



# **Salford Child and Adolescent Mental Health Transformation Plan 2015 – 2020**

Update March 2018



**Salford City Council**



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## 1 Executive Summary

- 1.1 We want children and young people in Salford to enjoy a happy, confident childhood and to 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. Ultimately we want to support children, young people and their families at an earlier stage, ensuring swift access to services if they need it and support them back into communities when they are ready to move on. Therefore we want to re-profile our current spend, to move away from in-patient provision and focus on community support. This update on the Child and Adolescent Mental Health Service (CAMHS) Transformation Plan highlights progress towards achieving this, and is the 2018 refresh provided in line with national guidance
- 1.2 The report that follows outlines the Salford 0-25yrs integration programme, the Greater Manchester (GM) Health and Social Care devolution agenda, profiles of current activity and spend, the health needs assessment headlines and an update on what has been achieved since the plan was first published in December 2015.
- 1.3 Some of the key achievements since the plan was first published include the launch of a number of new service pilots including a community eating disorder service, CAMHS / Schools pilot, the Integrated Community Response Service and the Single Point of contact in CAMHS. There has been a number of research studies completed looking at emotional health and wellbeing needs within schools, in the LGBTQ population and in the Orthodox Jewish communities. There has been a programme of work with schools including the award-winning play 'A Spiralling Mind' and the accreditation of the Emotionally Friendly Schools programme. The all-age Salford Suicide Prevention Strategy has been launched and a programme of training and workforce development has been initiated. In addition there has been a programme of work across Greater Manchester that Salford has been a part of, including the development of the Crisis Care pathway, service specification for core CAMHS and the implementation of a GM THRIVE training and development Hub.
- 1.4 Our priorities for the coming year include continued work with schools to deliver a whole-school approach to emotional health and wellbeing, evaluations of the Community Eating Disorder Service, the Integrated Community Response Service and the Single Point of Contact pilots and work to develop a parental support offer. In addition we need to respond to the recommendations from the peer research and mentoring support within the Orthodox Jewish communities, ensure better transition arrangements between children's and adult's services and further develop and implement the ASD and ADHD pathways. There is also work to be done with adult colleagues on peri-natal mental health pathway. A key challenge that is recognised at a GM and national level is the issue of workforce capacity, and there is work at a GM level to respond to this with a workforce development strategy. There has been a significant increase in demand for services, and in Salford CAMHS more referrals have resulted in increased waiting times. The service is responding to this through an improvement plan and additional capacity which we are monitoring closely. Throughout all this we are committed to ensuring the continued involvement of young people in the evaluation and development of services.

## 2 Introduction – Salford's 0-25 Integration Programme

- 2.1 In December 2015 we published our CAMHS Transformation Plan outlining our plan against *Future in Mind* priorities and our overall aim and outcomes for 2020. The plan can be found at <http://www.salfordccg.nhs.uk/camhs>. The plan was refreshed in March 2017, and this is a further update on both of these previous documents. Therefore it does not repeat

background information contained within those other documents, but highlights progress on our ambitions.

- 2.2 We want all children and young people in Salford to 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. Ultimately we want to support children, young people and their families at an earlier stage, ensuring swift access to services if they need it and support them back into communities when they are ready to move on. Therefore we want to re-profile our current spend, to move away from in-patient provision and focus on community support. This update on the Child and Adolescent Mental Health Service (CAMHS) Transformation Plan highlights progress towards achieving this.
- 2.3 To support the achievement of these ambitions, 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. 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 for young people aged 0-25 and their parents, and CAMHS (Child & Adolescent Mental Health Services), through improved commissioning and pathways. It also aims to provide a test case for increased integration across the children and young people's emotional health and wellbeing system, from 'Early Help' to specialist support, to support more children and young people in Salford to 'thrive'. There are links to the other two test cases for children with disabilities and children with speech, language and communication needs and this is overseen through the Programme Oversight Group (POG).
- 2.4 It is envisaged that investment in the research and pilots commissioned through the Test Case will deliver an increased understanding of need and where and how to best target future resources. It will improve capacity, knowledge and awareness of emotional health and wellbeing (EHWB) across the children's and young people's delivery system, resulting in a more confident and skilled workforce, a 'thrive-like' or whole system approach to EHWB and improved pathways and outcomes for children and young people. In addition, the aim is to achieve improved commissioning arrangements which ensure investment is aligned and targeted where it is most needed, with flexibility to move resources upstream to provide an effective early help approach. We have an ambition to achieve improved standards of delivery, including improved access and waiting times, and clearly measurable outcomes for children and young people.
- 2.5 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 – see Appendix 1. This year we have combined the governance and reporting for the test case and the CAMHS Transformation Plan so that there is even greater synergy.

### **3 Greater Manchester Health and Social Care Devolution**

- 3.1 The recent devolution provides GM with the opportunity to respond to the challenges outlined within *Future in Mind*, and the *Five Year Forward View (FYFV) 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. 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. Details of the GM plans can be found at <http://www.gmhsc.org.uk/improving-our-mental-health/>

- 3.2 We work with the GM Health and Social Care Partnership and GM's ten Local Authorities and nine CCGs to commission and deliver services where populations and needs require a wider implementation than at single CCG locality area. Developments we will support and collaborate to implement include:
- 3.2.1 From April 2018 the implementation of a single pan GM service specification and outcomes framework for all of GM's specialist providers of children and young persons' mental health services.
  - 3.2.2 From January 2018 the implementation of a GM THRIVE training and development Hub and team that will increase capacity to enhance and extend the development of locally developed THRIVE informed care pathways. Under the umbrella of the THRIVE Training Hub there will be increased awareness raising of the impact of Adverse Childhood Experiences and more informed trauma sensitive interventions.
  - 3.2.3 From January 2018 the phased implementation of a GM Crisis Care Pathway for children and young people, that will involve the recruitment of 4 crisis resolution and home intervention teams, additional short stay beds and two safe zone areas to be used as an alternative to hospital admission for children and young people who present in mental health crisis. This will be a four year development programme supported by a 7 day per week access offer provided by specialist children & young people's (CYP) mental health services (CAMHS). Along with nine other GM CCGs we will, via CCG LTP funding, enhance staffing within our specialist CYP mental health services.
  - 3.2.4 From January 2018 we will work collaboratively with key stakeholders and the GM inpatient mental health providers' alliance to develop a GM focused inpatient mental health offer, ensuring 'Greater Manchester beds for Greater Manchester's Young People'.
  - 3.2.5 From April 2018 the implementation of a GM workforce development strategy that will support both the recruitment and retention of the GM children and young persons' workforce, and greater flexibility of staff deployment across provider organisations.
  - 3.2.6 Utilising our LTP funding we will continue to fund staff to access a range of Increased Access to Psychological Therapies (CYP IAPT) training opportunities.
  - 3.2.7 From January 2018 introducing a mental health support offer for GM's education settings that will enhance and extend developments that our CCG has already commissioned or developed in partnership with our Local Authority and education settings.
  - 3.2.8 From January 2018 with the nine other CCGs we will begin planning a consistent GM approach to transitions from CYP mental health to adult mental health services.
  - 3.2.9 From January 2018 we will work with GM's Local Authorities and CCGs to develop recommendations for a more equitable and consistent mental health offer for all of GM's Looked after Children population, and for those involved with the Youth Justice System.
  - 3.2.10 From January 2018 drawing upon our local experiences of effective children and young persons' participation we will support the development of a GM CYP mental health reference group.
  - 3.2.11 From January 2018 working collaboratively with our Local Authority and the nine other GM CCGs we will begin planning the development and implementation of an Early Attachment Service that will be a locally delivered component of GM's Perinatal and Infant Mental Health Service

- 3.3 The governance arrangements for the above programmes are through the GM Future in Mind Commissioners group to the GM Children and Young Peoples' Mental Health Board, through to the Mental Health Programme Delivery Board, which sits under the GMHSCP Strategic Partnership Board – see diagram in Appendix 2.

## 4 Service Activity

- 4.1 The principal commissioned mental health services for children and young people in Salford are 42<sup>nd</sup> 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, 2015/16 and 2016/17.
- 4.2 The organisation 42<sup>nd</sup> Street is a Greater Manchester charity supporting young people aged 11-25yrs with their mental health and emotional wellbeing. They provide a range of services including counselling, cognitive behavioural therapy (CBT), individual support, a social action programme, group work, and a creative programme. In 2016 the 42<sup>nd</sup> Street dataset had 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	2016/17	
Referrals	206*	212 (inc. schools = 231)	292 (inc. schools = 304)	↑
YP offered an initial assessment	103	129 (inc. schools = 147)	179 (inc. schools = 191)	↑
YP attending an initial assessment	82	85 (inc. schools = 99)	131 (inc. schools = 143)	↑
DNA (sessions)	16%	19% (inc. schools 18%)	21% (inc. schools 20%)	↑
Follow on work - number of unique young people	126	100 (inc. schools 127)	130 (inc. schools = 156)	↑
DNA (sessions)	7%	6% (inc. schools 5%)	7% (inc. schools 6%)	↑

\* 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.
- However the 'Did Not Attend' (DNA) rate has also increased. 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 most common presenting factors identified by young people as affecting their mental health and emotional wellbeing in 2016/17 are outlined in table 2 below:

**Table 2**

Mental health & Wellbeing	%
General anxiety and stress	10
Depression	9
Confidence/Self-esteem	8

Anger issues	8
Family Problems	7
Anxiety	7
<b>Home &amp; Social</b>	<b>%</b>
Money Management	12
Running away/missing from home	12
Housing issues	10
Parent/carer physical health	10
Parent/Carer mental health issues	8
<b>Other Issues</b>	<b>%</b>
Bullying	25
Threats of violence	10
Cultural issues	9
Physical abuse	6
Experience of domestic abuse	6
Threats and harassment	6

- The number of individuals involved in follow-on work with the service has remained virtually the same, and DNA rates for this have remained virtually the same.
- 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 25 weeks from referral to 1-2-1 support and 30 weeks from referral to counselling in 2016/17 due to increasing numbers accessing the service.
- Of the 130 young people who were disengaged from the CCG funded service in 2016/17, 65 young people were disengaged from ongoing work. Of these, 48 had comparable before and after scores with which to measure recovery. Of the 21 young people who were disengaged from schools work, 17 young people were disengaged from ongoing work. Of these, 2 had comparable before and after scores (the majority of these young people's learning disability and/or Autism or Asperger's presentation was such that the recovery measure was deemed clinically inappropriate). 56% of young people with comparable data showed either clinically significant improvement or recovery (CCG funded) and including schools the recovery rate was also 56%.
- In 2016-17, when asked 'How likely are you to recommend 42nd Street to friends and family if they needed similar support?' 93% gave a positive rating of extremely likely or likely (out of 61 young people that responded).
- In view of the rising numbers of young people accessing the service (this has continued into 2017/18), additional investment into the service is being considered for 2018/19.

