



Salford Thrive Plan 2015 – 2020

*Salford's Child and Adolescent Mental Health Services
Transformation Plan*

Update: March 2020

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Foreword

We want the children and young people of Salford to live happy, confident lives and to reach their full potential. It is important that they develop resilience and emotional health and wellbeing as they move into adulthood and that they are able to contribute fully to our society.

It seems that despite improvements made over the years there is still evidence that too many of our children and young people struggle with mental health (MH) issues and that they are not always able to access services which might support them early in their need, meaning that they end up in crisis and requiring longer term and more in depth interventions from specialist services. In Salford we are committed to improving this.

We are absolutely committed to, and recognise the value and importance of, promoting good mental health in Children, Young People and their families and to make sure everyone knows where to get help and what services are on offer.

We want our children and young people to Thrive and have decided to entitle our latest report 'Salford Thrive Plan update 2020' (previously known as 'CAMHS Transformation Plan'). This combines all work in Salford focused on children and young people's emotional health and wellbeing (EHWB) and child and adolescent mental health service (CAMHS) transformation into a single plan, reflecting the progress made in Salford for integrated commissioning arrangements for this joint local priority. This plan goes on to describe this work in more detail and its content is to be welcomed as we go on a journey with the Children and Young People in our City.

In Salford we now have an Integrated Commissioning Agreement across health and care and pooled budgets since April 2019, this allows us flexibility and freedom to ensure a joined up whole system response to meeting the emotional health and wellbeing needs of our population.

We work closely with our partners across Greater Manchester (GM) to support developments and seek shared understanding and solutions to commissioning, shared learning and development of innovation.

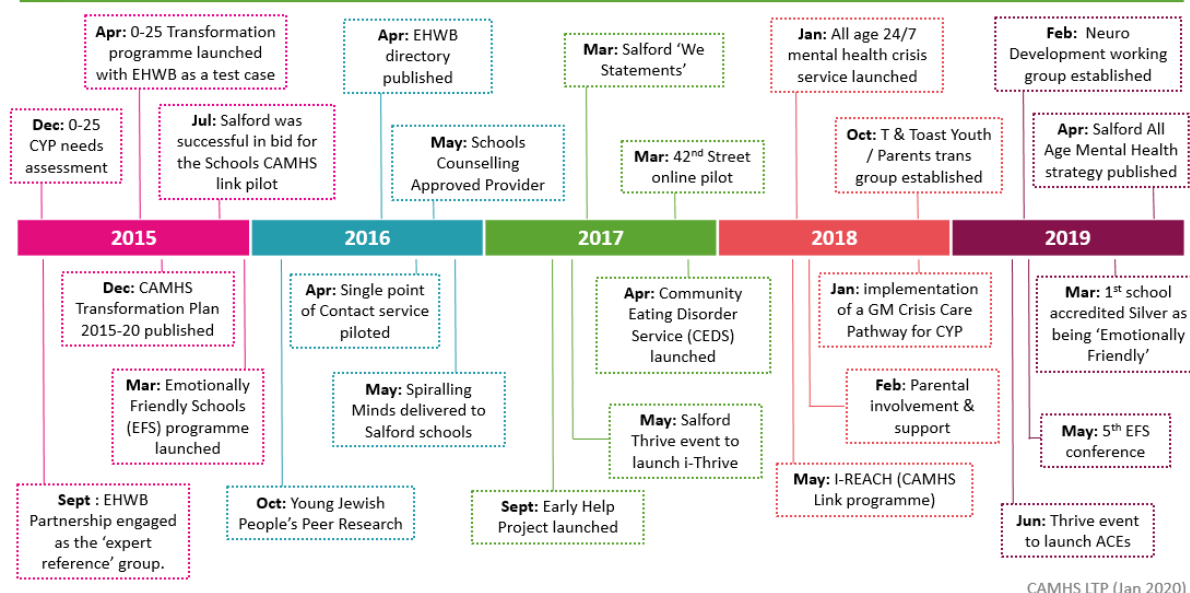
We want to listen and respond to the voices of the City and co-produce solutions for children and have been working with a number of community groups to develop approaches to improve that, via our Seldom Heard groups supported by Salford CVS, Healthwatch and our local youth council. We constantly check and recheck our direction of travel but we have more to do.

We have had a number of inspections and reviews which help check our compliance with national requirements including a CQC Inspection in 2018 for our CAMHS service which was judged as Outstanding and SEND Ofsted and CQC inspection in 2019 (for which we are awaiting the final report). We have also contributed to a Local Government Peer Review process 2019 which spoke highly of the levels of cooperation and integration in the City.

We are proud of our collaborative work with our partners and commissioned services, our performance and delivery is improving, we are working closely on our performance monitoring and quality standards and are keen to progress this with the wider system.

We are proud of the work we have achieved in partnership over the last five years. We have more to do in terms of development of our Thriving Families neglect work, our inclusion strategy and work on Adverse Childhood Experiences (ACEs), supported by more integrated neighbourhood working. All of these developments will really help shape a system which seeks to prevent mental distress, build resilience and respond when a need is identified building on family strengths.

Salford Thrive: 2015-2019 Activity Snapshot



Charlotte Ramsden
Strategic Director People
Salford City Council



Steve Dixon
Chief Accountable Officer
Salford CCG

1. Executive Summary

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We have made a conscious decision to re-title our latest update report 'Salford Thrive Plan' (update March 2020). The report continues to cover Salford's child and adolescent mental health services transformation work but we feel that 'Thrive' best represents our direction of travel and ambitions for children's and young people's emotional health and wellbeing in the City. We are fully committed to delivering on Thrive in Salford and have now adopted the name / brand to describe our delivery plan, our work programme and our partnership arrangements for this. Salford Thrive is now a single transformation plan for children's emotional health and wellbeing, reflecting the progress made in Salford by the Council and CCG for integrated commissioning arrangements for this joint priority.

Salford's Thrive programme is focused on enabling as many young people to Thrive as possible, through supporting the whole system with improved understanding and awareness of children's emotional health and wellbeing / mental health needs and improving the confidence of the whole workforce in identifying needs and helping young people and / or managing risk support.

We have made real progress over the last year in delivering on our 'Ambitions' and this report provides a comprehensive update of what we have achieved against the priorities we set ourselves last year. The Salford Thrive Plan provides our framework and delivery plan for achieving our priorities, supported by increased investment year on year into children's and young people's emotional and mental health through CAMHS transformation funding which continues to add value and increase capacity, thus improving access to information, advice, help and risk support for those that need it. Our investment to date into Salford's Thrive programme is outlined in section four, and the impact and activity of commissioned services and our wider Thrive partnership offer is detailed throughout the report from section 3 onwards. This investment is integral to successful delivery on both local and national priorities and this report provides evidence of how we are exceeding on National targets for improving access to services and are how we are doing compared to other localities in Greater Manchester.

From April 2019, Salford City Council and Clinical Commissioning Group (CCG) have pooled budgets and established integrated governance and commissioning arrangements across adults, children and young people's services, public health and primary care. Our Thrive commissioning plans and children's mental health contracts are the forefront of testing integrated arrangements. In 2019, our new joint governance has supported recommendations and a single business case for continued investment and implementation of the Salford Thrive Programme. From 2020, this provides recurrent funding to the services and projects we have been piloting in Salford that have collectively delivered improved access to mental health support in Salford. This report describes what our services have achieved to date as well as the progress we are making on developing a 'whole workforce' and 'whole systems' approach to improving children's and young people's emotional health and wellbeing. This approach is based on the principal of access to good quality information and advice and early intervention to prevent needs escalating and of problems becoming entrenched / more difficult to resolve, and therefore more difficult and expensive to treat.

Approval of recurrent funding for the services and projects outlined in this report is critical to continuing to make progress and to enable us to take the next steps in our integrated commissioning plans for children's emotional health and wellbeing and mental health services and pathways. This provides the platform to help achieve greater flexibility and impact with our local resources (our money and workforce), so we can move the systems and support to

where it is most needed. Over the next few years, we want to move resources 'upstream' to support universal services and families with wrap-around support through access to timely and effective consultation and advice, and to increase access to 'Early Help' through our Early Help Hubs. We want this approach to place the young person at the centre but also to consider the needs of their parents / families / carers and to consider the issues that cause or exacerbate young people's mental health, such as benefits and debt issues, family relationships and parental mental health needs.

Our commissioned providers and local service delivery teams have already actively and positively engaged in discussions and planning around how we could develop more integrated 'Thrive' teams and services in Salford through co-location and collaboration in our neighbourhoods. Plans for establishing a single CAMHS budget and contract from 2021 are in development and will be an important enabler for achieving this vision of an integrated 'Thrive' system. Our Thrive Plan is dependent on continued co-operation of professionals, services and delivery teams in co-designing, shaping and transforming services, and joining up our efforts around improving children's and young people's mental health. Only through this programme approach will we be able to truly address the challenges in the children's emotional / mental health system such as access and referral pathways, communications between services and with families, waiting time pressures and increasing demand for services, many 'front doors' to services and access to expert consultation and support for children's professionals so that they do not always need to refer young people on to specialist services.



