Pilot. Ref 3.3
3.2	Targeted support for those who need it, when and where they need it, with fast track pathways for children and young people who are at risk and/or are in crisis.	iThrive Hub – local development and implementation. Ref 2.5
		Launch new community eating disorder service
		Development GM all-age mental health liaison and GM Crisis Pathway. Ref 3.3
		LGBT report published and working group established to raise awarenss and develop improved pathways for LGBT young people
		Targeted CAMHS services for looked after children, young people in youth offending Service and 16-17s
		Orthodox Jewish peer research project to improve understanding of needs and support in community
		Early Years Pathways - working group developing action plan and pathways, ensuring Salford is aligned to GM GM Early Years model
		Suicide Prevention - children and young people's sub group inform the develop of the Salford Suicide Prevention Strategy and action plan. Actions for children and young people are overseen by the EHWB Partnership
3.3	Crisis care in the right place at the right time, and as close to home as possible.	Development GM all-age mental health liaison and GM Crisis Pathway
		Integrated First Response Pilot (formerly Rapid Access/Home treatment) commissioned in salford and Manchester. Links to single Point of contact for CAMHS pilot. Ref 3.1
3.4	Introduce an improved waiting time standard for Salford / GM	Development of a GM CAMHS specification (and standards)
3.5	Single point of contact for advice and support	Single Point of Contact Pilot for CAMHS will provide advice / support on risk and pathways into CAMHS, linked to the Bridge and Integrated First Reponse Pilot. Ref 3.1
		Collaborative evaluation across Single Point of Contact Pilot, West Locality Eary Help Pilot and CAMHS/School Link pilot to determine future duty / single point of contact requirements
3.6	Pre-appointment strategy to manage the waiting period, linked to self help offer and the Salford Directory.	Develop a communications plan and guidance for front line workers on how to support and manage the pre-appointment waiting period. Link to Early Help Pilot and Single Point of Contact. Ref 3.1 and 3.3

4. Parental support and programmes for those who need it		
	What will this look like in Salford?	Actions
4.1	Improved access to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour	Early years working group to outline pathways and identify gaps
		Online information and resources available via webpages for parents / carers. Ref 1.4
4.2	Antenatal parenting available for both parents (pre birth parent programmes)	universal pre birth programmes to include: - Initiation and breast feeding support available to all that need it - Attachment assessment, education and support
		Targeted support for pregnant mothers via specialist midwifery teams
		GM perinatal specialist provision
4.3	Parenting programmes available to all parents, which promotes emotional health and wellbeing and prevents neglect	Education and support groups for parents
		Parenting support and groups in CYP emotional and mental health services (CAMHS, 42nd Street, Youth Services)
		Incentives / childrcare available for attending training sessions

5. Transparency and accountability across the whole system

	What will this look like in Salford?	Actions
5.1	An integrated and strategic approach to emotional and mental health in Salford to improve outcomes for children and young people aged 0-25 and their families	Integration of core and targeted CAMHS contract from April 2018
		Establishment of an integrated CAMHS Strategic Group
		Establishment of a single performance report with improved monitoring data
		Pooled budget arrangements and savings to be agreed
		Alignment of 0-25 EHWB Strategy and actions with CAMHS Transformation Plan
5.2	Integrated approach with Adult commissioning and mental health services for young people aged 18-25 to ensure effective transition support	Improved Transitions arrangements for young people aged 16-18, to include: Transition from CAMHS to AMHS Implement NICE guidance and Cquin New role for Transitions social workers to support those with complex needs Monitoring of transitions by providers Consider an enhanced transition period for vulnerable groups e.g. up to age 19 or 25
5.3	Commissioned services are specified and monitored to clearly defined outcomes.	Future CAMHS contracts to specify outcomes measures. Ref 3.4
5.4	Joint Communication Plan around children's and young people's mental health	Joint 0-25 and CAMHS Transformation communication and engagement plan working group will oversee shared work plan.

6. Children and Young People have a voice

	What will this look like in Salford?	Actions
6.1	Children and Young people are involved in the development, delivery and evaluation of services	Work with young people to hear their voice and build meaningful consultation engagement around emotional health and wellbeing
		NHS Young People's Forum developed and regularly involved
6.2	I-thrive – develop 'We-statements' with children and young people in Salford	Youth consultation via online survey around emotional health and wellbeing priorities
		Engagement event to be held with young people to develop 'We -statements' that clearly articulate expectations
6.3	Engagement Plan to involve children and young people around both 0-25 and CAMHS Transformation Plan work.	Joint Engagement Plan to be developed