4.3 Salford's core CAMHS service is delivered by Manchester University Foundation Trust (MFT - formerly Central Manchester Foundation Trust) 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 3 below:

**Table 3**

Measures	2014/15	2015/16	2016/17	
Cases open at end of period	1,658	1,531	1,743	↑
Referrals	1,556	1,659	1,819	↑



% referrals accepted	86%	78%	77%	↓
New appointments	1,381	1,405	1,269	↓
DNA rate	16%	13%	13%	↔
Follow-up appointments	11,197	10,354	8,635	↓
DNA rate	15%	14%	12%	↓

- There has been an increase in referrals but a fall in the percentage of referrals accepted. The single point of contact post should help to improve referrals to appropriate points in the pathway.
- There has been a fall in the number of new appointments but the DNA rate for these has remained the same. There has also been a fall in the number of follow-up appointments and the DNA rate for these has also fallen. The reduction in the number of new and follow-up appointments reflects staffing issues within the team in 2016/17 that have been rectified this year.
- The top five primary diagnoses in the three years were ADHD / hyperkinetic disorder, autistic spectrum disorder (ASD), depression, attachment problems and generalised anxiety disorder.
- The average waiting time to first appointment was 12 weeks for 2016/17.

4.4 There are a series of targeted CAMH services that are 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 there, a learning disabilities (LD) service and support for Black and Minority Ethnic (BME) young people. The YOS post provides an accessible CAMHS resource integrated within the YOS multi-agency health team; including screening, assessment and interventions. The Emerge team offers accessible community based mental health services to young people aged 16-17yrs, providing a range of direct therapeutic interventions from individual talking therapies and group work to specialist psychological and psychiatric assessments and medication and appropriate transition to follow-on services as necessary. The Learning Disability service ensures that the mental health needs of children and young people with learning disabilities are identified, assessed and treated. The service assesses and diagnoses development delay and autism spectrum conditions. A range of evidence-based therapeutic interventions are offered and work is on both an individual and group basis. The part-time Black and Multi-Ethnic (BME) post addresses the mental health needs of these populations due to difficulties accessing mainstream mental health services, the need for culturally sensitive provision, the need to use interpreters and the high level of mental health need among minority groups, migrant families and particularly refugees and asylum seekers. This post is being re-evaluated at the moment and the focus may change as a result.

4.5 In addition there are services for looked after children and young people that include Salford Therapeutic Advisory and Referral Service for Looked After Children (STARLAC), Salford Adoptive Families Support Service (SAFSS), Focus and 3D. STARLAC is currently commissioned by the CCG but monitored by the LA and based at Salford City Council. The lead practitioner also supervises and manages the leads for the other services for LAC. STARLAC provides a direct CAMH service for children who are in care. Referrals can come from staff, carers or from the child/young person. STARLAC also provides training for social care staff and deliver evidence based parenting courses. SAFSS provides support for children and young people who are hard to place for adoption, when these children and young people are identified they are assessed and an intervention plan is made, and where necessary this includes a CAMHS intervention to support their placement. Adopted children and their families are able to access CAMHS support up to three years post-adoption order. Adoptive parents are offered training and consultation to enhance their understanding of the



psychological needs of children who have experienced abuse and neglect. From April 2018 SAFSS will be commissioned by the regional adoption agency, Adoption Counts. The Focus fostering scheme is a specialist fostering programme that now supports 25 families with mainly solo placements. These are long-term placements where the families receive therapeutic support through a variety of different formats, promoting placement stability and emotional wellbeing. The CAMHS LAC provision is for the funding of one therapeutic social worker to support the focus scheme.

- 4.6 Following a review of the 3D programme Salford LA made the decision to cease delivering the Oregon model of multi-treatment foster care. Salford LA is now piloting a new approach to ensure that LAC receives the right mental health support. The new way of working uses a multi-agency approach to identify and help LAC who have mental and emotional health needs. The pilot will work alongside the CAMHS provision that we already have in Salford. As this will be a new service, the evaluation will focus on whether this is the type of service that will provide effective identification and support of LAC who are in need of additional support. Evidence collected in the pilot will inform whether we continue to commission this type of service and how we are to move forward following the completion of the pilot. The service will work with all LAC who are in care longer than 6 weeks. They will screen children and young people to check if they are coping with being taken into care, whether they are displaying resilience or if they need any additional help in order to feel emotionally healthy within their placement. This emotional and mental health support will be provided across all zones of the i-THRIVE model acknowledging that people move between each of the groups of need at different times. The child will be screened for their EHWP needs every six months in order to try to ensure children receive help if they need it at the right time and to help prevent the need for crisis intervention. It is hoped that the pilot will enable a greater understanding of what factors support resilience in a child when they come into care. The key data highlights for all the targeted services are in table 4 below

Table 4

Service	Cases open at end of period	Referrals	% Referrals accepted	New appointments	DNA rate	Follow-up appointments	DNA rate
<b>Emerge (16-17ys)</b>							
2014/15	144	222	88%	294	31%	1061	18%
2015/16	88	212	92%	256	27%	1040	22%
2016/17	↑106	↓207	↑93%	↑304	↑37%	↓633	↔22%
<b>BME</b>							
2014/15	4	4	100%	14	14%	73	7%
2015/16	3	2	100%	4	0%	26	15%
2016/17	↓2	↓1	↔100%	↑11	↑27%	↑89	↓11%
<b>LD</b>							
2014/15	87	100	99%	188	20%	733	13%
2015/16	49	81	99%	158	18%	621	17%
2016/17	↓48	↑98	↓96%	↓134	↑24%	↓595	↑28%
<b>YOS</b>							
2014/15	17	20	100%	37	22%	137	20%
2015/16	17	19	89%	31	29%	118	24%
2016/17	↑26	↑43	↑98%	↑41	↓2%	↑138	↓12%

<b>SAFFS</b>							
2015/16	19	26	100%	31	3%	247	5%
2016/17	↓16	↓24	↔100%	↑39	↑13%	↓68	↑7%
<b>STARLAC</b>							
2014/15	69	147	88%	138	3%	1156	8%
2015/16	59	120	89%	117	5%	1113	12%
2016/17	↑82	↑157	↑90%	↑190	↑8%	↑1127	↔12%
<b>3D</b>							
2014/15	10	15	100%	10	0%	30	0%
2015/16	10	23	96%	17	0%	98	4%
2016/17	↑20	↓16	↑100%	↑23	↔0%	↑212	↑7%
<b>Focus</b>							
2016/17	7	5	100%	7	0%	95	1%

- The average waiting times in 2016/17 from referral to first appointment were 7 weeks in Emerge, 11 weeks in the LD service, 12 weeks in the BME service, 2 weeks in the YOS, 4 weeks in STARLAC, 3 weeks in SAFFS and 4 weeks in 3D.
- In Emerge there was a significant reduction in the number of follow-up appointments due to staffing issues (one person was on training), priority was given to new appointments and the frequency of follow-up appointments was reduced.
- In the BME service there have been issues around staffing due to maternity leave and training. The focus of this work is being reviewed in 2018.
- There are capacity issues within the LD service and a proposal for additional investment is being considered.

- 4.7 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. This will be supported through the development of the GM Service Specification for CAMHS, due for implementation from April 2018, as all services will then be reporting against the same KPIs and measures. 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.
- 4.8 The child bereavement service commissioned from Gaddum offers structured therapy to children and young people in Salford up to 18 years who have been impacted by the death of a family member. Referrals are accepted from any source, including self-referrals, referrals from schools, social workers and GPs. Therapy is delivered over up to 12 sessions (with the option to extend at the therapy team's discretion), delivered either at the young person's school/college or at the service base in Manchester. Between Jan 2017 – Feb 2018 there were 32 referrals and 172.5 hours of counselling delivered.
- 4.9 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. Unfortunately the data for the four years is not comparable for all units (see table 5 below), so it is difficult to draw any conclusions from the information provided.

**Table 5**

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
2016/17			16	1022								

- 4.10 Work is ongoing at a GM level to support the development of a single GM mental health inpatient offer and to support more local control of bed allocation. This will help to ensure patients are not being placed far from home in order to receive a service. This is aligned to the recent national service review of child and adolescent mental health, perinatal and adult mental health beds undertaken by NHSE.
- 4.11 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. The highlights are presented in table 6 below:

**Table 6**

Measure	2014-15	2015-16	2016/17
Number of 16-17 year olds referred	105	127	112
Number taken into treatment	19	25	20
- Of which number recovered	(8)	(9)	(6)
Number stepped up for further input into GMMH	9	12	26
Number seen one session only	27	33	16
Number not seen (either DNA, cancelled or not suitable)	50 (48%)	69 (54%)	50 (45%)

- In 2016/17, 20 young people aged 16-17yrs entered a treatment programme with the service.
  - The number of young people reporting recovery remains low and the number of young people not seen (either because they do not turn up, cancel or are not suitable) remains high.
- 4.12 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. 57 young people under 18 yrs were referred into EIT and EDIT in 2016/17, 6% of the total referrals. Of those, 16 remained in treatment see table 7 below.

**Table 7**

Indicator	2015/16	2016/17
Number of under 18yr olds referred to EIT/EDIT	24 (out of 150)	38 (out of 493)
No. to EIT	13	22
No. to EDIT	11	16
% of total referrals	16%	8%
Number remained in treatment in EIT	6	11
Number remained in treatment in EDIT	5	15

4.13 The data 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,
- increasing referrals beginning to impact on waiting times,
- continuing issues with the robustness of data, particularly inpatient data. The latter is being addressed through the national service review and work across GM.

4.14 The impact of the increased referrals on waiting times in core CAMHS has continued into 2017/18, with referral to first appointment / contact rising from an average of 10 weeks in Q1 2016/17 to 15 weeks in Q2 2017/18, and second appointment / contact rising from 11 to 21 weeks. The cause of the increase in demand is not immediately evident and is likely to be due to a combination of factors; however it may indicate that the focus on children's mental health is uncovering unmet need. In November 2017 the CCG requested a costed recovery plan from MFT demonstrating the timescales for the core service to deliver at least 17 week referral to treatment and other national standards. A trajectory improvement plan was received from MFT in January 2018. The plan outlines a business case for the service to appoint two clinicians with administrative support. The establishment of these posts, combined with other schemes, should create additional staffing capacity to deliver additional activity and reduce excessive waiting times for new outpatient and follow up appointments over 2018/19. Further discussions are underway with the service around the detail of the plan, and the trajectory for recovery. Once a final version of the plan is agreed it will be funded through increased activity assumptions included within the annual round of contract negotiations.

4.15 In addition in 2017/18 we now report on national indicators around access and waiting times to community eating disorder services (CEDs) and increasing access to NHS funded community mental health services.

4.15.1 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*. The target for 2017/18 is 30%. Based on data submitted up to November 2017, we are expected to achieve 36.6% of our children and young people with a diagnosable mental health condition accessing treatment by March 2018. The figures included in this are currently from Salford CAMHS only, work is underway with 42<sup>nd</sup> Street to enable them to stream data to the Mental Health Services Data Set, where this indicator is calculated from.