2. Introduction and Local Context

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Salford Thrive Implementation, Service Re-design and Commissioning

Salford has already made good progress in improving access to mental health support through service redesign and partnership working and this is reflected in our performance data and achievement of national access targets. CAMHS is delivered in Salford by Manchester University Foundation Trust (MFT). CAMHS provides the core of our mental health offer in Salford and has worked hard to adapt services to support the development of a more collaborative / multi-agency model of care, working with other providers and delivery teams including 42nd Street, GMMH, Primary Care and Community Paediatrics, with Council teams (e.g. Social Care, Educational Psychology, Youth Justice Service and SEND) and with schools directly. Current plans in development such as the integrated Neuro-Development Pathway will test this approach further and MFT are now well positioned and ready to take the next big step towards delivering a fully integrated Thrive offer in Salford.

Proposals to further integrate our CAMHS offer are currently in development. Alongside this, we are also developing options regarding future contracting arrangements; moving away from current arrangements which separates individual elements (finances, quality and performance expectations) of the CAMHS offer, in favour of a more integrated model which aims to utilise all of the available resource more flexibly, within a fixed financial envelope.

This approach is expected to support system transformation by enabling services to move capacity and resources to where they are most needed to ensure the right mix of skills / services, and by shifting resources upstream to strengthen our 'advice and information' and 'getting help' offer.

Negotiations are scheduled to take place during Quarter 4 of the 2019-20 financial year, in line with the annual NHS Contract refresh, to enable the new arrangements to be in place from 2020-21.

A focus on developing an integrated Thrive offer in communities, aligned to other neighbourhood early help resources, will be a priority for us in 2020-21. Our Integrated Community Response Service (ICRS) was co-designed in this way from inception and has laid the ground for how we might utilise our core services to develop fully integrated neighbourhood-based early help teams. The vision is that our commissioned children's and young people's mental health services are encouraged and empowered to help deliver this and will help create community based 'Thrive hubs' aligned with our Early Help teams and schools clusters.

Children's and Young People's Mental Health Service Reviews

During 2019, evaluations were completed of all Salford's services and pilots funded via the CAMHS Transformation Plan budget to date (see Table 1 below). These services have been commissioned by Salford CCG and Salford City Council to meet locally identified needs (through the 0-25 needs assessment and CAMHS Transformation Plan 2015-2020) and to deliver on both the GM Health and Social Care and GM Children's and Young People's mental health priorities, and on national expectations linked to Future in Mind (FIM), the NHS Five

Year Forward View. These services and pilots have been critical to our successful delivery on the National Key Performance Indicators (KPIs), namely the CYP Access Target and Eating Disorder service targets (covered in section 3) and to providing an improved local offer.

In December 2019, a comprehensive report and combined business case was made via Salford CCG and Council's joint Service and Finance Group which included a summary of the evaluations of projects and services funded and commissioned to date via the CAMHS Transformation Plan budget. This made a single business case for recurrent funding in relation to these and other targeted CAMHS services in order to build on the progress made to date in Salford's implementation of 'Thrive' programme.

Table 1: The services / investments included within the business case:

Service / Pilot		Provider(s)
1.	Integrated Community Response Service (ICRS) – pilot (Joint Commission with MHCC)	42 nd St, MIND in Salford, Self-Help Services and MFT
2.	CAMHS: LD increased investment	MFT
3.	CAMHS: Single Point of Contact pilot	MFT
4.	CAMHS: Schools Link Pilot	MFT
5.	CAMHS: Community Eating Disorders Service (joint commission with MHCC)	MFT
6.	All Age Liaison Service (joint commission with Bolton CCG)	GMMH

Further information about these services and reviews is included later in this report.

Salford Safeguarding Children Board (Salford Safeguarding Children Partnership)

The Salford Safeguarding Children Partnership was established during 2019-20 in line with the revised statutory requirements to oversee the Multi-Agency Safeguarding Children arrangements within Salford comprising of three statutory partners; Salford City Council, Greater Manchester Police and Salford Clinical Commissioning Group. All three partners have equal and joint responsibility for local safeguarding arrangements and are committed to working together so that every child in Salford has a safe and happy childhood. The partnership provides leadership and joint accountability to provide protection, support and representation for those in greatest need.

Working with Greater Manchester and other partnerships in Salford, the SSCP will continue to foster multi-agency working by undertaking working groups, events and training supporting an efficient, whole-systems partnership approach to ensure safeguarding children is a priority and everybody's business.

The purpose of these local arrangements is to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats

- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families

The Partnership has identified three key priority areas plus three key areas of assurance as identified in table 2 below. Children and young people's emotional and mental health remains a key priority for the board. The Salford Thrive Partnership has continued to act as the 'expert reference group' under the 0-25 Board and they will provide the assurance to the Safeguarding Partnership. Child Protection Plans for emotional abuse; self-harm A&E admissions and mental ill-health are key elements of safeguarding children. The SSCP will continue to seek assurance regarding the implementation of the Ambition Priorities for 2018-19.

Table 2: Salford Safeguarding Partnership priorities

Themed Priority Area 1: Neglect
Themed Priority Area 2: Complex Safeguarding
Themed Priority Area 3: Communications and Engagement
Assurance Area 1: Early Help
Assurance Area 2: Children Affected by Domestic Abuse
Assurance Area 3: Emotional Health and Wellbeing

We recognise that safeguarding children can only be achieved by inter-agency and community partnership working and not in isolation. This has been an area of strength over the past year. In the inspection of local authority children's services (October 2018) Ofsted reported that "Multi-agency arrangements for children are effective and these lead to a good range of interventions that keep children safe" and "Leaders ensure there are strong partnership arrangements in place across the city, based on a detailed understanding of the needs of local communities".

0-25 Programme update

The 0-25 programme was initially focused on three city-wide commissioning test cases and two neighbourhood based pilots. One of the test cases was focused on improving the effectiveness of emotional health and wellbeing support for young people aged 0-25 and their parents, and CAMHS, through improved commissioning and pathways. It also aimed 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'.

Much work has progressed on the 0-25 programme. Our Peoples Directorate works together to optimise connectivity and consider how best to support children and young people today, to ensure lifelong outcomes. Through our ongoing focused collaborative working we will continue to invest in innovation and evidence based interventions. In the coming year this will include the continued delivery and evaluation of the Start Well population health programme, detailed in the previous refresh. The Start Well Programme of work comes under four headings and is supported by thirteen bespoke projects;

- 1. Vulnerability and Safeguarding:** developing better system approaches within the Bridge, there is also a Youth Justice project that is taking a trauma informed approach to service delivery, including supporting wider family resilience and wellbeing

2. **Start Well Parenting:** five projects all working to support better attachment and development, pre and post birth
3. **Early Identification and Prevention:** looking at speech and language as a fundamental building block to securing good outcomes
4. **Children are Thriving:** five projects developed to look at emotional health and wellbeing

The learning from these pilots will help shape Children's services as we progress.

Best Value: our joint working approach in Salford is a key strength and this year will see the delivery of a range of services to support children and young people who have increased vulnerabilities. The programme consists of: **Route29** (previously known as No Wrong Door), a model developed in North Yorkshire known as 'No Wrong Door', is a way of working to support children on the edge of care to prevent them from going into care. The model is now being implemented by six of the ten local authorities in Greater Manchester including Salford. Too many of Salford's young people go into care in children's homes in other parts of the country and have to leave their school, family and friends behind and don't always get the support they need. 'Route29' aims to change this. A team of specialists, including psychologists, a speech and language therapist and a police officer, will be based at 'the hub' (formerly The Grange Building, Brookhouse, Eccles). The team will help young people in foster care where the placement is about to break down, or those on the edge of care where parents feel they can no longer cope. Instead of going to a children's home, the young person would come to the hub and get the professional support they need. Where necessary, they would stay overnight on a short term basis, but generally they would stay at home and get help from the hub during the day, for as long as they need it. A group of young people have been involved in developing the programme from the very start. They've advised what support is needed, sat on interview panels to recruit 'Route29' workers and chosen the interior design for the hub building. CAMHS are working with the Route29 team to provide mental health advice and support when needed, and have successfully recruited a dedicated and experienced clinical psychologist to enhance the multi-agency team who will hopefully be in post from the beginning of February 2020. This CAMHS psychologist is very experienced and has experience across the children's services provision.

Transforming Care Salford (based on the Ealing Model) - Taking the principles of the well-established model developed in Ealing, Transforming Care Salford (TCS) is a specialist service providing support to a small number of children and young people who have learning disability, autism and who are displaying distressed behaviours. These children are at risk of coming into the care system, due to the complexity of need and crisis the family are in.

The TCS model provides psychology led assessments, interventions and intensive behaviour support via positive behaviour plans. In addition to this, to support the wider family resilience, wider opportunities to secure additional respite are offered via an individual budget approach.