Appendix 3: Salford Services Activity Data 2014/15 and 2015/16

42nd Street

Measure	2014/15	2015/16	
Referrals	206 (includes schools work)	212 (including school = 231)	↑
YP offered an initial assessment	103	129 (including school =147)	↑
YP attending an initial assessment	82	85 (including school = 99)	↑
DNA (sessions)	16%	19% (including schools 18%)	↑
Follow-on work – number of unique young people	126	100 (Including schools 127)	↑
DNA (sessions)	7%	6% (Including schools 5%)	↓

CAMHS (data downloaded from CORC)

Measure	Core CAMHS		
	2014/15	2015/16	
Cases open at end of period	1,658	1,531	↓
Referrals	1,556	1,659	↑
% referrals accepted	86%	78%	↓
New appointments	1,381	1,405	↑
DNA rate	16%	13%	↓
Follow-up appointments	11,197	10,354	↓
DNA rate	15%	14%	↓

Targeted CAMHS (data from CORC)

Measure	Emerge (16-17yrs		BME		LD		YOS	
	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16
Cases open at end of period	144	88 ↓	4	3 ↓	87	49 ↓	17	17 ⇔
Referrals	222	212 ↓	4	2 ↓	100	81 ↓	20	19 ↓
% referrals accepted	88%	92% ↑	100%	100% ⇔	99%	99% ⇔	100%	89% ↓
New appointments	294	256 ↓	14	4 ↓	188	158 ↓	37	31 ↓
DNA rate	31%	27% ↓	14%	0% ↓	20%	18% ↓	22%	29% ↑
Follow-up appointments	1,061	1,040 ↓	73	26 ↓	733	621 ↓	137	118 ↓
DNA rate	18%	22% ↑	7%	15% ↑	13%	17% ↑	20%	24% ↑

Measure	SAFFS		STARLAC		3D	
	2014/15	2015/16	2014/15	2015/16	2014/15	2015/16
Cases open at end of period	17	19 ↑	69	59 ↓	10	10 ⇔
Referrals	19	26 ↑	147	120 ↓	15	23 ↑
% referrals accepted	100%	100% ⇔	88%	89% ↑	100%	96% ↓
New appointments	20	31 ↑	138	117 ↓	10	17 ↑
DNA rate	0%	3% ↑	3%	5% ↑	0%	0% ⇔
Follow-up appointments	371	247	1156	1113 ↓	30	98 ↑
DNA rate	2%	5% ↑	8%	12% ↑	0%	4% ↑

Please see below additional data collected and manually extracted for the targeted CAMHS services

Emerge

Measure	2014/15	2015/16
Number of young people referred	271	228
Number of which are routine referrals	223	176
Number of referrals that are urgent/ emergency referrals	38	43
Number of planned exits from the service	139	110
Number of unplanned exits from the service	28	66
Number of discharges due to DNA	41	85
Number of individual young people seen	n/a	254
Number of young people achieving two or more personal goals	141	176
Average number of days young people have been seen for	n/a	60
Percent of young people that were satisfied with the service	90%	90%
Number reporting an increase in self-management	167	216
Number of young people reporting a reduction in distress	183	186
Number reporting an increase in self-management, coping skills, confidence and self-esteem	176	206
Number of young people reporting a change in expectations for, and increased hope of recovery	169	209
Number of young people reporting an increase in ability to sustain peer group relationships and make new peer group contacts	139	186
Numbers reporting successful transition from Emerge to AMHS	15	11
Number of Young people referred to other organisations.	25	32

n/a - Not available due to changes in the monitoring

The top five primary diagnoses across the two years were depression, generalised anxiety disorder, ADHD hyperkinetic disorder, social anxiety / phobia and autism spectrum disorder.

YOS

Measure	2014-15	2015-16
Number of referrals	25	19
Number of direct assessments (after initial assessment)	24	22
Number of intervention (i.e. YP seen – some carried over)	57	46
Number of intervention sessions	106	107
Number of cognitive screenings (*Assessment to establish mental age*)	16	9
Percentage of cases (new referrals) seen within 7 days	4%	10%
Percentage of cases (new referrals) seen within 4 weeks	16%	90%
Number of consultations offered (*consultations offered to staff in addition to those offered weekly at complex case panel)*	53	23
Number of cases receiving consultation	38	22
Number of 'other contacts' where advice/support is given	21	9
Number of training sessions	1	0
Number of staff attending training sessions	2	0

YOS Added Value:

- The clinical psychologist worker has attended 12 Complex Case Panels (CCP).
- Individual supervision with 3 YOS staff regarding implementation of Step Up is ongoing.
- Consultation with Youth Service staff re: work they are doing with YP known to YOS and CAMHS
- Consultation with social worker and family support worker regarding a YP who had completed Step Up and also been seen by Core Team. This consultation resulted in a referral for a FACTS consultation.