4.15.2 The access and waiting time standards for CEDs are set within the guidance *Access and Waiting Time Standard for Children and Young People with an Eating Disorder*, and this states that National Institute for Health and Care Excellence

(NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. The available data from 2017/18 is presented in table 8 below:

**Table 8**

<b>Eating Disorder Service</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
No. of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral (Local Target 2017-18 75%)	2 (100%)	Nil	3 (100%)	
No. of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of treatment (Local Target 2017-18 80%)	15 (72%)	10 (100%)	9 (90.9%)	

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

## 5 Financial Information

- 5.1 The total investment in the above services in 2014/15 and 2015/16 is broken down in the table 9 below:

**Table 9**

<b>Funding Source</b>		<b>42<sup>nd</sup> Street</b>	<b>Core CAMHS</b>	<b>Targeted CAMHS</b>	<b>In-patient Beds</b>	<b>Totals</b>
<b>CCG</b>	2014/15	£50,908	£2,424,866	£305,416		£2,781,190
	2015/16	£112,708	£2,356,622 <sup>1</sup>	£305,416		£2,774,726
	2016/17	£112,706	£2,246,120	£305,416		£2,664,242
<b>LA</b>	2014/15	£61,800	0	£432,408		£494,208
	2015/16	0	0	£370,871		£370,871
	2016/17	0	0	£370,871		£370,871
<b>NHSE</b>	2014/15				£569,756	£569,756
	2015/16				£656,754	£656,754
	2016/17				Unavailable	

Therefore the total investment in the existing specific mental health services in 2016/17 was £3,035,113 (excluding the cost of Tier 4 inpatient stays, as this information was unavailable).

- 5.2 In addition, the bereavement counselling commissioned for children and young people through Gaddum, has a budget of around £10,000. The total above does not include the money invested in Step 2 IAPT and Early Intervention in Psychosis services as only very small numbers of young people access the service and it is not possible to present the cost for just these cases. 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 10 below. These services will include promotion of good emotional health within their work, but are not specifically commissioned as mental health services.

**Table 10**

<b>Service</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
<b>HV &amp; FNP</b>	£4,888,000	£4,888,000	£4,805,576	

<sup>1</sup> This figure is less than 2014/15 in part because of 1.5% deflation

<b>School Nursing</b>	£867,864	£865,117	£874,634	
<b>Combined Contract</b>				£5,351,258

- 5.3 The local transformation plan (LTP) investment for 2015/16 and 2016/17 is contained in Table 11a below. The available LTP investment for 2017/18 is £716,363, and the profile for how this is allocated is shown in Table 11b below.

**Table 11a**

<b>Scheme</b>	<b>2015/16</b>	<b>2016/17</b>
<i>Total LTP Investment available</i>	<i>£267,000</i>	<i>£562,735<sup>2</sup></i>
1. Community Eating Disorder Service	£62,500	£193,539
2. Integrated First Response (formerly Rapid Access / Home Treatment Team) + Evaluation	£27,500	£132,128
3. Single Point of Contact in CAMHS	0	£49,159
4. Whole School Approach to Emotional Wellbeing	£100,000	£75,595
5. Prevention, early intervention & community support	£40,000	
- Tues / Thurs LGBT Support Group		£29,500
- Emotional wellbeing early help support in west locality pilot		£47,750
6. Capacity Building (inc. training)	£7,000	
- i-THRIVE research*		£26,720
7. Project implementation support	£30,000	
8. Miscellaneous		
- Additional monies for CYP-IAPT backfill		£3,000
<b>Total</b>	<b>267,000</b>	<b>£557,391<sup>3</sup></b>

**Table 11b**

<b>Service</b>	<b>Cost 2017/18</b>
CAMHS ADHD proposal	83,000
CAMHS Schools proposal	170,693
CAMHS capacity planning	31,128
CEDS	39,110
ICRS	103,049
ICRS Evaluation	10,000
RAID	48,000
42nd Street online	90,158
IAPT	30,000
OJC work	26,600
Homestart Early Attachment	31,800
LGBTQ Youth Group	29,500
Engagement Activities	23,325
<b>Total</b>	<b>716,363</b>

<sup>2</sup> In addition we 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 reported in the 2017 plan refresh.

<sup>3</sup> Underspend of £5,344 due to VAT reclaim on i-THRIVE research



- 5.4 £562,000 has been allocated on a recurrent basis within the CCG baseline for CAMHS Transformation plan investments. In addition, over the next three years there will be additional £400,000 of recurrent monies, with £200,000 available in 2018/19 and an additional £100,000 available in 2019/20 and 2020/21. This will mean that there will be at least £762,000, £862,000 and £962,000 respectively available over the next three years to support CAMHS Transformation Plan investments. The priorities for investment next year include the continuation of the Community Eating Disorder Service, Integrated Community Response Service, RAID, Single Point of Contact post, IAPT training and engagement; in addition there are planned investments around the CAMHS learning disability service, parent engagement and an uplift to 42<sup>nd</sup> Street.
- 5.5 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 has collaborated with all other GM CCGs to develop a multi-agency 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 7 below.
- 5.6 There are currently two WTE posts in 42<sup>nd</sup> Street, offering face to face counselling and psycho-therapy (1.6 WTE) and group work (0.4 WTE). There will be additional investment in 2018/19 to increase that capacity to 4.4 WTE staff. The staffing breakdown for CAMHS from 2014/15 – 2016/17 is awaited from the service, and will inform the workforce baseline and projections to meet the FYFV for Mental Health workforce requirements. There are challenges around workforce both locally and nationally and this is acknowledged within the GM Workforce strategy (see above and section 7.5 below). However Salford is committed to increasing the workforce in line with the ambitions within the FYFV and has already created new posts through investments in the schools work, the Community Eating Disorder Service, the Single Point of Contact in CAMHS, the Integrated Community Response Service and RAID, and further investments are planned in 2018/19.

## 6 All-age Mental Health Needs Assessment & Strategy

- 6.1 The original CAMHS Transformation Plan (2015) included an overview of needs, which included the following highlights from the LA Children and Young People's Strategic Review (2015):
- *Early Years Foundation Stage Profile*: the assessment of children's development at age 5 includes three measures under the heading Personal, Social and Emotional Development (self-confidence & self-awareness, managing feelings & behaviour and making relationships). Salford children are generally at the expected level, however fewer children are exceeding the expected level when compared to the England average. This follows deprivation.
  - *Bullying*: a survey of 5-13yr olds identified that 68% hadn't been bullied in the previous year, the majority identified that it happened in school, only 57% would feel comfortable to tell someone if they were bullied at school and 3% identified that they did not feel safe.
  - *Looked After Children*: in 2014 81% of Salford's 295 children looked after for at least 12 months (aged 5 to 16) had a Strength and Difficulties Questionnaire (SDQ) score submitted. The average Salford score was below the North West and England average and within the normal range, showing that smaller numbers in Salford indicating cause for concern with their emotional health.
  - *Alcohol*: Alcohol-Specific Hospital Admissions for under 18s is declining but Salford remains above the North West and England average.

- *Substance Misuse*: Hospital admissions for substance misuse 15-24yr olds is increasing with Salford above the North West and England average.
- *Youth Justice*: Between 2006/7 and 2012/3 there was a reduction in first-time entrants to the youth justice system. In 2013/14 there was an increase but Salford is not significantly higher than England.
- *Self-Harm*: There has been a fall in the rate of hospital admissions for self-harm amongst 10-24yr olds but Salford remains higher than England.
- *Mental health*: Hospital admissions for mental health among 0-17yr olds have fluctuated between 2010/11 and 2013/14 but are currently above the England rate.

6.2 In addition a review of risk factors for mental disorders in children and young people, using the framework from *No Health without Mental Health: Analysis of the Impact on Equality* (2011) identified that there were a number of key risk factors for mental health disorders. This includes substance misuse and stress in pregnancy, low birth weight, poor parenting skills, unemployed parents / parents with no qualifications, deprivation, four or more adverse childhood experiences, child abuse, substance misuse, self-harm and bullying. Certain groups of children and young people are also at increased risk of developing mental health problems, including children with LD / SEND, homeless young people, LGBT young people, young offenders, Looked after Children and children of prisoners.

6.3 The Salford Public Health Team started an all-age mental health needs assessment in December 2017 to support the development of an all-age Mental Health Strategy for Salford. This CAMHS Transformation Plan will comprise the children and young peoples' element of that strategy. The detailed needs assessment is expected April / May 2018 and will inform delivery going forward.

## 7 What Has Been Accomplished Since December 2015

7.1 In 2017 we aligned the *Future in Mind* priorities with our local emotional health and wellbeing ambitions and young people's expectations of services (see Appendix 3 for a copy of the latter). Therefore the following information on our progress will reflect the new headings, with former *Future in Mind* priorities underneath.

### Improved awareness and understanding amongst the public and professionals (formerly under Workforce Development)

#### Priorities for 2017/18 were:

- 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

7.2 **Improving Access to Psychological Therapies (IAPT)**: The North West children and young people's (CYP) IAPT Learning Collaborative is working with CCGs and providers to ensure continuing professional development of existing staff and 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. There is a need to take a regional approach to workforce development to prevent ongoing variability in how these issues are managed.

7.3 In 2017 there were two applicants for the CBT pathway (one Clinical Psychologist from core CAMHS and one educational psychologist from Salford Educational Psychology Service). So far for 2018 there has been one applicant for the Systemic Family Practice course from

a worker in the STARLAC service. There has also been the recent development of a Children & Young Peoples' Wellbeing Practitioner (CYWP) role. The funded training for these CYWP's commenced in June 2017 for one year and the Manchester and Salford collaborative had three practitioners on places. We are considering how to deploy the staff in Salford across schools and colleges in 2018 to support the CAMHS / Schools link pilot.

- 7.4 **Training:** The recommendations from the 2016 training audit have been used to develop the Salford EHWP training plan which has identified 5 levels of training needs, as follows:
- Level 1: people that require general EHWP awareness
  - Level 2: staff that will have some regular contact with children and young people
  - Level 3: staff supporting children and young people experiencing mental health problems
  - Level 4: Schools / Education
  - Level 5: parents / carers

The 2017-18 initial training offer includes Mental Health First Aid, Papyrus suicide awareness sessions and LGBT awareness, alongside key Salford Safeguarding Children Board training and seminars. In addition, further work will be undertaken to identify key modules from the MindEd online training to support the workforce and will be widely promoted across the city. A full evaluation will be undertaken to assess the impact of the training, from the initial completion of the training and then reassessed 6 months on to ensure that the training programme offered is meeting the needs of the workforce and to identify any potential gaps in knowledge and training needs.