Best Value plans include an **improved response to domestic abuse and trauma** as it was recognised that these are some of the underlying causal issues that often exacerbate until families reach crisis point. When children and adults face poor mental health and family risk at such a level, this can result in a breakdown of external placements and social care intervention is needed. The Best Value proposal considers those children who are known to have experienced domestic abuse and adversity, and will be supported by a bespoke offer that fits with the wider Thrive programme. Due to the insidious nature of abuse and the complexity of disclosure, it is necessary to increase / reinforce the universal offer to ensure access to appropriate mental health support is available. Therefore, offering services that can intervene earlier to mitigate the harm of adversity and trauma will help reduce future service

demand and will work with the developing response to those children and young people who are known to have experienced domestic abuse and trauma. This will be underpinned by the wider ACEs and trauma informed work stream which includes workforce development.

The Thrive programme and offer is key to building a more resilient system and to helping to mitigate the escalation of mental health needs and reducing further growth, by ensuring the right service is available at the right time.

The Family Partnership Model is at the centre of our Early Help approach. It is an innovative method based upon an explicit model of the helping process that demonstrates how specific helper qualities and skills, when used in partnership, enable parents and families to overcome their difficulties, build strengths and resilience and fulfil their goals more effectively.

Empowering Parents Empowering Communities (EPEC) parenting courses in local, socially disadvantaged communities for parents with children aged 0-4 years. EPEC combines local professional parenting expertise using evidence-based methods with a parent-led approach that builds community resilience. This will form part of our ongoing development of resilience and neighbourhood working. Placing wellbeing and empowerment at the heart of our delivery.

Further information on parent support and early years work is detailed under Ambitions 3 & 4.

Local Needs Assessment: Update

Mental Health Needs Assessments

Salford has produced a comprehensive Mental Health and Wellbeing Health Needs Assessment¹ (HNA) as part of its Joint Strategic Needs Assessment (JSNA). This draws on epidemiological and comparative data for Salford in conjunction with stakeholder views to identify areas of unmet mental health need for the Salford populations. It also looks at the mental health throughout the life course from perinatal health to the mental health of the older population. The chapter on children and young people sets out a comprehensive set of risk factors and related prevalence rates. The HNA gives an overall prevalence figure of “an estimated 3,363 children aged 5 to 16 in Salford with mental health disorders”. The HNA also estimates “1,287 children aged 5 to 16 with an emotional disorder in Salford.” This chapter also includes figures and analysis of services for children and young people in the city.

Locality Plan

Salford's Locality Plan has been refreshed for 2020. This is due to be published in early Spring 2020 and will be available on the Locality Plan web page². The Locality Plan sets the ambition for Salford for the next few years. It is a plan for health and wellbeing, not only for illness and dependency; for strengths and not just for frailties; for opportunities and not only for needs; and for ideas not just for certainties.

It takes a look at progress, which is considerable, and at the remaining challenges, which are also considerable. It brings a renewed emphasis on prevention, personal involvement and

¹ <https://www.salford.gov.uk/media/394967/salford-mental-health-and-wellbeing-hna.pdf>

² <https://www.salfordccg.nhs.uk/transformation/locality-plan>

care closer to home, and explores what people in Salford have told us these phrases mean to them.

Chapter 4 of the revised plan sets out the progress made since the original Locality Plan was written and published. Some specific ambitions and progress made relevant to this review are:

“ Reduce the number of children in poverty ” (*Salford Locality Plan (2016)*)

Child poverty has seen a fall from 26.8% to 21.1% between 2014 and 2016. Despite a rising population there are at least 2,000 fewer children in poverty in 2016 (latest figure) compared to 2014. Halving child poverty in nine years is not on track but the trend suggests it could be at 19.2% or 2,400 fewer children in poverty by 2021 compared to 2014. The current national child poverty indicator has been discontinued. A new measure will be introduced in Spring 2020. It is unclear how this will allow trends to be tracked.

“ There will be £45m annual investment in mental health services to make sure people get the help they need as quickly as possible ”
(*Salford Locality Plan (2016)*)

Comparable figures in health and social care in mental health are difficult, but mental health is by a wide factor the largest area of spend by Salford CCG, accounting for about £1 in every £6.

“ Every child needs to feel they belong and are valued, and to be protected from the “toxic stress” of adverse childhood experiences (ACEs) ”

The plan emphasises the importance of emotional wellbeing for children and young people. As part of our population health investment we have developed an evidence-based system for earlier identification of emotional wellbeing needs.

Ref Appendix 1 – for summary and update of local needs assessments (January 2020).



3. Service Activity and Performance

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Child and Adolescent Mental Health Services (CAMHS)

CAMHS provides the core of our mental health offer in Salford and has worked hard over the past year – 18 months to adapt services to support the development of a more collaborative / multi-agency model of care, working with other providers and delivery teams including 42nd Street, GMMH, Primary Care and Community Paediatrics, with Council teams (e.g. Social Care, Educational Psychology, Youth Justice Service and SEND) and with schools directly. Current plans in development such as the integrated Neurodevelopmental Pathway, will test this approach further and Manchester University Foundation Trust are now well positioned and ready to take the next big step towards delivering a fully integrated Thrive offer in Salford.

Over the last year, CAMHS service activity data shows:

There has been a continued increase in referrals and in the number of referrals accepted. This suggests that the service has received more appropriate referrals following improved support provided through the pilot role and function of the Single Point of Contact (SPoC) and the wider education and engagement work across the system around what specialist child and adult mental health services can provide. The SPoC post that has been funded and trialled for the last 24 months has succeeded in improving the appropriateness of referrals to CAMHS, and signposting to alternative agencies and pathways that are available in Salford. This role has also generated improved relationships and more timely opinions around CAMHS concerns to both social care and GP partners, which has resulted in an improved overall patient experience and journey, i.e. to receiving the right advice at the right time and reducing the amount of time that a child young person or family are required to tell/share their story.

There has been an increase in new appointments being offered, as a result of increased staffing and importantly the introduction of CAPA (choice and partnership approach), the dedicated Single Point of Contact and wider duty team that also responds to all new referrals. The number of young people that 'do not attend' (DNAs) has slightly increased yet given the increased appointments being offered this would be expected. New procedures and reminder services are being implemented to help reduce DNAs. There has also been an increase in the number of follow-up appointments being offered to young people and families, though again the DNA rate has increased slightly. These figures have informed a review and service redesign around the quality of the intervention at the first appointment and the need for further appointments, asking if they at the right time, place or with the correct clinician. The importance of patient and family / carer engagement and collaborative care planning and choice of therapeutic intervention has also been an important area of development over the last 12 months. The use of routine outcome measures and clinically informed interventions is now embedded within the patient experience at Salford CAMHS.

Table 3: Core CAMHS Service Data

Measures	2014-15	2015-16	2016-17	2017-18	2018-19		2019-20
Cases open at end of period	1,658	1,531	1,743	1,892	1,499	↓	1,522
Referrals	1,556	1,659	1,819	1,794	2,139	↑	1,612
% referrals accepted	86%	78%	77%	77%	80%	↑	78%
New appointments	1,381	1,405	1,269	1,443	1,678	↑	1,102
DNA rate (new)	16%	13%	13%	13%	14%	↑	19%
Follow-up appointments	11,197	10,354	8,635	8,798	9,144	↑	6,997
DNA rate	15%	14%	12%	14%	16%	↑	14%

Choice and Partnership Approach model was implemented in 2019 with a central referral access point and 1 + 2 appointment structure. This, with the support of our patient and parent participation group, is helping us to deliver a more effective and appropriate / responsive CAMHS service for the population of Salford. The top five primary diagnoses remain: ADHD / hyperkinetic disorder, ASD, depression, attachment problems and generalised anxiety disorder.

The average waiting time to first appointment was 6 weeks in the last year. Increased demand and waiting times are the main challenges associated with commissioned children's and young people's mental health services. These issues have been reported through CCG and Council governance over the past two years and continue to be a challenge. In 2016 and 2017 CAMHS (average) waits exceeded the NHS standards of 12 weeks to a first appointment and 18 weeks for a second appointment, as can be seen in the tables below. Waiting times have now stabilised though a combination of service improvement and additional investment and capacity. The aim during 2020 is to improve the patient journey further as young people are requesting more community based local appointments away from the traditional clinic at the Pendleton CAMHS site. The ambition is to develop satellite clinics within the developing neighbourhood 'early help hubs' or other appropriate community venues, including schools if possible. This would also support a reduction in the number of DNAs, ensuring local accessible and timely services for young people and their families. The development of the SPoC role within social care and Early Help Hubs is an exciting area of development, also aiming to ensure CAMHS provides support for the team / professionals working with young people, instead of only providing CAMHS appointments for the child and family. This will reduce the number of assessments and referrals to different teams / services over time. Combined with the education and training development work with the wider children's workforce and the collaborative partnership working across all the 'Thrive' system will reduction to the need for formal / traditional referrals to CAMHS, will help ensure the right support/treatment at the right place and at the right time.