Services for LAC

i) SAFSS

Children who are identified in the 'adoption cohort' as 'hard to place' are offered timely psychological assessments and interventions, in order to help inform their placement needs and support the adoption process (contributing to the adoption scorecard A1 and A2 targets).

Measure	2014/15	2015/16
Total number of children in the adoption cohort *(All children approved for adoption)*	n/a	16
Number referred to SAFSS *(The total number in the cohort deemed 'hard to place' and referred to SAFFS)*	8	3
Number accepted by SAFSS *(All 'hard to place' are referred and accepted)*	8	3
Number of appointments offered (*to all open cases*)	n/a	6

Number of DNA/CAN	n/a	0
Number of consultations (*between professionals*)	n/a	4

Children that have a Placement Order are offered, where necessary, assessment and intervention from SAFSS to support their adoptive placements. *('Hard to place' with a PO)*

Measure	**2014/15**	**2015/16**
Number of children with a Placement Order *(total number in process of being placed with adoptive family)*	n/a	19
Number referred (*of total with a PO*)	n/a	1
Number accepted	n/a	1
Number of appointments offered *(to all open cases - children and their adoptive families)*	n/a	57
Number of DNA/CAN	n/a	3
Number of consultations *(between professionals*)	n/a	12

Children who have been placed in their adoptive placements are able to access SAFSS assessment and intervention for up to three years post adoption order.

Measure	**2014/15**	**2015/16**
Total number of children placed with adoptive families	n/a	0
Number referred to SAFSS *(those placed in adoptive homes in the last three years and referred to SAFSS)*	n/a	11
Number accepted by SAFSS	n/a	11
Number of appointments offered	n/a	101
Number of DNA/CAN	n/a	13
Number of consultations (*between professionals*)	n/a	33
Number of adoptive families completed Webster Stratton.	n/a	5

Prospective adopters and adoptive parents are offered training, to enhance their understanding and management of the psychological needs of children who have experienced abuse and neglect.

Measure	**2014/15**	**2015/16**
Number of training sessions offered to adopters	19	2
Number of adopters who accessed training	49	18
Number of training sessions offered to Social Workers	3	1
Number of Social Workers who attended training sessions	30	8

ii) STARLAC

To provide a timely, effective and efficient CAMHS service to looked after children and young people, their parents and carers

Measure		**2014/15**	**2015/16**
Number of referrals to STARLAC	Offered	142	111
	Taken up	130	99

Number of face to face assessments		54	101
Number of days waiting time from referral to assessment	(Average)	n/a	21
Number of children in placements receiving a service (*LAC In placements with support from CAMHS via Starlac).*	Outside placement	118	88
	Salford placement	n/a	368
Number of group sessions for children	Delivered	n/a	13*
	Attended	n/a	19*
Number of individual children in outside placements that receive a direct service *(LAC in Independent Foster Care or residential provision that receive support fro CAMHS via Starlac).*		n/a	24*
Number of children in in-house residential placements that receive a direct service*. (In residential homes with support from CAMHS via Starlac).*	In-house	n/a	13*
	Partnership provision	n/a	7*

*Data only collected in the last two quarters.

iii) Specialist Fostering 3D

Measure	**2014/15**	**2015/16**
Numbers referred for assessment	**n/a**	6
Number of YP in placement with treatment plans	**n/a**	9
Number of CAMH assessments completed	**n/a**	8
Number of individual therapy sessions delivered	**n/a**	44
Number of Birth family therapy sessions delivered	**n/a**	40
Number of Team Leader sessions delivered	**n/a**	39
Number of Foster Carer treatment planning groups held	**n/a**	22

N.B: 3D did not submit any monitoring 2014/15

Six Degrees (Step 2 IAPT Service)

The table below shows some approximate data for 16-17 year olds referred to Six Degrees.