- 7.5 **Integrated Workforce Planning:** In Salford we have contributed to the development of the Greater Manchester Children and Young People's Emotional Wellbeing and Mental Health Workforce Strategy 2017-2021. This Strategy aims to ensure that commissioners and services are taking a co-ordinated approach to developing the workforce, in both specialist CAMHS and across the broader Children's workforce, including schools, local authorities and the voluntary and community sector. In addition there is a clear need to acknowledge that specialist as well as other existing services cannot meet increasing demand alone, and that there is key role for Health Promotion and Early Intervention, alongside community capacity building and community psychology approaches. Key to the development of a sustainable workforce is building resilience in children, young people, families and communities and integrating provision and collaborative working. Therefore the strategy includes a mapping of the specialist CAMHS workforce using the Self Assessed Skills Audit Tool (SASAT) mapping tool to ensure appropriate skill-mix in teams, plans for increased capacity including appropriate deployment, plans for high quality sustained cross-sector training / supervision and a focus on staff wellbeing.

**Priorities for 2018/19 are:**

- Continued roll-out of the Salford Training offer
- Consider proposals to deploy CYWP's in Salford settings in 2018
- Support delivery of the GM Children and Young People's Emotional Wellbeing and Mental Health Workforce Strategy 2017-2021

**Timely access to effective child-centred emotional and mental health support when needed**  
(formerly Resilience, prevention and early intervention and Improving access to effective support)

**Priorities for 2017/18 were:**

- 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
- 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 / CAN

- 7.6 **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. 42<sup>nd</sup> Street has been commissioned to work with the West Locality team to review current capacity and practice around supporting children and young people's emotional health and wellbeing. To date this work has involved meetings with key professionals in the locality to map provision across the voluntary and community sector, social care, health and education sector and a database has been collated that breaks down groups in terms of contact with children, young people, parents and families. A skills audit has been developed with partners and is being completed with support from 42nd Street. Early themes developing from the skills audit are gaps in understanding and confidence around parental mental health, de-escalation, loneliness and isolation and the relationship between domestic violence and abuse and mental health issues, and trauma. Multi agency training is planned in West Locality in early 2018, and a report will set out proposals for an early help approach around emotional health that can be implemented across the remaining locality teams in Salford.
- 7.7 **Early Years Delivery Model (EYDM):** All staff in the 0-19 Service have been trained in the Solihull Approach and a cohort of staff have been trained in Ante Natal Solihull. They have co-delivered with the parenting team four ante-natal Solihull parenting sessions across West and North localities in Salford. The Service is currently recruiting Train the Trainers for this programme. The 0-19 service have staff that are trained in Universal Baby Incredible Years and again sessions have been co delivered with the parenting team in West, North and East Central Localities. The Service is currently rolling this out across the city. The content of the incredible years baby programme emphasises becoming a new parent, developmental milestones, temperament differences, safety proofing and parenting approaches that build a positive parent / child attachment. To promote attachment and interaction between parents and infants all Health Visitors have received training in New-born Behaviour Observation (NBO) or Infant Mental Health. This allows parents to 'tune in' to their baby, building relationships with their baby and providing a voice for the child, as well as increasing parental confidence, allowing parents to enjoy the experience of being a new parent.
- 7.8 **Whole school approach to emotional wellbeing:** There has been a huge amount of work to explore the emotional wellbeing offer to schools.
- 7.8.1 Salford CCG has continued to fund a Healthy Schools Programme and Salford primary schools were invited to bid for small pots of grant funding for projects that would be delivered across the academic year 2017/18.
- The Little Pot of Health (LPOH), Healthy Schools Fund allows schools to apply for up to £5,000 to deliver activities which improve health and wider wellbeing and / or improve mental and emotional wellbeing of children in Salford, increases the numbers of children taking part in health & wellbeing activities, increases the confidence of children and increases community engagement in the life of the school. The Grants Panel met on 7th August 2017 and awarded grants to 28 schools and 1 grant to a cluster of 4 schools. The total grants awarded were £145,044.49.

- The LPOH Healthy Schools 'Community Partnership Challenge' is designed to develop partnerships between schools and VCSE organisations in Salford. These new partnerships will work to engage families and communities in the life of schools and support the development of community assets that improve the health and wider wellbeing of Salford's children. Partnerships between schools / or schools and VCSE organisations can bid for up to £15,000 to deliver activities which increases the number of community assets operating in partnership with primary schools, improves the health and wider wellbeing and / or mental and emotional wellbeing of children in Salford, increases the numbers of children taking part in health & wellbeing activities, increases the confidence of children and increases family engagement in the life of the school. The Grants Panel met on 13th December 2017 and awarded grants to 5 partnership projects. The total grants awarded were £69,322.10. This resulted in a small underspend of £5,677.90 earmarked for reallocation / roll-forward as appropriate.

- 7.8.2 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 third EFS conference took place in May 2017 with a focus on Staff Well-Being. It was well received with over 100 delegates attending from schools and settings across Salford. The next EFS conference for 2018 is currently being organised and will have a focus on supporting and managing emotional health and wellbeing issues in school. During 2017, an accreditation process for becoming an Emotionally Friendly School was developed. Schools will be given the opportunity to provide evidence against criteria, and following assessment by a panel, may achieve an accreditation at a bronze, silver or gold level. The accreditation was piloted with 9 schools between September 2017 and March 2018, and from April 2018, all schools will be able to apply to be accredited. A recent successful funding bid to the Greater Manchester Population Health Transformation Fund will allow further development of the EFS programme during 2018 and engagement with schools across Greater Manchester.
- 7.8.3 The Schools Counselling Approved Provider Register, that provides a vehicle for primary and secondary schools to access a menu of provision and a pool of quality assured counselling providers, has been operational this since September 2016. Nine providers are currently approved on the Provider Register to deliver in Salford schools. The successful funding bid to the Greater Manchester Population Health Transformation Fund will enable the CCG and the LA to develop a process to provide match funding to schools taking up counselling provision from the Approved Provider Register in 2018.
- 7.8.4 The CAMHS / School Link Pilot Scheme has continued through 2017/18 with a total of 30 schools involved. All of the schools have identified mental health leads that liaise with the full-time CAMHS School Link Post around advice and support, training, referrals and supervision. Some of these schools have also been involved in the ADHD pathway pilot. We completed an evaluation of the pilot by questionnaire sent to all the participating schools and key stakeholders. 16 schools completed the questionnaire. They were generally really positive about the service, with all 16 rating the usefulness of the pilot as good or excellent overall. However there were some issues raised around communication and the referral form that have been fed back to the service. The plan is to roll-out the CAMHS / School link to all remaining schools in from 2018 onwards.
- 7.8.5 The working group on emotional health and wellbeing in Schools has continued to meet to join up the work outlined above. An integrated delivery plan has been prepared which incorporates best practice in schools and gaps identified through the

schools research. Further work is planned in 2018 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 continue to sit on the group in 2018.

- 7.9 **School Nursing Service:** This is now part of the integrated 0-19 service. Health Visitors and School Nurses are well placed to play a key role in promoting emotional wellbeing and positive mental health of children, young people and their families. They have a specific contribution to make in identifying issues, using protective screening and providing effective support. All high schools have a weekly drop in facilitated by a school nurse. This drop in ensures assessment of health and wellbeing need and early identification of risk factors, it also ensures support for health promotion and change management around issues such as obesity, smoking, drugs, relationship issues and sexual health. School nurses have a role in promoting positive mental health and will explore the relevance of the Five Ways to Wellbeing to the lives of children and young people (Connect, Be Active, Take Notice, Keep Learning and Creativity and Play). An Emotional Health and Wellbeing Standard Operating Procedure is currently being devised to offer guidance and clear referral pathways to support for young people, and staff have received additional training from CAMHS.
- 7.10 **Voluntary, Community and Social Enterprise (VCSE) Research:** The research project, undertaken by Salford Council for Voluntary Services (CVS) highlighted the current provision for children and young people from a sample of 42 VCSE organisations. The report made a number of recommendations for Salford CCG, LA and CVS and a number of specific recommendations for the three transformation programme areas. In relation to emotional health and wellbeing, there were specific recommendations in relation to supporting access to the EHWP Directory, training opportunities and improved engagement with CAMHS for the sector. Following on from the research project, Salford CVS has appointed a development worker to undertake and support the achievement of all of the recommendations. The worker is responsible for workplace development for Salford City Council staff to promote partnership work in locality teams; training opportunities for VCSE sector staff and volunteers administered in partnership with Salford City Council; development work for schools and the VCSE sector in relation to the Little Pot of Health schools grants programme and participation in key programmes and working groups. This role has been in place for 10 months and most elements are working well. The number of Healthy Schools Grant applications was good and many successful applicants received support from Salford CVS prior to submitting forms. The main priority in relation to school grants in the future is engagement with the schools that were not successful, or did not apply, to support them to achieve successful applications to ensure the fund reaches a broader group of participants. The other main current priority is the training opportunities for Salford City Council staff now the locality teams are in place.
- 7.11 **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, along with the rest of GM. The proposal for a GM i-THRIVE hub, funded through the GM Transformation Fund, was approved in December 2017. This will be the only formally established collaborative outside London with the Anna Freud Centre. It will provide access to a training and development programme for staff, a supervision framework, revised care pathways, the roll-out of learning from the Adverse Childhood Experiences (ACE) study and action learning groups. In addition, Salford commissioned some research from the Centre for Public Innovation (CPI) to support the local transformation work by helping practitioners to understand the prevalence of mental health and wellbeing issues, the demand for provision in each of the THRIVE 'clusters', current pathways and flows of children and workforce considerations. CPI made some suggestions to support further implementation of the i-THRIVE model around co-production, communication and consultation, commissioning, workforce development and



performance management. These will be addressed through the Salford i-THRIVE network – see below.