Table 4: 2016-17 CAMHS waiting times (weeks)

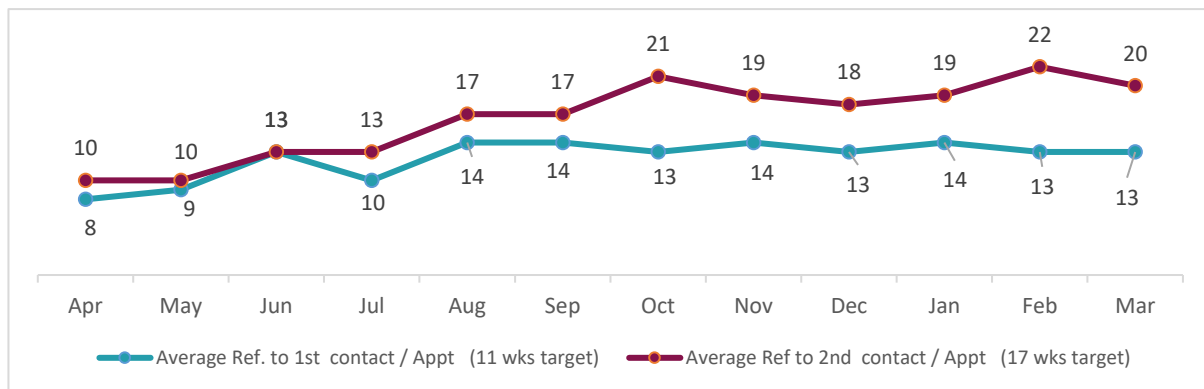


Table 5: 2017-18 CAMHS waiting times (weeks)

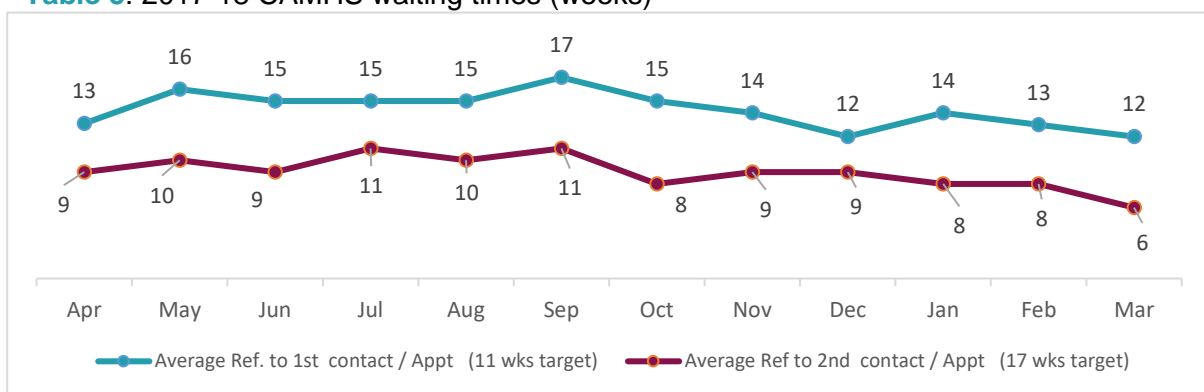


Table 6: 2018-19 CAMHS waiting times (weeks)

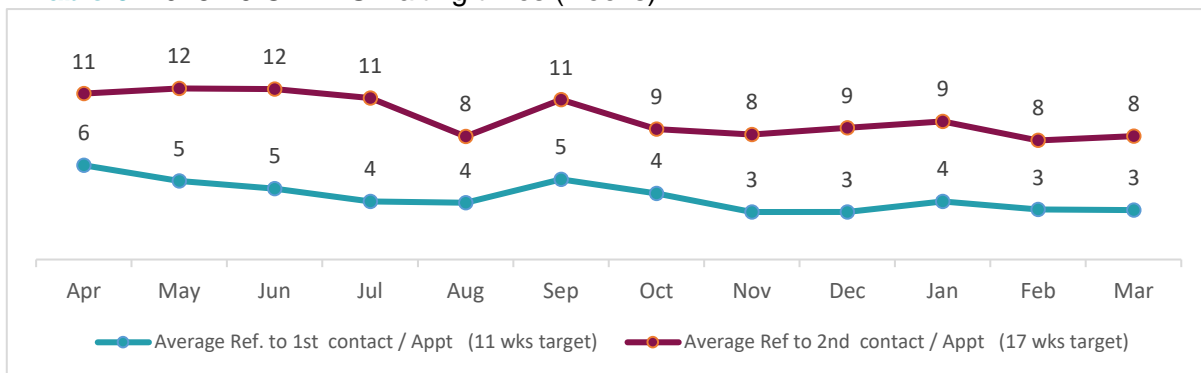
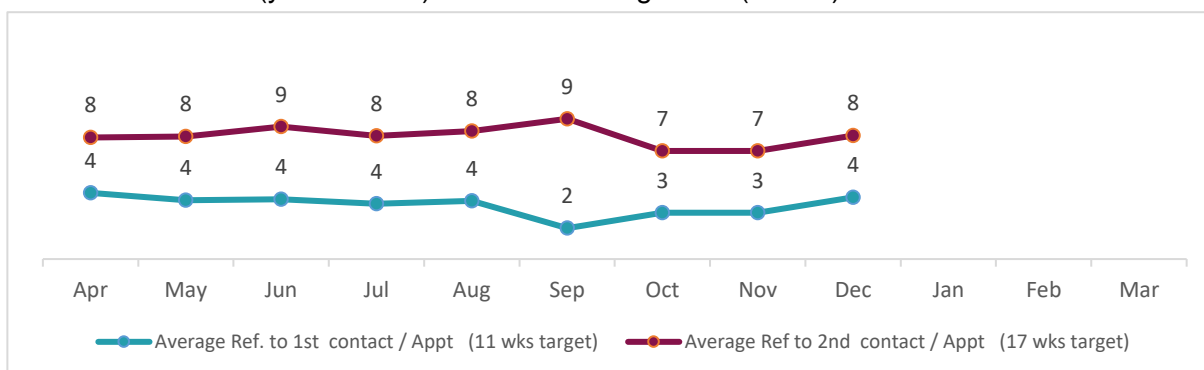


Table 7: 2019-20 (year to date) CAMHS Waiting times (weeks)



It is important to note that increases in waiting times are aligned with significant increases in demand across all children's mental health services. GM is developing a new data report for CAMHS activity and performance to help better understand this and monitor changes. Whilst this is still in development and contains data yet to be validated / collected by GM providers, it serves to support locally monitored CAMHS data which shows unprecedented levels of demand / significant increases in referrals in Salford. In fact, the GM report shows Salford as having the highest level of referrals by CCG per 1000 of the population in GM at 68.86 and shows Manchester Foundation Trust as reporting by far the most significant number of referrals per month compared with other GM providers. In spite of increasing demand (number of referrals), CAMHS has managed to stay within NHS targets for waiting times of 12 weeks to first appointment and 16 weeks to second. In 2018 to April 2019, referral to 1st appointment for a Salford young person was on average 4.9 weeks with referral to 2nd appointment being 10.8 weeks. The GM report from April 2019 to Dec 2019 shows continued improvements in referral to treatment times, with waits to 1st appointment being 4.2 weeks on average and the referral to second appointment being 9.4 weeks.

Salford CAMHS are proud to be identifying trends and training needs across the service to ensure we are able to respond to local needs with evidenced based clinical interventions and appropriately trained clinicians. In 2019-20 CAMHS staff have trained in DBT (Dialectical Behaviour Therapy) and EMDR (Eye Movement Desensitisation & Reprocessing) therapy as both interventions have been identified as a need within local demographics. EMDR therapy is a phased, focused approach to treating traumatic and other symptoms by reconnecting the client in a safe and measured way.

Pressures in both core CAMHS and in the Learning Disability (LD) service and associated increased waiting times resulted in recovery plans being agreed with MFT. This involved additional investment to provide temporary additional capacity in both services to help stabilise waiting times, plus longer term additional capacity and service reorganisation in the LD service element. The CCG has also built in additional capacity / funding into the CAMHS budget for 2018-19 to allow CAMHS to undertake more activity in a year. A combination of funding from CCG and MFT investment to CAMHS has enhanced the workforce by 14.8 WTE since 2016 bringing total staff capacity to 54.50 in December 2019.

Salford City Council and CCG fund a number of targeted CAMH services. These include the Emerge team offering community based mental health services to young people aged 16-17yrs; a CAMHS post embedded within the Youth Justice Service (YJS), a learning disabilities service and support for Black and Minority Ethnic (BME) young people. 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 on both an individual and group basis. The BME post has been under review during 2019 and has been re-specified to provide support a variety of functions within the service to ensure all services are accessible and engage all vulnerable groups. CAMHS provision needs to ensure provision is culturally appropriate and that all CAMHS practitioners are aware of the high level of mental health need amongst vulnerable / minority groups, including migrant families and particularly refugees and asylum seekers. This is now being addressed by the whole service re-design, and ensuring CAMHS staff have the appropriate skills and confidence to engage and request appropriate interpreters and culturally sensitive approaches.