Measure	**2014-15**	**2015-16**
Number of 16-17 year olds referred	105	127
Number taken into treatment	19	25
- Of which number recovered	(8)	(9)
Number stepped up for further input into GMW	9	12
Number seen one session only	27	33
Number not seen (either DNA, cancelled or not suitable)	50 (48%)	69 (54%)

Early Intervention in Psychosis Team (EIT) / Early Detection and Intervention Team (EDIT)

Indicator	**2015-16**
Number of under 18yr olds referred to EIT / EDIT No. to EIT No. to EDIT	24 (out of 150 in total) 13 11
% of total referrals	16%
Number remained in treatment in EIT	6
Number remained in treatment in EDIT	5

NHSE Specialist Commissioning

	Children's		**Acute**		**Mother & Baby**		**PICU**		**ED**		**General**	
	No.	*OBD*	*No.*	*OBD*	*No.*	*OBD*	*No.*	*OBD*	*No.*	*OBD*	*No.*	*OBD*
2013/14	3	509	9	1301	4	353	2	13				
2014/15	2	92	16	645	3	213						
2015/16							1	65	1	80	39	1032

Appendix 4: CAMHS and 42nd Street Staffing List 2015/16

Service	NHS Banding & WTE
Core CAMHS	Psychology: 8C x 0.8 WTE 8B x 1.6 WTE 8A x 0.95 WTE 7 x 1.6 WTE CMHP: 7 x 4.25 WTE 6 x 1.8 WTE 5 x 0.8 WTE Psychotherapists 8C x 0.24 WTE 8A x 0.45 WTE Consultants 3 WTE Service Manager 8A x 0.5 WTE Medical Trainees 2 WTE – vacant this rotation **Total 17.99 WTE** (inc. vacancies)
Targeted CAMHS Emerge	Consultant x 0.4 WTE 8a Psychologist x 0.4 WTE 8a Manager x 0.4 WTE 7 x 1 WTE 4 x 0.4 WTE **Total 2.6 WTE**
Targeted CAMHS STARLAC	8C x 0.4 WTE 8B x 0.1 WTE 7 x 0.6 WTE 3 x 0.9 WTE **Total 2 WTE**
Targeted CAMHS SAFFS / 3D	8C x 0.4 WTE 8B x 1.3 WTE 7 x 2.4 WTE **Total 4.1 WTE**
Targeted CAMHS LD	Consultant x 0.2 WTE 8C x 0.7 WTE 7 x 0.4 WTE 4 x 0.15 WTE **Total 1.45 WTE**
Targeted CAMHS BME	7 x 0.5 WTE **Total 0.5 WTE**
Targeted CAMHS YOS	7 CMHP x 1 WTE **Total 1 WTE**
Other Schools / CAMHS Pilot	7 CMHP x 1 WTE **Total 1 WTE**
Admin	2 x 1.66 WTE 3 x 4.43 WTE 4 x 1.45 WTE 5 x 0.8 WTE **Total 8.34 WTE**
Total	**38.98 WTE**

Service	**Banding & WTE**
42nd Street: Counselling & Therapy	NJC Pt. 26 – 31 0.6 WTE
42nd Street: Psycho-Social Support	NJC Pt. 26-31 0.6 WTE NJC Pt. 22-28 0.4 WTE
42nd Street: Community-Based Group work	NJC Pt. 26-31 0.4 WTE
Total	**2 WTE**

Glossary of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
AMHS	Adult Mental Health Services
ASD	Autistic Spectrum Disorders
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CBTp	Cognitive Behavioural Therapy for psychosis
CCG	Clinical Commissioning Group
CEDS	Community Eating Disorder Service
ChiMat	Child and Maternal Health Intelligence Network
CLES	Centre for Local Economic Strategies
CMFT	Central Manchester Foundation Trust
CMHP	Community Mental Health Practitioner
CNA	Could Not Attend
CQUIN	Commissioning for Quality and Innovation
CSE	Child Sexual Exploitation
CVS	Council for Voluntary Services
CYP	Children and Young People
DMO	Designated Medical Officer
DNA	Did Not Attend
EDIT	Early Detection and Intervention Team
EHCP	Education Health and Care Plan
EIT	Early Intervention in Psychosis Team
EHWB	Emotional Health and Wellbeing
EFS	Emotionally Friendly Schools
EYDM	Early Years Delivery Model
GM	Greater Manchester
GMP	Greater Manchester Police
GP	General Practitioner
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Pathway
LA	Local Authority
LAC	Looked-After Children
LD	Learning Disabilities
LGBT	Lesbian, Gay, Bisexual and Transgender
LTP	Local Transformation Plan
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NSPCC	National Society for the Prevention of Cruelty to Children
POG	Programme Oversight Group
PRU	Pupil Referral Unit
PWP	Psychological Wellbeing Practitioner
RAID	Rapid Assessment, Interface and Discharge
SAFSS	Salford Adoptive Families Support Service
SCN	Strategic Clinical Network
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disability
SMART	Specific, Measureable, Achievable, Realistic and Time-bound
STARLAC	Salford Therapeutic Advisory and Referral Service for Looked After Children
TaMHS	Targeted Mental Health in Schools

VCSE	Voluntary, Community and Social Enterprise
WTE	Whole-time Equivalents
YOS	Youth Offending Service