- 7.12 Following the initial joint engagement event held with Manchester, Salford has established a 'Thrive Network', with an extensive distribution group (of 300+ workers) and two further Thrive events have been held in May and October 2017 with over 100 attending the October meeting and participating in analysis of case studies from the newly established Community Eating Disorder Service and in Suicide Prevention Awareness Training, delivered by Papyrus. Further events are planned in March and May 2018 and are key to Salford's development of a whole-system approach to children and young people's emotional health and wellbeing.
- 7.13 **Future commissioning:** further work has been undertaken by the Council and CCG to appraise options for integrated commissioning arrangements for children's emotional and mental health services in Salford. This work is integral to the wider 0-25 Transformation programme and will inform a more integrated approach to how we commission children's services and manage delivery in the future. Future children's mental health commissioning in Salford will be aligned to the emerging GM standards and it is envisaged that the Council and CCG will agree the preferred commissioning approach for Salford in Spring 2018.
- 7.14 **Work with General Practice (GP):** Following the review in 2015 of anti-depressant use for mental health conditions in children and young people, a CCG medicines optimisation pharmacist carried out a repeat review of antidepressant use for mental health conditions in children under the age of 18 years in Salford GP practices between May and August 2017. There were 83 patients under the age of 18 years at 25 GP practices receiving antidepressants for mental health related indications. NICE guidance recommends that when an antidepressant is prescribed to a child or young person with moderate to severe depression, it should be fluoxetine and the majority of patients are being prescribed fluoxetine. NICE recommends second line treatments if treatment with fluoxetine is unsuccessful, however, due to lack of available documentation, it was not possible to ascertain whether fluoxetine or indeed any other antidepressants had been previously trialled in some cases. Therefore there are recommendations around the documentation of first line antidepressant use and prescribing rationales for prescribing outside of the NICE guidelines. In addition there are recommendations around reviewing systems and processes relating to appointments and correspondence with primary care to reduce delays and provision of guidance to primary care detailing what action to take if a patient is not willing to engage with CAMHS. The report will be shared with primary care and CAMHS to highlight the results of antidepressant choice and doses and practices will be asked to review the patients who have been discharged from specialist services while still receiving antidepressants in order to provide assurance of their management in line with NICE guidelines.
- 7.15 **Transition:** Following an earlier review and audit of transition arrangements for young people at age 18, who move from children's to adult mental health services (AMHS), the focus has been on improving the pathway for transitions from CAMHS to AMHS and/or for transitions to other services including primary care, adult social care and to other emotional health commissioned provision for young people up to their 25<sup>th</sup> birthday (42<sup>nd</sup> Street). More robust monitoring arrangements have been implemented in CAMHS and AMHS to track transitions and to ensure a smoother and more timely handover. The Transition CQUIN will also provide quarterly information and assurance on the pathways for young people leaving children and young people's provision at aged 18. Support has been enhanced within adult social care through the recruitment of dedicated Transitions Social Workers who are responsible for supporting those young people with complex needs who may also have mild to moderate mental health difficulties but may not reach the threshold for AMHS. A transitions 'Tracker' has been developed and is used to support the panel of professionals

that are responsible for planning transitions for these young people with complex needs. Both children's and adult mental health workers have now been engaged to attend and advise the panel to ensure that mental health needs are considered in the assessment and plans agreed for this vulnerable cohort of young people.

- 7.16 **Transition CQUIN:** This is a two year CQUIN from 2017/18 – 2018/19. It aims to incentivise improvements to the experience and outcomes for young people as they transition out of children and young people's mental health services (CAMHS) into adult services. It will incentivise providers to improve planning, to collaborate between sending and receiving services, and to involve young people and (where appropriate) their families/carers in the process in order to improve young people's experiences of and outcomes following transition. The CQUIN will retrospectively assess whether those who have transitioned out of children's services had a transition plan; had a dedicated key worker during the process of transition, and were involved in transition planning, along with their parents/carers where appropriate. The information will be determined by local audits of casenotes and surveys / consultation with young people who have transitioned out of children's services. The audits and surveys / consultation will be carried out in 2018.
- 7.17 **Single Point of Contact:** This was commissioned from April 2017, however the post was not filled until October 2017. This operates as a CAMHS duty function, working flexibly 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 post provides 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). Due to the late start for the post, it was not possible to complete a collaborative evaluation with the CAMHS / Schools post, so this will happen in 2018/19 to determine the on-going resource needed for both posts.
- 7.18 **Child not brought / Did not attend (DNA):** the single point of contact post (see above) is contributing to understanding this issue. All new 'no shows' will be followed up with a phone call to review the reasons for non-attendance, in addition the post will review the referrals that end in a 'no show' to see if there is a pattern. The wait for a first appointment has been identified by young people as the crucial 'engagement' phase for them following the review of failed appointments within CAMHS undertaken in October 2015. In the light of this, the service is also now bringing referrals in before their first appointment for a triage appointment to check their reason for referral to CAMHS and to give self-help information for whilst they wait. The team have self-help information that can be shared with young people and a leaflet explaining the service. The website will be further developed to hold self-help information and links to other organisations and support. This is something that is reviewed at quarterly monitoring meetings.
- 7.19 **Special Educational Needs and Disability (SEND):** An overarching multiagency SEND strategy for Salford is being finalised following a series of consultation sessions for all partners 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. Initially a specific proforma was developed to provide the advice, and whilst this will still be the approach taken in some cases, following discussion with the wider team it was suggested that for cases where both the CAMHS team and the paediatric consultants are involved, CAMHS advice could be sought and included within the medical advice rather than producing a new standalone report. This proposal is currently being worked up.

**Priorities for 2018/19 are:**

- Roll-out of the early help approach for emotional health
- Continue application of the EYDM locally
- Continued work with schools to deliver a whole-school approach to emotional health & wellbeing
- Continued delivery of recommendations from the VCSE research including training, partnership working and funding opportunities.
- Further engagement and implementation of i-THRIVE, linked to GM programme
- Review options for integrated commissioning arrangements and implement the GM CAMHS service specification
- Delivery of the Transition CQUIN and continued review of transition pathways
- Collaborative review of the single point of contact
- Establish a second Schools Counselling Approved Provider Register and grants programme to ensure access to counselling for the most vulnerable young people

**Targeted support for the most vulnerable, and improved crisis care**  
(formerly Care for the Most Vulnerable)

**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

- 7.20 **Community Eating Disorder Service (CEDS):** this service went live in April 2017, providing access to a community eating disorder service across Manchester and Salford for children and young people up to 18 years in line with the access and waiting time standard and NICE Guidance. Families have the option of being seen within their locality (which could include home or the local Tier 3 CAMHS clinic) or within the hub at the Manchester children's hospital, especially if there are significant concerns about physical health or risk and an urgent paediatric assessment or psychiatric risk assessment is needed. Regular monitoring meetings are held with the service, and the access and waiting times are reported quarterly (see section 4.15.2 above). As the service was new in 2017/18, the collaborative evaluation of the service will be undertaken in 2018, including benchmarking against the other eating disorder services in GM to ensure the most appropriate model in Salford and Manchester.
- 7.21 **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 was undertaken in 2017 to provide assurance on continued adherence, and the results of this are awaited.

- 7.22 GM Crisis Care Pathway:** during 2017 work has been undertaken to refine the 24/7 crisis care support pathway for children and young people across GM. It is a REACH-IN model, aligned to THRIVE, based on 9 pledges that describe a commitment to children and young people across GM. REACH-IN principles describe the core values that will be used in meeting these commitments (see Appendix 4). The pathway comprises a number of elements:
- 7.22.1 Rapid Response Service consisting of 4 teams who will be first responders aligned to the 10 localities and their community CAMHS teams. The function is to ensure CYP are seen within 2 hours either by the service (or remotely through locality CAMHS), providing an assertive outreach model that aims to prevent further escalation and avoid hospital and/or A&E admission and in-reach in to paediatric wards/liase with All Age Raid. The teams will travel to where the young people wish to be seen or alternatively arrange transport for young people to attend one of 2 Safe Spaces (or locality CAMHS) for assessment. The teams will also provide support to other services in real-time when dealing with a developing crisis.
  - 7.22.2 Two GM Safe Zones will support the rapid response service, acting as the point of access and referral gateway. The aim is to use existing VCSE youth orientated centres ideally located in the NE/East and SW/West. The Safe Zones will mirror the adult Sanctuary Model. They will provide support to young people under 18 who are experiencing anxiety, panic attacks, depression, suicidal thoughts or are in crisis (not necessarily mental health related), offering a space to talk and provide assistance with coping after the initial crisis or trigger/relapse. Safe Zones will not offer beds but will be linked to 72hr crisis beds.
  - 7.22.3 GM 72hrs Crisis Beds allocated for holding CYP for up to 72hrs enabling crisis care formulation and risk management plan to be developed to allow return home with multiagency wrap crisis care and home treatment or assessment and access to an inpatient setting. One bed will be in GMMH and a second bed provided by PCFT with an additional third bed factored within a growth of model if needed.
  - 7.22.4 Inpatient Assessment Centre & In-reach will provide an assessment and case management service allowing a seamless conduit from community CAMHS to inpatient settings, ensuring 'GM beds for GM children and young people'. It will develop and deliver a trusted assessment to expedite those CYP who need inpatient settings, and divert those who could be managed through an alternative to inpatient services. It will provide active case management pre and post admission for those in inpatient settings aiming to reduce the length of stay.
  - 7.22.5 CAMHS 24:7 On Call rota managed by MFT ensuring medics are on call out hours including weekends to provide advice and assessment of CYP attending A&E out of hours in mental health crisis.
  - 7.22.6 Extension of RAID services to include children and young people under 16 years. In Salford this is being delivered by Greater Manchester Mental Health Trust (GMMH) as part of a two year pilot with mobilisation commencing in Salford and Bolton from February 2018 (phase 1) and Trafford and Manchester coming on stream later in 2018 (phase 2). Commissioners across Salford, Bolton and Trafford worked with

GMMH and CAMHS to develop the service specification which was approved in December 2017. There will be a collaborative evaluation of the model and progress at the end of 2018.

- 7.23 **Integrated Community Response Service:** this service went live in October 2017 across Manchester and Salford, providing an early assessment for children and young people who present with high levels of psycho-social distress and risk, caused by the combined impact of their social situation and their mental health needs, within key identified settings. The initial settings in Salford are the Clifton PRU and the Missing from Home Team and the Early Help Outreach Team. The aim is to intervene early, offer short term de-escalation support to help stop A&E attendances / admissions to in-patient beds with a step up / step down into other community services when stable. The service is delivered through a partnership of voluntary and statutory sector services. The practitioners are employed through 42<sup>nd</sup> Street, with additional consultation and supervision provided through CAMHS, with links to MIND and Self-Help Services who provide access to practical advice and information / therapy. The development of more responsive, de-escalation support for young people within and around these settings will inform future provision, with potential for wider roll out.
- 7.24 **Health & Justice:** The GM Mental Health Crisis Care Concordat now has a CAMHS subgroup 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. 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. Links are being established with the North West Forensic CAMHS (FCAMHS) service based at Prestwich. FCAMHS offers consultation, advice and support, direct assessment, intervention, supervision, risk management and diversion for complex children and young people with multiple needs across domains (i.e. mental health, offending, care, education) and high-risk behaviours (to self, others and from others).
- 7.25 **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* developed by Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network. The aim is to create and deliver an integrated care pathway across CAMHS, schools, community paediatrics, GPs, and other partners. A pathway has been piloted with schools involved in the CAMHS / Schools pilot, and this evaluated well. The revised pathway, dedicated assessment day and post diagnostic work will continue with the pilot schools, but will not be extended to any further schools at this stage. There is ongoing work needed to identify the resources required to develop the Paediatrician pathway and extend the offer to all schools from CAMHS. The steering group will continue to meet to explore the feasibility of GP pathway and to consider the resource implications for the whole work.
- 7.26 **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. Two pathways were developed, the first one focussing on making the diagnosis and the second for 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). Following agreement of the pathways, implementation is being managed through the autism strategy

group. The diagnostic pathway is being implemented first, with the recent appointment of an ASD co-ordinator post as a pilot secondment opportunity. This post has been recruited to and is currently shared by two experienced nursery nurses, informal feedback is positive, formal evaluation will commence after 6 months although evidence of effectiveness is being collected continuously. Alongside this a new expert ASD panel has been established to review all ASD diagnoses to ensure consistency and high quality across Salford. The implementation of the post diagnostic support pathway will be more complicated as it involves many different services / agencies; this will be part of the 0-25 Integration programme children with disabilities test case.