Table 8: Targeted CAMHS services activity update

Service	Cases open	Referrals	% Ref accepted	New appoint.	DNA rate	Follow-up apps	DNA rate
Emerge (16-17ys)							
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%
2017-18	97	254	93%	184	29%	683	15%
2018-19	↔ 97	↑ 285	↓ 88%	↓ 149	↑ 33%	↓ 680	↑ 17%
2019-20 YTD	64	122	95%	75	33%	270	21%
BME							
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%
2017-18	1	13	100%	8	25%	19	8%
2018-19	↑ 5	↓ 5	↔ 100%	↓ 4	↓ 0%	↑ 74	↑ 14%
2019-20 YTD	1	0	0%	0	0%	2	0%
LD							
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%
2017-18	71	175	99%	185	29%	337	11%
2018/19	↓ 55	↓ 168	↑ 100%	↓ 179	↓ 25%	↑ 518	↑ 12%
2019-20 YTD	73	116	99%	106	17%	528	10%
YJS							
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%
2017-18	0	54	100%	59	12%	139	11%
2018-19	↑ 5	↓ 15	↔ 100%	↓ 17	↓ 10%	↓ 115	↓ 7%
2019-20 YTD	6	7	100%	6	25%	59	8%
CAMHS LAC*							
2019-20 YTD	73	64	91%	81	2%	841	5%

* CAMHS LAC services were integrated from 2019-20 and data is therefore amalgamated from April 2019.

CAMHS LD Service: this service is continuing to develop in response to the transformation of the Neurodevelopmental pathway across Salford in line with GM standards. Throughout 2020 this service will continue to work with wider partner agencies to support a comprehensive multi-agency learning disability service. Through internal re-design, in 2019 CAMHS offered an ADHD clinic based offer for referrals and management of children and young people with ADHD this has included NICE evidenced based assessment processes, parental support

groups and effective psychological and pharmaceutical management of ADHD. This is now a nurse led clinic and early indications through service user feedback are that these changes has been received positively. The participation group and expert by experience groups have helped in ensuring these clinics are effective and as service users would like. In 2020 CAMHS aims to extend the offer of clinic to offer extended appointments to 8pm at night, at service users request, and also continue to implement the 16-18 clinics to aid with the transition to adult services. This work has been a collaboration with the wider commissioned educational and mental health services within Salford to ensure effective and seamless transitions.

In terms of ASC (Autism Spectrum Condition), CAMHS have continued to support the wider Children's Services to develop an integrated Neurodevelopmental pathway. This exciting offer is intended to go live from September 2020 with one central referral point for all referrers who have concerns regarding Neurodevelopmental conditions. This is a needs led pathway and CAMHS will support the multi-agency assessment and diagnostic panel. CAMHS internally throughout 2019 have been working with their young people's participation group and past CAMHS patients to understand the patient journey and expectations to ensure the new service offer is patient friendly, clear and understandable. By co-ordinating and re-designing staffing structures and pathways and the introduction of clinical support workers to the CAMHS team there is confidence that a comprehensive evidenced based diagnostic pathway with improved access and support through therapeutic interventions will be available in 2020 and this will enhance the current offer that has been challenged through increased referrals and lengthy waiting times over the past 5 years.

42nd Street Service Delivery

42nd Street supports young people aged 11 to 25; 42nd Street's bespoke 'young people' focused provision provides continuity and choice for a significant proportion of young people, including young adults experiencing mental health difficulties.

In 2018-19 42nd Street received 466 referrals compared to 346 in 2017-18. Over the past 2 years from April 2017 to March 2019, 26% of referrals were young people aged 16-17 and 29% were 18-25s. 42nd Street offered 265 assessments and supported 475 individual young people with ongoing therapeutic support in 2018-19 and maintained very low DNA rates of 9%.

Table 9: 42nd Street service activity update

Measure	2014-15	2015-16	2016-17	2017-18	2018-19		2019-20 YTD
Referrals	206*	212 (inc. schools 231)	292 (inc. schools 304)	335 (inc. school 338)	466 (inc. school 615)	↑	302 (inc. school 355)
YP offered an initial assessment	103	129 (inc. schools 147)	179 (inc. schools 191)	144 (inc. school 146)	265 (inc. school 287)	↑	177 (inc. school 207)
YP attending an initial assessment	82	85 (inc. schools 99)	131 (inc. schools 143)	183 (inc. school 198)	244 (inc. school 265)	↑	165 (inc. school 193)
DNA (sessions)	16%	19% (inc. schools 18%)	21% (inc. schools 20%)	20% (no school data)	10% (inc. school 15%)	↓	8% (inc school 23%)

Follow on work: no. of unique young people	126	100 (inc. schools 127)	130 (inc. schools 156)	317 (inc. school 327)	292 (inc. school 313)	↓	299 (inc. school 411)
DNA (sessions)	7%	6% (inc. schools 5%)	7% (inc. schools 6%)	7% (no school data)	9% (inc. school 19%)	↑	9% (inc. school 15%)

42nd Street has worked very hard on their infrastructure over the past year implementing a new performance management system 'PCMIS' and is now flowing data to the Mental Health Data Set (MHSDS) and contributing towards the National CYP Access targets. In 2018, 42nd Street also introduced Telephone Service Assessments which has had a considerable impact on both waiting times and DNA rates; in Q4 2017-18 the average waiting time from referral to assessment was 21 weeks, and in Q4 2018-19 this wait had reduced to 12 weeks. In 2017-18 the average DNA rates at assessment were 20.5% and in 2018/19 these were 10.5%

However, the sustained increase in demand for 42nd Street's core service in Salford has continued to impact on waiting times.

Table 10: Waiting times (average no. of weeks waited) 2018-19

	Q1	Q2	Q3	Q4	
Referral to assessment	25	23	15	12	↓
Ref to treatment (Psycho-social)	45	41	27	19	↓
Ref to treatment (Counselling)	38	36	31	40	↑

Table 11: Waiting times (average no. of weeks waited) 2019-20 year to date

	Q1	Q2	Q3	
Referral to assessment	9	8	9	↓
Ref to treatment (Psycho-social)	34	50	62	↑
Ref to treatment (Counselling)	30	48	40	↔

Staffing capacity: An agreement to increase core service capacity from 2 FTE to 4.4 FTE was not fully realised in 2018-19 because despite a successful recruitment drive a key FTE member of staff in the counselling team was on long term sick due to personal issues. This resulted in the assessment and psychosocial waits reducing but not the counselling waiting time. In 2019-20 the team experienced sickness and changes in the psychosocial team which again impacted on the waiting times for this part of the service, the counselling waiting times have remained relatively consistent, with fluctuations shown when cases are picked up of the waiting times and entering support.

Increased Complexity: 42nd Street has seen an increase in the complexity of young people seeking 1-2-1 support. Complexity is now measured at assessment and first session of therapeutic support on a scale of 0-12, with 12 being the highest level of complexity. Complexity impacts on the service as the more complex presentations often require support beyond 12 weeks, in fact recent analysis has shown that on average young people are in contact with the service for 24 weeks during ongoing therapeutic support, which in turn impacts on the throughput of cases and waiting times. Across 42nd Street's wider GM delivery footprint

(Manchester, Trafford and Tameside and Glossop) levels of complexity at assessment average a score of 5 and ongoing service average 6. Monitoring suggests that complexity levels in Salford are above those recorded across other localities with averages of 6.75 at assessment and 6.5 for ongoing work. Increased complexity and pressures on 42nd Street service will continue to be closely monitored and reviewed in 2020 and this will inform whole-system transformation work planned across mental health providers and children's services. It is hoped that the rollout of an online therapeutic offer will help to provide easier and quicker access for those that take the offer up and this may be scaled up to support improved access in time.

Table 12: Top 5 presenting needs on Mental Health & Wellbeing for 2018-19

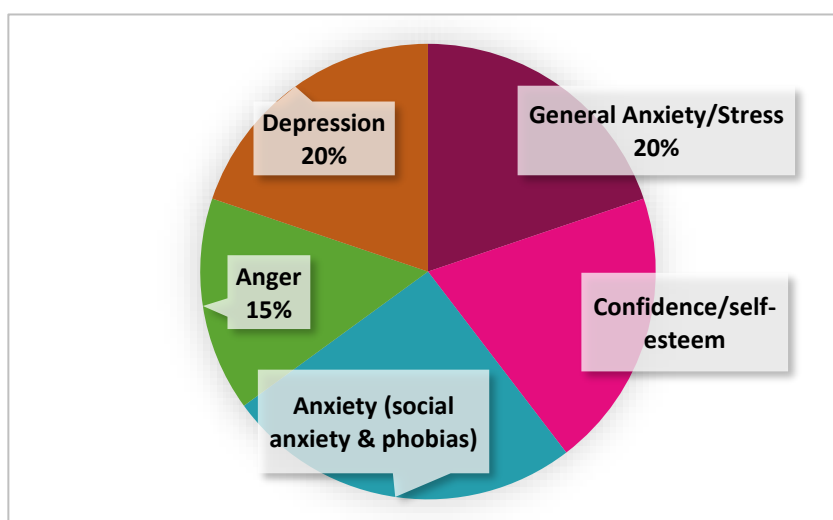


Table 13: Additional presenting issues 2018-19

Other Issues	%	Home & Social	%
Money management (debt, etc.)	10%	Bullying	24%
Parent/carer substance abuse	6%	Threats of violence	10%
Leaving home due to other reason	6%	Threats and harassment	9%
Parent/carer mental health	23%	Young carer	6%
Family money issues	10%	Familial physical abuse / attacks	5%