- 7.27 **Suicide Prevention:** The Salford Suicide Prevention Partnership has developed a Suicide Prevention Strategy for Salford, focusing on awareness raising and the achievement of effective and coordinated preventative work. This was published in August 2017. The Partnership is multi-agency and the aspiration is that suicide should always be considered as an avoidable occurrence. The Partnership 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 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 in addition to accessible support for those who have been affected by bereavement as a result of a suicide. Work to date under the strategy has included the commissioning of a full time bereavement worker within Six Degrees social enterprise, engagement activities with local people of all ages to inform the awareness raising toolkit, development of a draft toolkit to promote suicide prevention in the community and the commissioning of Papyrus to deliver suicide awareness sessions across workers and community members supporting young people. In addition, work has been undertaken to develop a communications group which operates across children, young people and adults to co-ordinate the messages and information shared in Salford in relation to suicide prevention.
- 7.28 **Peri-natal mental health:** a peri-natal community mental health offer is being developed across GM with three clusters / teams being considered, integrated with the mother & baby unit at the University Hospital of South Manchester. The teams will provide support and treatment to pregnant or post-natal women as an alternative to admission and will be phased in over the next two years. Integration with existing universal and targeted provision is key to enable any GM provision to be aligned to the local offer. There will be an adult IAPT offer for peri-natal women to ensure swift access to support for this cohort. Initial meetings have taken place with GMMH and a business case is being developed to be presented to the CCG Service and Finance Group in April/May to take this work forward. In addition there is work going on to determine an early attachment offer for families, including a project with Homestart Salford and Trafford, in conjunction with Trafford CCG. This will be a two year project initially using volunteers to support families through pregnancy, childbirth and the first two years of family life. The volunteers will receive the core Homestart training on working with families and additional specialist training on supporting early attachment and parent-infant mental health. Salford has worked to identify the current emotional health offer in the early years and peri-natally as part of the wider early help and early years work described above. Work is now underway to develop a Salford maternal and perinatal mental health pathway that includes all maternity providers and incorporates primary care and links to adult mental health services/provision. As part of this, initial work is being undertaken to map our existing provision against both the London and Tameside models (which are sited as good practice). A plan for workforce training has been developed that will ensure consistency across Salford health and early years services in the training for attachment, and there is a wider workforce offer for emotional health first aid training to compliment this.



- 7.29 **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 2018/19 are:**

- Collaborative evaluation of the CEDS pilot
- Involvement in implementation and evaluation of the GM crisis care pathway
- Evaluation of the Integrated Community Response Service
- Further develop and implement the ADHD & ASD pathways
- Continue to monitor the implementation of the Suicide Prevention strategy
- Support development of the Salford peri-natal mental health pathway

**Parental support and programmes for those who need it**

Parenting support programmes available to all parents, which promote emotional health and wellbeing and prevent neglect

- 7.30 **Parental Involvement and Support:** Salford's Emotional Health and Wellbeing Ambitions for children and Young People includes a commitment to delivering parental support. This is underpinned by the young people's expectations of services, namely:

- *"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."*

Parent support around children and young people's emotional health is a gap locally and will be a key priority for 2018 in Salford. We aim to roll out a parent engagement and support offer and will work with both parents/carers and parent support workers alike to develop a support programme which it is envisaged will include: workshops that will connect parents in Salford and provide opportunities for parents to establish peer support networks; training, advice and information sessions on key topics to support parents and carers around specific issues such as self-harm, body image/eating disorders, bullying, anxiety/depression, and behaviour.

- 7.31 We will identify and engage parents who may feel isolated and vulnerable, whose children may be struggling with emotional health or experiencing difficulties at school. The programme will provide tools to support them, to build stronger relationships between

parents and services/schools, and will provide targeted support for parents/carers who care for children that may be at higher risk of experiencing mental health problems. The aim will be to build capacity across the system to strengthen the resilience of parents and carers to manage issues and prevent problems from escalating, and to work with professionals to enable early intervention and early help when it's needed.

**Priorities for 2018/19 are:**

- Development of the Salford parental support offer

**Transparency and accountability across the whole system**  
(formerly Accountability, transparency & governance)

**Priorities for 2017/18:**

- Continue communication and engagement activities within the plan

- 7.32 **Emotional Health & Wellbeing Resources:** The Emotional Health and Wellbeing Directory and webpages for professionals are regularly updated to ensure professionals have access to up to date and relevant information. Additional online pages have been developed to provide information on conferences, training courses and events, LGBT research / resources and the local Thrive network. Future website developments will include pages specifically for schools and will link into the EFS programme see - <http://www.partnersinsalford.org/youngemotionalhealth.htm>. Following consultation with the Youth Council, the young people's webpages have been developed to include short films about key services such as CAMHS, GP's, 42<sup>nd</sup> Street and School Nurses. Additional films are in development for other identified services alongside a 'walk through' film for GP's and CAMHS so that young people can see what to expect when visiting a service - see <https://www.wuu2.info/emotional-health-and-wellbeing/>.
- 7.33 **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 refreshed plan was published on both sites in March 2017. 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.
- 7.33.1 **2017 communications achieved:**
- Monthly email newsletter to directors, management and senior team members
  - Monthly email newsletter to all team members, partners and stakeholders
  - Events marketing and invitations
  - Services and events collateral
  - Communications literature
  - Internal communications
  - Regular Partners In Salford website updates and directory
  - Social media based around topics such as suicide prevention and relevant national days
  - WUU2 website has continued to be developed and updated
- 7.33.2 **2018 communications planned in addition to continuing the above:**
- New overall project name and branding
  - Additional sections to the Partners In Salford website
  - Wider public communications where required
  - Suicide Prevention strategy communications
  - CAMHS FAQs for schools literature
  - MyCitySalford and MyCityHealth platform integration

- 7.34 **Measuring success:** The Emotional Health and Wellbeing Partnership have developed a data dashboard with indicators which include high level KPIs, service level data and service feedback to measure the progress of our transformation work (see Appendix 5). The Dashboard will be updated on a quarterly basis and presented to the Emotional Health and Wellbeing Partnership for comment and feedback. The indicators in the Dashboard are continually being added to as more data becomes available. An annual report will be produced at year end with full analysis of the data, showing progress against the indicators.

**Priorities for 2018/19 are:**

- Continue to develop the EHWP webpages and WU2, linking to My City health and My City Salford
- Ongoing development of the EHWP dashboard to understand progress and need
- Further develop the role of the EHWP Partnership as the expert reference group to help shape and deliver the priorities

**Children and young people have a voice**

(formerly Involvement of Children and Young People)

**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

- 7.35 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 CAMHS Transformation Plan and associated projects. This engagement is outlined in the sections below.
- 7.36 **Plays in schools:** A community arts group was recommissioned in 2017 to deliver the 'a spiralling mind' performance workshop. The focus was on self-harm and eating disorders, however it also incorporated issues of suicidal feelings, body image and depression which were identified as key priorities by young people in previous evaluation. Again the script, workshop and accompanying school lesson plan was developed collaboratively with 42nd Street, a young people's mental health charity. During March 2017, two thousand, three hundred and thirty eight Y9 students from all of Salford secondary schools participated as well as students from all pupil referral units (PRUs), a secure training centre and a specialist school for students with emotional, social and mental health difficulties. The feedback from both students and teaching staff was excellent, and funding has been secured to deliver the performance workshops again in 2018. The project focus will remain on the same themes but with increased emphasis on suicidal feelings. In March 2017, the project won a national award for best engagement project from the Association of Healthcare and Marketing.
- 7.37 **Primary to secondary school transition project:** After carrying out a scoping exercise in early 2017, a project plan to develop a peer to peer emotional health and wellbeing project with Y6 students (10-11 year olds) was developed. The planning for the primary to secondary

school transition project, 'goodbye primary, hello high' commenced in July, with a children's listening event. Over one hundred primary (Y5) and secondary (Y7) school students attended the event where they shared their hopes, fear and experiences of high school. The project hopes to prepare and create resilience for those children anxious about transitioning and help them cope through what can be a difficult period which can affect their emotional health. The multimedia resource will focus on real life worries, filmed to camera and offer advice and solutions to difficult situations. This educational teaching resource, delivered in a classroom setting, will be offered to every primary school for those in their final year. The workshop will tour between May and July 2018.

- 7.38 **Salford Young People's NHS Forum:** The group is made up of representatives from three proactive youth groups (Fight for Change - Barnardo's; Salford Young Council; Salford Young Carers) across the city. The 12-month pilot group formed in July 2016 and young people were recruited to be a 'critical friend' to health and social care partners, to advise and scrutinise young people's services and projects and to improve collaboration. Over the duration of the pilot, the group have provided advice and guidance on the following:

- Salford sugar reduction/brownies badge campaign
- 'A spiralling mind' mental health drama workshop re-design
- Salford CCG equality delivery system consultation
- Salford young people's emotional wellbeing statements
- GM health prevention priorities consultation
- Young Minds - Amplified programme consultation
- Salford CCG – university health survey
- Manchester and Salford eating disorder service user/parent information leaflet
- Children and young people's listening event – mental health and wellbeing transition - co-produced with Salford CCG

The group have exceeded the aims and objective set out at the start of the pilot and their contribution has been extremely valuable to both SCC and CCG. The future of the group beyond the pilot phase is currently being considered.

- 7.39 **Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual (LGBTQIA):** following the research commissioned from the Proud Trust in February 2016 to understand the needs of the young LGBTQIA population in Salford, an action plan has been developed focusing on key areas. These include, communication and engagement; good practice; workforce development; service user involvement and service development. The LGBT Working group has been established with representatives from Salford CCG, Salford CAMHS, 42<sup>nd</sup> Street, Salford IYSS, Salford LGBT Youth Group, education and the LA. The group are responsible for ensuring the actions are developed and implemented, and are currently in the process of developing a training programme for the Salford workforce and volunteers, along with information and resources for use across schools and the wider community.

- 7.40 **Young Jewish People's Peer Research:** 42<sup>nd</sup> Street were commissioned to deliver this peer research project with the Orthodox Jewish community in Salford in 2016. The research was conducted between October 2016 and December 2017. The Advisory Group, chaired by a member of the Orthodox Jewish community, met regularly over the course of the project supporting the 42<sup>nd</sup> Street project team to achieve the agreed objectives. Once the parameters of the project had been established it was decided that access to young people would be best brokered via established youth groups and schools to ensure inclusivity and diversity, to ensure the safe and smooth running of the sessions with young people and also to assuage any fears around the project's potentially sensitive subject matter. A workshop framework was developed by 42<sup>nd</sup> Street and the Project Lead in consultation with young Jewish people and signed off by the Advisory Group; the workshops used an interactive, participatory approach to guide the consultation process and produce both quantitative and qualitative information that could be analysed and interpreted to inform recommendations for

future service development. In recognition of the diversity of the Jewish Community in Salford, it was also agreed that additional facilitators, both male and female would be sought and trained from the community to work with the young people in the different groups and settings directly. The Project Lead and/or facilitator met with the head teacher of the schools/community group leaders to demonstrate how the workshop had been developed and to discuss the project in greater depth. Once the settings were satisfied with the approach, recruitment of young people was able to begin.

- 7.41 Small groups (ideally 8-10 young people) were then identified in each setting and the facilitators then identified 2 of the group to be the peer researchers and scheduled in training for them. The Project Lead and the facilitator trained the peer researchers together (where appropriate) which involved going through the workshop, adapting the content and delivery where necessary and gaining the peer researchers feedback to ensure that they were comfortable to deliver it with their peers. Workshops were then scheduled in each setting with the peer researchers. The Project Lead and/or facilitator were present at each workshop for support, and to ensure accurate capture of data.
- 7.42 14 settings were recruited and 162 young people were involved in the research project, 95 male and 67 female. Of these, 89 were school age (16 years or younger), 73 were over school age (17-26 years). The workshops in the settings generated a list of suggestions from the young people that took part in the research around what they felt would help support their mental health and wellbeing in the Orthodox Jewish Community in Salford. This included ideas around community resources, specialist support, education and information and guidance. Recommendations are currently being considered around tackling the stigma associated with mental health, community teaching materials around mental health and wellbeing, evening classes and workshops, support to manage stress and anxiety around achievement, signposting information and opportunities to socialise.
- 7.43 **Mentoring support for young people from the Orthodox Jewish community:** The Gateway Action (Salford) have delivered a young people's mentoring project targeting secondary school age young men and women from the Orthodox Jewish community. The group has built on its links with the community to recruit and train 22 male and 18 female mentors to support young people. To date 85 young people (50 male, 35 female) have been supported with a minimum of an hour per week of mentoring support. The mentors have been trained in Mentoring Skills and a counselling course is planned. The project has completed an evaluation demonstrating an impact on the emotional health of participants with 93% of young people citing an improvement in their mental health as a result of the project. The young people have provided positive comments on the impact of the project:
- "I love my mentor! He helps me every week. He has boosted my confidence and encouraged me to take school seriously and aim to pass GCSE & A levels."
- 7.44 Service User Engagement – CAMHS: in line with the MFT CAMHS Participation Mission Statement, the service aims to support all teams to ensure that the voices of children, young people, carers and families are heard, valued and are influential in everything the service does.
- 7.44.1 The service has 9 participation standards covering initial assessments, session-by-session monitoring, complaints and advocacy, staff training, recruitment and selection, supervision and appraisal, commissioning of services, leadership and shared values. These are reviewed on a monthly basis and there is an annual audit. As a result of this, action plans are developed focussing on improvements. These are shared with the North West Participation Network and feed into MFT Clinical Governance and Audit review structures for feedback and support.
- 7.44.2 Commission for Health Improvement (CHI) Experience of Service questionnaires are used at the end of a young person's involvement with CAMHS to measure how

well the service listened to the young person, talked to them, treated them, responded to their issues, explained things, worked collaboratively and offered convenient appointments. The headlines from 2016 and 2017 are presented in table 12 below:

**Table 12**

<b>Question</b>	<b>2016 Certainly True (%)</b>	<b>2017 Certainly True (%)</b>
<i>I feel that the people who have seen me or my child listened to me</i>	85%	74.00%
<i>It was easy to talk to the people who have seen me or my child</i>	79%	72.80%
<i>I was treated well by the people who have seen me or my child</i>	93%	81.20%
<i>My views and worries were taken seriously</i>	84%	70.00%
<i>I feel the people here know how to help with the problem I came for</i>	72%	64.40%
<i>I have been given enough explanation about the help available here</i>	67%	62.40%
<i>I feel that the people who have seen me or my child are working together to help with the problem(s)</i>	74%	65.20%
<i>The facilities here are comfortable (e.g. waiting area)</i>	75%	83.20%
<i>The appointments are usually at a convenient time (e.g. don't interfere with work, school)</i>	57%	52.80%
<i>It is quite easy to get to the place where the appointments are</i>	76%	76.40%
<i>If a friend needed similar help, I would recommend that they come here</i>	82%	74.40%
<i>Overall, the help I have received here is good</i>	85%	74.40%

The service has worked on three key areas following the CHI questionnaires: the appointment times, providing enough explanation and helping with problems. In relation to the appointment times, the service is offering 8am -6 pm each evening and in Jan 2018, 8am-8pm one day a week. The new GM CAMHS service specification specifies extended hours for the service (8am-8pm and Saturday clinic) which will be phased in. The service acknowledges that they did not always send out their information leaflet as routinely as they should have and this is being rectified. In addition, they will continue to work on providing clear explanations of the offer e.g. through the Q&A sheet being developed. The service acknowledges that it can sometimes be difficult if families want a particular assessment, treatment or diagnosis that is not endorsed by professionals, in these cases the service works with families to support them to understand their child and get the appropriate help they deserve.

- 7.44.3 The service has a Participation Action Plan / Calendar and in 2017 this included CHI action plans, clinical effectiveness participation day and world mental health day events, 'you said, we did' posters in waiting areas and monthly 'You're Welcome' walkrounds. This is ongoing work that is reviewed each month by the CAMHS Participation Leads Group and each team feeds back on compliance.
- 7.44.4 There is a Suggestion Box in the waiting area with cards asking for service users' experience of the service and views on how to make things better for children, young people and their parents. Any changes as a result of the suggestion cards are fed back via the 'you said, we did' posters.
- 7.44.5 Young people are regularly involved in the interviews for new appointments and skills training is offered to those young people to help them in that role.
- 7.44.6 In the CEDS there has been engagement with young people and parents to develop leaflets and resources about the service. In addition there was a consultation at the end of 2017 to explore options to improve and increase the service. Families were asked for their views on how the service could be enhanced, looking at options for availability outside of the core 9am-5pm hours, home-based treatment, group sessions and any additional ideas on improvements. As a result the first parents support group will be trialled in March 2018. There was a further suggestion around



increased support for families at meal times, which has been piloted with a few families who are especially struggling, and work is underway to identify ways to incorporate this into the menu of support available.

- 7.45 **Service User Engagement – 42<sup>nd</sup> Street:** Giving young people voice and influence is a critical part of the 42<sup>nd</sup> Street approach and programme; the Charity believes that active participation and involvement of young people helps to promote resilience and recovery and also informs the type of services required to best meets the needs of young people. Genuine participatory approaches contribute to safeguarding young people using services by giving them different ways of voicing concerns and raising problems. It also gives young people the opportunity to develop new life skills. This ethos is embodied in the Charity's work in Salford though:
- 7.45.1 Referral processes - young people can self-refer to 42<sup>nd</sup> Street and a referral will not advance unless there is consent from the young person.
  - 7.45.2 Approaches to one to one support – 42<sup>nd</sup> Street has a young person centred approach to all therapeutic work; through assessment and goal setting the right modality of support is agreed with the young person and the main point of contact throughout is with the young person directly.
  - 7.45.3 Peer Ambassador programme - this is an ongoing project where young people are trained and supported to campaign and advocate around mental health issues for other young people. The group has been able to influence the local and national mental health policy and practice.
  - 7.45.4 Peer Research projects- this approach trains up young people to explore mental health issues with their peers. Recently this has included peer research in the Orthodox Jewish Community in Salford and a national peer research project around Youth Loneliness.
  - 7.45.5 Make Our Rights Reality Programme - this is a North West project, with several groups from Salford taking part, which involves training young people in their legal rights and learning how to challenge injustice. The focus is on issues around mental health, LAC and CSE.
  - 7.45.6 LGBTQ work - 42<sup>nd</sup> Street runs two thriving LGBTQ groups with strong links to Salford. The younger group has recently designed and launched a platform to support young LGBTQ+ people experiencing mental health issues that is managed by young people. The LGBTQ+ groups have also contributed to several consultation and engagement opportunities in Salford resulting in recommendations that have driven forward strategic developments.
  - 7.45.7 Creative Agents – this is a group of young people that help to shape the creative programme at 42<sup>nd</sup> Street. In 2017 this also involved delivering the Gift Shop project in Salford. 48 young people took part in a series of workshops with professional artists to create a Salford Gift Shop; a pop up shop full of useful and beautiful handmade goods on offer to the public all with the aim of improving wellbeing. Salford Young Carers were also involved in an immersive Theatre Production called “Hidden” that gave young people a voice through theatre about their experiences, good and bad, as young carers.
  - 7.45.8 Through their involvement with 42<sup>nd</sup> Street, Salford young people have also been part of the development of the Health and Social Care Young People's Charter and are supporting the development of the young people's governance structures for the Greater Manchester Mental Health Strategy.
  - 7.45.9 42<sup>nd</sup> Street also has ex-service users on the Board of Trustees and have an annual young person led AGM. Young people are involved in all recruitment and selection processes.
  - 7.45.10 42<sup>nd</sup> Street conducts an annual evaluation run by young people on the effectiveness of the Charity, the NHS Friends and Family test measure is routinely used (consistently scoring over 95%) and national ROMS (CHI-ESQ) are used to measure the satisfaction of service users throughout their support at 42<sup>nd</sup> Street.