Table 14: Top 5 presenting needs on mental health & Wellbeing for 2019-20

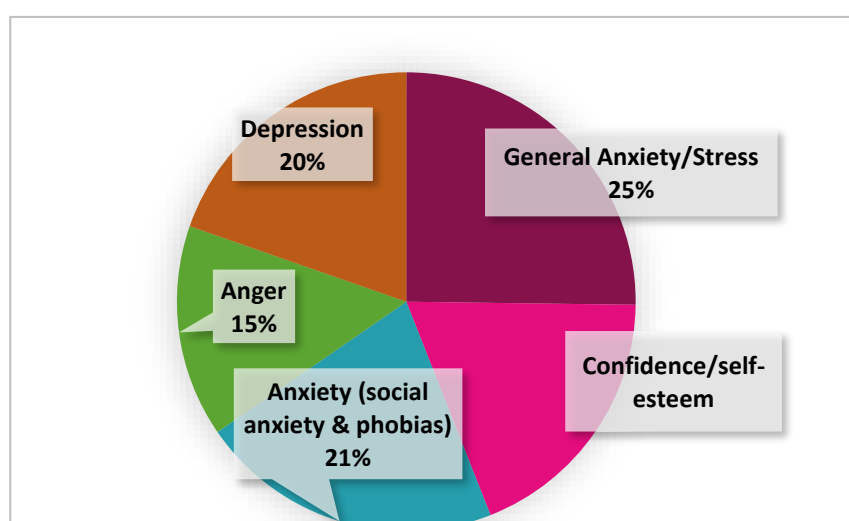


Table 15: Additional presenting issues 2019-20

Other Issues	%	Home & Social	%
Money management (debt, etc.)	10%	Bullying	15%
Parent/carer substance abuse	0%	Threats of violence	0%
Leaving home due to other reason	0%	Threats and harassment	0%
Parent/carer mental health	15%	Young carer	23%
Family money issues	20%	Familial physical abuse / attacks	0%

Work to reduce waiting times: 42nd Street is now a national trailblazer sight trailing the 4 Week Wait (4WW) initiative focused on increased investment and system change in Trafford with the learning being applied across all areas – including Salford. The service was recently been reviewed by the NHS Service Improvement Team (SIT) who concluded that the 42nd Street could do very little in terms of processes and operations to improve waiting times but that improvements seen in Trafford could be attributed to increased staffing ratios for both the core service and in schools, that matched the predicted capacity for the service. The team also commended 42nd Street for their transparency and support for young people whilst waiting for a service including deploying an engagement team and exploring innovative digital solutions. A full report is available detailing recommendations for the service and 42nd Street is continuing to develop a more comprehensive access policy and tools to better forecast the relationship between referral, access, engagement, DNA and waiting times which will enable the service to set more realistic waiting time targets.

Outcomes: The national YP- CORE target for clinically significant improvement or recovery is 50%. 42nd Street recovery rates are consistently higher than nationally and ranged from 69%-100%. During the year, 42nd Street also implemented additional recovery measures (ORS/CORS – (Child) Outcomes Rating Scale) and this is being monitored against national benchmarks. Recovery rates in 2019-20 thus far have demonstrated 42nd Street has achieved an average of 65% significant and reliable change, reaching levels as high as 79% in Q3 2019/20.

Recent developments - Salford delivery: 42nd Street has now established a central base at the Beacon Centre and key community locations for delivery in Salford from Q1 2019-20. Previously staff were traveling to multiple venues for appointments which was very time consuming and resulted in reduced productivity and decreased morale. These changes have had a significant impact on team dynamics, integrated working, productivity and morale.

GM Crisis Care Pathway – Safe Zones: 42nd Street have recently been commissioned and funded by GM as a partner to the successful Children's Society bid to deliver 'Safe Zones' in the 'Central' (Manchester and Salford) Cluster. This is in recognition of the key role that the service plays in delivering community based emotional and mental health support for young people and an alternative / VCSE offer to statutory / core CAMHS. 42nd Street has recruited a FTE Mental Health Practitioner who started in Q3 2018-19 and is now beginning to take referrals from the Rapid Response Team. In 2019-20 this role will be reviewed in terms of the value added to the Salford Integrated Community Response team and the impact on both step down provision and prevention of escalation to A & E.

42nd Street deliver a number of commissioned and non-commissioned services and projects in Salford, over and above the core young people's mental health service. A full break down of the total 42nd Street total workforce capacity for all services and projects in Salford can be seen in the table below.

Table 16: Total 42nd Street Salford service capacity

Funding source Core Service Delivery	Salford Staffing FTE						Notes
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	
Mainstream CCG Funding (121)	1.6	1.6	1.6	1.6	1.6	1.6	Spilt between Counselling & psychological support
Mainstream CCG Funding (Group work)	0.4	0.4	0.4	0.4	0.4	0.4	
Increase capacity (121)					2.4	2.4	Spilt between Counselling & psycho-social support
Sub Total	2.0	2.0	2.0	2.0	4.4	4.4	
ICRS-CMAHS transformation funding				2	2	2	Additional staff started in Sept 2017
Sub Total	0	0	0	2	2	2	
Additional Projects							
CAMHS Transformation funding until Mar 2018 (VCSE, MH Grant funded 18-19)			0.6	0.6	0.6	0.6	Started Oct 2016, completed Dec 2017
LIF: online development					0.6	0.6	Spilt across 3 MHPs
Sub total	0	0	0.6	0.6	1.2	1.2	
TOTAL	2.0	2.0	2.6	4.6	7.6	7.6	

Further developments including 42nd Street's online offer and work with the Orthodox Jewish community are covered in under Ambition 4.

Other Service Activity - Adult Mental Health commissioned services

Improving Access to Psychological Therapies: Step 2 services are available for those 16yrs and upwards, consisting of Psychological Wellbeing Practitioners (PWP) delivering low intensity CBT. PWP 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 guided self-help or Cognitive Behaviour Based approaches. 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 16 below.

Table 17: IAPT data

Measure	2014-15	2015-16	2016-17	2017-18
No. of 16-17 year olds referred	105	127	112	107
No. taken into treatment	19	25	20	35
- Of which number recovered	-8	-9	-6	-6
No. stepped up for further input into GMMH	9	12	26	11
No. seen one session only	27	33	16	35
No. not seen (either DNA, cancelled or not suitable)	50 (48%)	69 (54%)	50 (45%)	26 (24%)

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 14-65 years 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. See table 17 below.

Table 18: EDIT/EIT data

Indicator	2015-16	2016-17	2017-18	2018-19	2019-20 YTD
No. of under 18yr olds referred to EIT/EDIT	24	38	39	18	49
% (Total) referrals	16% (150)	7% (493)	11% (355)	9% (211)	12% (424)
No. to EIT	13	22	14	189	235
No. to EDIT	11	16	25	22	81

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. See Section 7 for more information on the GM work.

Performance against national Key Performance Indicators (KPIs)

Performance assurance reports throughout 2018 and 2019 have demonstrated that Salford's CAMHS Transformation Plan and associated investment has made a real impact and is providing improved support for children and young people's mental health. There is increased access to help for those that need it and more young people receiving support than ever before. The Salford Thrive programme consistently delivers and indeed exceeds national targets set out in the Five-Year Forward View. This is evidenced in our full year 2018-19 performance and in 2019-20 performance to date, as outlined below.

Commissioners are responsible for reporting performance against three national Children's mental health KPIs / measures, relating to: improved access to NHS funded community MH services for children and young people and timely access to children and young people eating disorders.

At Quarter 2 2019-20 commissioner performance against all national targets was as follows (performance information for Quarters 3 and 4 of the 18-19 financial year is included for comparison).

Table 19: Salford performance against National KPIs 2018-19 and 2019 to date

Indicator Description	Target	Data Source	Q1 19-20	Q2 19-20	Q3 18-19	Q4 18-19	Traj.
At least 34% of CYP with diagnosable MH condition treated in NHS funded community MH service <i>*performance is cumulative across the year, working towards a year-end total</i>	Quarterly - 8.5% Annual (2019-20) – 34%	Nationally Published – Cumulative (Quarterly Snapshot Performance in Brackets)	33.6%	37.4%	36.8% (9.6%)	45% (8.2%)	↑
% of CYP with eating disorders seen within 1 week (urgent)	75%	Nationally Published	100% (1/1)	100% (2/2)	100% (3/3)	100% (2/2)	↔
% of CYP with eating disorders seen within 4 weeks (routine)	80%	Nationally Published	80% (4/5)	100% (7/7)	100% (14/14)	90.9% (10/11)	↔

Finalised data published on NHS Digital shows our cumulative position for Salford CCG (Apr–Oct) is at 37.4% against the 34% annual target, which we are on track to achieve. Please see table 20 below for details.

Table 20: Cumulative performance at Oct 2019

2019-20 Mental Health | Improve inequitable rates of access to Children & Young People's Mental Health Services

Reporting Period (2019)	Status	No.	Denominator	% Cumulative
April	Final	450	5445	8.3%
May	Final	380		15.2%
June	Final	345		21.5%
July	Final	290		26.9%
August	Final	195		30.5%
September	Final	170		33.6%
October	Final	205		37.4%

Source: MHSDS NHS Digital

Table 21: Salford Community Eating Disorder performance 2018-19

Eating Disorder Service	Q1	Q2	Q3	Q4
No. of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	3/3	1/1	3/3	1/1
(Local Target 2017-18 75%)	100%	100%	100%	100%
No. of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of treatment	5/6	7/7	14/14	9/10
(Local Target 2017-18 80%)	83%	100%	100%	90%

Table 22: Salford Community Eating Disorder performance 2019-20 (year to date)

Eating Disorder Service	Q1	Q2	Q3
No. of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1/1	2/2	2/2
(Local Target 2017-18 75%)	100%	100%	100%
No. of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of treatment	4/5	7/7	14/14
(Local Target 2017-18 80%)	80%	100%	100%

These targets are monitored both locally and at GM level as is shown in the table below, which highlights Salford within the top 3 performing CCGs in 2019-20. The picture is the same for our Community Eating Disorder Service (CEDS) performance and the joint Manchester / Salford service is held up as the model of good practice for GM and has helped to shape standards and a model specification for GM as part of a peer review which reported in 2019.

Table 23: GM performance Table – CYP access

Greater Manchester: A Snap Shot Picture - Data shows children and young people receiving treatment at June 2019 (defined by 2 or more contacts)

Clinical Commissioning Group	Actual no. of CYP receiving treatment (YTD)	Total no. of CYP with a diagnosable mental health condition	% access rate forecast outturn. Target 34% (2019/20) (by 2020/21 35%)
ENGLAND	106,944	1,046,246	34.0%
Greater Manchester	8,015	59,099	45.8%
Bolton	610	6,484	31.5%
Bury	525	3,877	45.9%
Heywood, Middleton & Rochdale	945	5,086	60.3%
Manchester	1,790	12,364	50.1%
Oldham	660	3,965	56.0%
Salford	830	5,445	54.4%
Stockport	755	5,400	46.3%
Tameside & Glossop	535	5,485	32.4%
Trafford	520	4,593	37.1%
Wigan Borough	655	6,400	36.5%

Salford performance has exceeded our 2021 target of 35% already

The GM forecast outturn for 2019-20 and 2020-21 is reported monthly via the GM Future in Mind Group (CAMHS Commissioners) and shows Salford as likely to continue to exceed annual targets. See table below (provided in December 2019).

Table 24: Forecast outturn – access by end of 2019-20

Greater Manchester: A Snap Shot Picture

Data shows children and young people receiving treatment at August 2019 (defined by 2 or more contacts)

Clinical Commissioning Group	Actual no. of CYP receiving treatment (YTD)	Total no. of CYP with a diagnosable mental health condition	% access rate forecast outturn. Target 34% (2019/20) (by 2020/21 35%)
ENGLAND	201,327	1,066,433	35.0%
Greater Manchester	14,925	59,099	46.9%
Bolton	1,175	6,484	33.6%
Bury	1,000	3,877	47.9%
Heywood, Middleton & Rochdale	1,770	5,086	64.6%
Manchester	3,455	12,364	51.9%
Oldham	1,175	3,965	55.0%
Salford	1,660	5,445	56.6%
Stockport	1,480	5,400	50.9%
Tameside & Glossop	975	5,485	33.0%
Trafford	910	4,593	36.8%
Wigan Borough	1,125	6,400	32.6%

Source: NHS Digital (MHSDS)

Greater Manchester Tier 4 (inpatient) CAMHS

Table 25: Number of Admissions by CCG 2018-19. Source: NHS North of England Commissioning Support Unit, Greater Manchester STP CAMHS

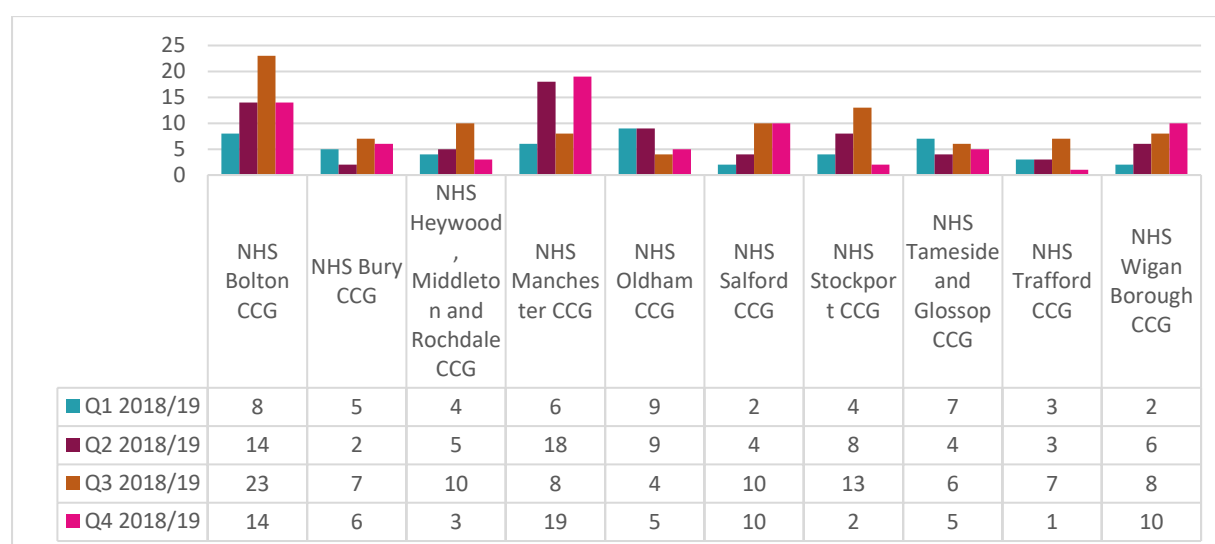
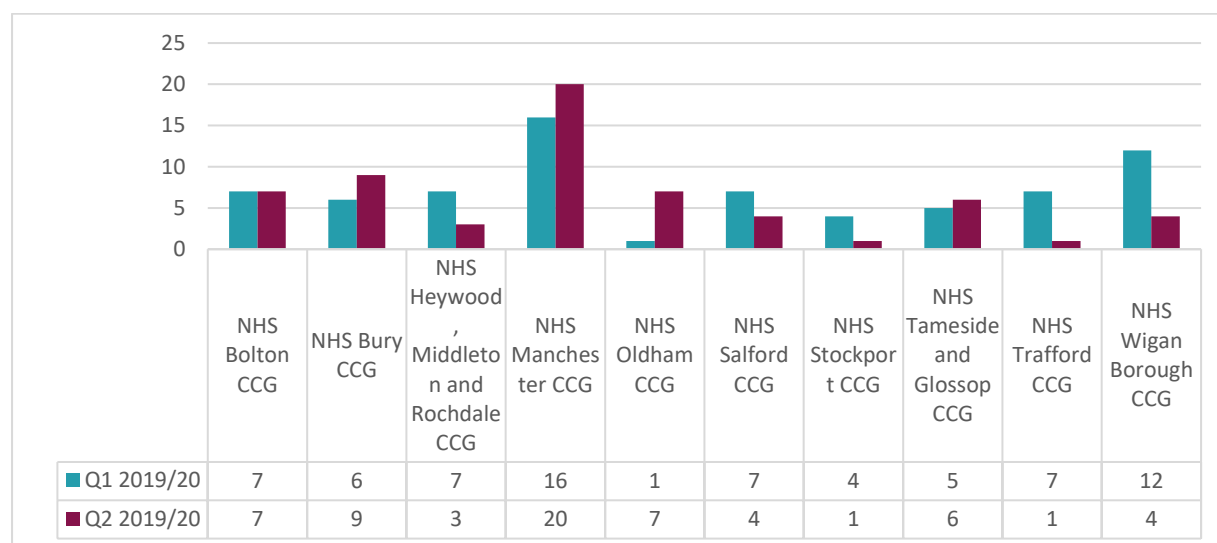


Table 26: Number of Admissions by CCG 2019-20.

Source: NHS North of England Commissioning Support Unit, Greater Manchester STP CAMHS



In patient data is monitored and reported via GM and trends tracked against new performance reporting via the GM Crisis Care Pathway (CCP) which now has a role in providing mental health assessments / care plans and referrals into in patient settings. The GM CCP started delivery from May 2019 and has only just started providing a quarterly monitoring report in Q4 but this should help inform greater understanding of data relating admissions and links to the wider GM CCP provision. Quarterly reports will be provided both via GM commissioners and the GM Mental Health Board from Q1 2020-21.