**Priorities for 2018/19 are:**

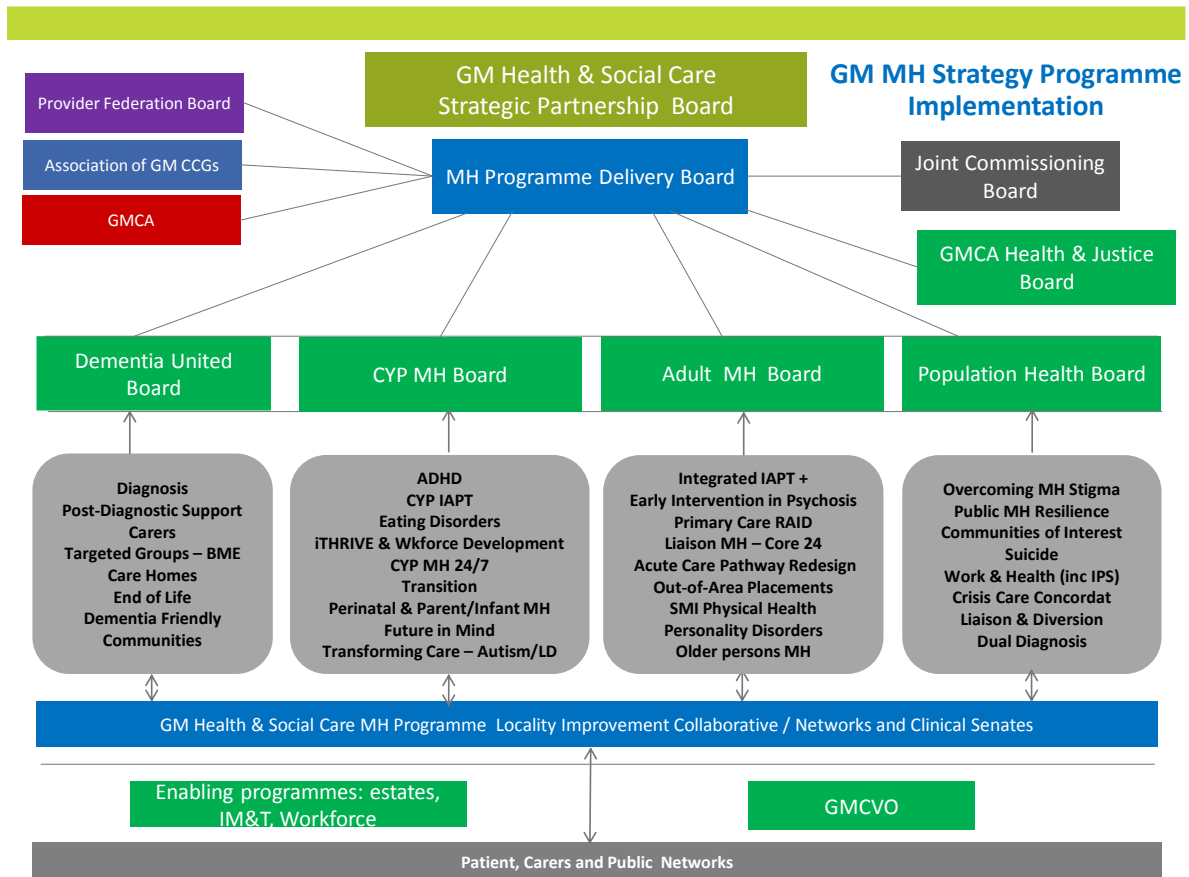
- Evaluation of the plays in schools, accompanying teaching resources & primary to secondary school transition project
- Continued involvement of young people in the evaluation and development of services
- Continued involvement of LGBTQIA young people in the working group
- Consider the recommendations from the peer research and mentoring support within the Orthodox Jewish communities.

## Appendix 1: Achievements in the EHWB Test Case

Stage	Achievements
1 July 2015	<ul style="list-style-type: none"> <li>• Project Team established and meeting weekly to progress work.</li> <li>• The focus of the work to date was prioritised around meeting CAMHS Transformation Plan (CTP) deadline of 16.10.15.</li> <li>• We undertook a self-assessment as baseline for the CTP.</li> <li>• Salford was successful in bid for the Schools / CAMHS link pilot.</li> <li>• The Emotional Health and Wellbeing Partnership engaged as the 'expert reference' group.</li> <li>• Partners were briefed on evidence base and consulted around future vision (a gold standard) for Salford.</li> <li>• Links were established with the Early Years Delivery Model.</li> <li>• In their CQC Inspection in November 2015, CMFT CAMHS were rated Outstanding.</li> <li>• Headteacher-led research and mapping of EHWB activity was undertaken in Salford primary schools.</li> <li>• We reviewed the evidence base / 0-25 needs assessment work around EHWB and identified vulnerable/at risk groups.</li> <li>• Healthwatch undertook a consultation with children and young people around EHWB needs, and further research scoped with vulnerable groups. We began to map pathways across the life course to identify key transition points and vulnerabilities.</li> <li>• Evidence was gathered and good practice identified.</li> <li>• We started to promote national tools and resources.</li> <li>• A local directory of services was developed.</li> <li>• We undertook a Community Impact Assessment to inform integrated commissioning options and priorities.</li> </ul>
2 September 2016	<ul style="list-style-type: none"> <li>• We funded a CAMHS worker in the Bridge to review referral and assessments systems and pathways and make recommendations around improved linkages.</li> <li>• We refreshed and published CAMHS Transformation Plan.</li> <li>• Phase 2 of Schools / CAMHS link pilot was rolled out with a further 22 schools.</li> <li>• A Schools Counselling Approved Provider register was established.</li> <li>• We commissioned the Centre for Public Innovation to undertake i-Thrive mapping across Salford and Manchester. A joint Manchester/Salford 'i-thrive' engagement event held in February 2017, with 58 Salford attendees, and follow up Salford event held in May 2017.</li> <li>• We started work on developing specification for new Community Eating Disorder Service and scoping a new rapid response/community treatment service.</li> <li>• We reviewed 16-18/18+ transitions in partnership with adult commissioners and began analysis of CAMHS to AMHS transitions and young people with complex needs by no mental health diagnosis.</li> <li>• Dedicated webpages were developed for young people's EHWB on the Partners in Salford Website and WUU2, and the EHWB Directory was launched.</li> <li>• Young People's 'we' statements were developed, and aligned with EHWB Ambitions, which combined provide the shared 'Ambitions' for EHWB and CAMHS TP work.</li> <li>• The LGBT report was published and a working group established to deliver the action plan.</li> </ul>

	<ul style="list-style-type: none"> <li>• The EHWP in schools working group was established and schools engaged in both the working group and EHWP Partnership.</li> <li>• A CYP Suicide Sub Group was set up to review evidence / shape priorities in the new Salford Suicide Prevention Strategy.</li> <li>• A joint SCC/CCG commissioners group was established to consider options for future EHWP commissioning arrangements.</li> <li>• The Early Years working group review and draft recommendations were presented to SCC Children's SLT and to POG.</li> <li>• The CAMHS Single Point of Contact and Early Help Locality pilots scoped and commissioned.</li> </ul>
3 August 2017	<p>Deliverables for Stage 3:</p> <ul style="list-style-type: none"> <li>• Implement and review new commissioned services and pilots (including ICR, Single Point of Contact, Schools / CAMHS Link, Early Help, CEDS, EFS accreditation).</li> <li>• Contribute to development and implementation of GM pathways and standards (including Crisis Care, CAMHS specification, peri-natal mental health). Progress monitored via GM FIM group.</li> <li>• Improved transitions for children and young people with emotional /mental health difficulties, including transitions from CAMHS at age 18 (NHS CQUIN).</li> <li>• Develop EHWP parental engagement and support programme - Implement and review.</li> <li>• Training and workforce development programme implementation and review.</li> <li>• Integrated commissioning arrangements for children's emotional /mental health services, including CAMHS.</li> </ul>

## Appendix 2: GM Governance Arrangements



# Salford's Emotional Health and Wellbeing Ambitions

## FOR CHILDREN AND YOUNG PEOPLE

WE ASKED CHILDREN AND YOUNG PEOPLE WHAT THEY EXPECTED FROM SERVICES:

**1. Improved awareness and understanding**  
 "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."

**2. Timely access to support**  
 "We want to be treated as individuals and really listened to, giving 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 an available shoulder to cry on."

**3. Targeted support**  
 "We would like 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 be encouraged to be more open about any issues and to speak out."  
 "We would like access to more and better information in schools and other public places that are young people friendly."

**4. Parental support**  
 "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."

**5. Transparency and accountability**  
 "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 on what each organisation does and how they can help us."

**6. Giving children and young people a voice**  
 "We want services to really listen and to hear our voice, 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."

## Appendix 4: Pledges and Principles of the GM REACH-IN Crisis Model

### Our 9 Pledges to Children & Young People across GM - the voice of CYP

- 1) We pledge to deliver care at a time and place and in a way that works for you.
- 2) We pledge to give you the right amount of help for the right length of time to keep you safe and supported.
- 3) We pledge to organise our services around you and your needs.
- 4) We pledge when you are in crisis, services will be quickly available, responsive and flexible.
- 5) We pledge people working with you will be well trained and supported so they feel confident to better help you when you are struggling.
- 6) We pledge you and those who care for you will be fully involved in your care, every step of the way.
- 7) We pledge different services and different agencies will work together.
- 8) We pledge that movement between services will be clear and planned.
- 9) We pledge to be transparent and clear with you about your care.

### The REACH-IN Principles:

- Recovery focused & Responsive
- Evidence Based & Effective
- Accessible & Available
- Comprehensive
- Holistic
- Integrated
- Needs Led

### Elements of the Crisis Care Pathway





## Appendix 5: EHWB Dashboard Indicators

	High Level KPI
	Service Data
	Feedback

<b>1. Mental Health Services</b>	1.1	CAMHS referrals (all CAMHS services)
	1.2	42nd Street Referrals
	1.3	Presenting Issues (top 5 primary diagnosis)
	1.4	CAMHS Waiting Times (all CAMHS services)
	1.5	CYP Eating Disorder Service (referral / treatment times)
	1.6	42nd Street Waiting Times (referral, screening, assessment)
	1.7	Improve Access Rate to CYPMH (number of referrals)
	1.8	Children & Young People Participation
<b>2. Specialist Mental Health Services</b>	2.1	Early Intervention Team (referrals for 14-17yrs / 18-25yrs)
	2.2	Early Detection & Intervention Team (referrals for U18s / 18-24yrs)
	2.3	IAPT (referrals for 16-25yrs)
<b>3. Self Harm</b>	3.1	A&E: Self Harm (attendance & admission)
	3.2	Self Harm and Suicide - CAMHS
	3.3	Self Harm and Suicide - 42nd Street
	3.4	Suicide Rate (Salford 5 yr average)
<b>4. Children's Services</b>	4.1	Looked after children
	4.2	Child Protection Plans (number & categories)
	4.3	IYSS: CYP emotional health needs
	4.4	Anti Bullying
<b>5. Education / Schools</b>	5.1	School readiness
	5.2	Pupils with social, emotional and mental health needs
	5.3	Schools: Exclusions (fixed term / permanent)
	5.4	SEND: CYP with social, emotional and mental health needs
	5.5	Emotionally Friendly Schools (schools achieving accreditation)
	5.6	Access to School Nursing (accessing emotional health support)
<b>6. Parental Mental Health</b>	6.1	Parental drug / alcohol misuse
	6.2	Adult Mental Health (no. parents)
<b>7. Helping Families</b>	7.1	Early Help primary reasons (CYP / Parental wellbeing)
<b>8. Newly Commissioned Services</b>	8.1	Innovation Pilot: Resilience building in 10 Secondary Schools
	8.2	CAMHS Single Point of Contact
	8.3	Early Help Locality Pilot
	8.4	Integrated Community Response (ICR)
<b>9. Vulnerable Groups</b>	9.1	LGBT engagement (commissioned services)
<b>10. Workforce</b>	10.1	Staff Confidence levels (EFS / CAMHS / EHWB training programme)

## 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
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
FCAMHS	Forensic CAMHS
FYFV	Five Year Forward View
GM	Greater Manchester
GMMH	Greater Manchester Mental Health Trust
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
MFT	Manchester University Foundation Trust (formerly Central Manchester Foundation Trust)
MHSDS	Mental Health Services Data Set
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