Long Term Plan 2020-21 requirements

By March 2021 we aim to include details of all service activity for young people up to age 24 years, which will provide a baseline for future reports and service delivery / services offered for young people aged 0-24 years in line with the MHS Long Term Plan.



4. Finance and Investment

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From April 2019, Salford City Council and Clinical Commissioning Group (CCG) have pooled budgets and established integrated governance and commissioning arrangements across adults, children and young people's services, public health and primary care. Our Thrive commissioning plans and children's mental health contracts are at the forefront of testing integrated arrangements. In 2019, our new joint governance has supported recommendations and a single business case for continued investment and implementation of the Salford Thrive Programme. From 2020, this provides recurrent funding to the services and projects we have been piloting in Salford that have collectively delivered improved access to mental health support in Salford.

Approval of recurrent funding for the services and projects outlined in this report is critical to continuing to make progress and to enable us to take the next steps in our integrated commissioning plans for children's emotional health and wellbeing and mental health services and pathways. This provides the platform to help achieve greater flexibility and impact with our local resources (our money and workforce), so we can move the systems and support to where it is most needed. Over the next few years, we want to move resources 'upstream' to support universal services and families with wrap-around support through access to timely and effective consultation and advice, and to increase access to 'Early Help' through our Early Help Hubs. We want this approach to place the young person at the centre but also to consider the needs of their parents / families / carers and to consider the issues that cause or exacerbate young people's mental health, such as benefits and debt issues, family relationships and parental mental health needs.

The following tables provide an update on our investments into children and young people's mental health services and in our Thrive Programme to date through core Council and CCG budgets, via CAMHS Transformation investment and other local / GM funding streams that have supported our Thrive offer. The first table shows recurrent or core Council and CCG contracts only. The tables that follow outline the additional non-recurrent investments in services that has supported the funding of new projects and services as well as additional workforce capacity across the whole system, including in commissioned services. From April 2020, a significant proportion of our transformation investments will become recurrently funded following approval of a combined business case for Salford's Thrive programme.

Table 27: Service investment (core Council and CCG commissioned services)

Funding Source		42 nd Street	Core CAMHS	Targeted CAMHS	In-patient Beds	Totals
CCG	2014-15	£50,908	£2,424,866	£305,416		£2,781,190
	2015-16	£112,708	£2,356,622	£305,416		£2,774,726
	2016-17	£112,706	£2,246,120	£305,416		£2,664,242
	2017-18	£113,833	£2,447,000	£305,416		£2,866,249
	2018-19	£113,382	£2,730,831	£305,417		£3,149,630
	2019-20	£116,967	£3,265,691	£305,417		£3,688,075
LA	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
	2017-18	0	0	£370,871		£370,871
	2018-19	0	0	£370,871		
	2019-20	0	0	£370,871		£370,871
NHSE	2014-15				£569,756	£569,756
	2015-16				£656,754	£656,754
	2016-17				Unavailable	
	2017-18				Unavailable	
	2018-19				Unavailable	
	2019-20				Unavailable	

Table 28: Local Transformation Plan (LTP) investment in 2015-16 & 2016-17

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

[\[1\] 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.](#)

Table 29: 2017-18 LTP Investments

Service / Project	Cost 2017-18
Neuro Development Pathway Pilot	£83,000
CAMHS School Link phase 2	£170,693
CAMHS Single Point of Contact	£31,128
CEDS	£39,110
ICRS	£103,049
ICRS Evaluation	£10,000

All Age Liaison	£48,000
Innovation online therapeutic pilot	£90,158
IAPT	£30,000
OJC project developments	£26,600
Homestart Early Attachment pilot	£31,800
LGBTQ+ Youth Group	£29,500
Engagement Activities	£23,325

Table 30: LTP Investments 2018-19 and 2019-20, and Investment Plan for 2020-21

Service / Project	Actual 2018-19	Actual spend 2019-20	Proposed spend 2020-21
CAMHS LD increased investment	£96,891	£76,141	£76,141
Community Eating Disorder Service	£161,000	£161,000	£161,000
Integrated Community Response Service	£142,973	£157,798	£162,076
All Age Liaison	£83,699	£149,400	£149,000
42nd Street increased investment	£143,862	£145,137	£145,138
IAPT contributions	£30,000	0	0
Post: Single point of contact	£24,120	£48,239	£48,239
Engagement: Drama Workshops	£9,975	£9,975	£9,975
CAMHS School Link Programme Phase 3	0	£170,693	£170,693
CAMHS LAC (Including I-Start pilot)	£118,038	£22,852	£40,473
Parent Peer Support	0	£21,500	0
Total	£810,558	£962,735	£962,735

Table 31: 0-19 Service investment

Service	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
HV & FNP	£4,888,000	£4,888,000	£4,805,576	£4,805,576		
School Nursing	£867,864	£865,117	£874,634	£874,634		
Combined contracts				£5,351,258	£5,270,472	£5,270,472

NHS Long Term Plan (LTP)

The LTP was published in January 2019 and builds on the 5 Year Forward View for MH which runs to 2020-21 and sets out a transformation plan that (a) commits mental health investment to grow faster than NHS budget in each of next 5 years, (b) creates new ring-fenced GM investment worth at least £2.3b annually by 2023-24, and (c) for CYPMH services to grow faster than overall NHS funding and total MH spend. An NHS Long Term Plan Implementation Framework was issued June 2019, to support arrangements for delivery of LTP commitments and the previous requirements in the 5YFVMH. The NHS Mental Health Implementation Plan 2019-20 and 2023-24, issued July 2019, provides a detailed framework to ensure delivery of

the LTP at the local level outlining planning & delivery requirements, indicative funding and additional workforce required.

The implementation plan and proposed allocations to GM and CCG budgets is currently working its way through GM and local governance processes. At the time of writing this report it was therefore not possible to confirm the agreed budget allocations for Salford, however, CAMHS commissioners have been briefed on expectations and deliverables and CAMHS Transformation budgets are expected to increase from 2020 to ensure continued delivery of national access targets (for CYPMH Access and Eating Disorder Services).

As Salford has consistently delivered on its targets, it is anticipated that there will be some flexibility on how the additional funding can be used as long as access targets are achieved. It is expected that there will be a targeted allocation for statutory Eating Disorder Services which comes with the specific requirement that all GM CCGs adopt and implement new GM standards and GM specification for commissioned CYP Eating Disorder Services, which includes the recruitment of a dedicated Paediatrician and ensures non-interruption of care for young people at age 18 where they are on a care plan. These requirements are feeding into commissioning plans for the joint Manchester Salford Eating Disorder Service and will be varied into the contract in 2020-21. Once LTP budget allocations have been agreed with local CCGs, Salford will be able to provide firm proposals for how the additional funding should be used to ensure we deliver on the extended access targets set out in the GM Implementation Plan.

Potential future funding requirements

There are other services and pathways commissioned in GM that may, in the future, have implications for / influence our local commissioning plans, but through GM governance arrangements such as GM CYP Mental Health Board, GM Future in Mind (CAMHS Commissioner's / Long Term Plan Group) and GM Crisis Care Board these will in time be better understood. The examples below are not exhaustive but may include:

- Workforce Development / GM Thrive academy
- GM Crisis Care Pathway - the full funding is currently provided via GM Health and Social Care budgets but it is expected that we may incur costs in future year.
- GM mental health in education programme – links to Salford schools EFS / CAMHS Link offer



5. Salford Mental Health All Age Commissioning

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Supporting good mental health in Salford has always been a high priority. As a city facing challenges around poverty, physical health and education, we have similar challenges around the number of people with emotional wellbeing and mental health needs. It is estimated that 36,357 people in the city are likely to have a mild to moderate common mental health problem. Local people tell us that mental health is a priority area for the city and that they recognise the need to focus on building resilience (the ability to manage difficulties and challenges) in the community and supporting people with timely access to high quality mental health services. This commissioning strategy sets out how mental health needs will be supported in Salford until 2023 and focuses on emotional wellbeing and mental health throughout people's lives, including children and young people, adults and older adults.

The recommendations outlined in the strategy are based around the 'Thrive' model of support which outlines advice, getting help, getting more help and risk support. This approach is currently used within Children's Services and provides a way of describing the local support offer. People may need different levels of support throughout their lives. The model provides a framework to focus on people's needs and to take into account the wider determinants of health and their impact on mental health and the recognition that 50% of mental health problems are established by age 14 and 75% by age 25.

The key objectives outlined in the new all age strategy include:

- **Objective 1:** Develop an observable culture shift towards person centred mental health care
- **Objective 2:** Build resilience in childhood to improve the ability to manage emotional wellbeing throughout their lives and through to older age
- **Objective 3:** Ensuring that 'health' includes an equal importance on mental and physical health
- **Objective 4:** Identify as early as possible when people need more support to maintain good mental health and wellbeing
- **Objective 5:** Achieve the targets set out in the NHS 5 Year Forward View for Mental Health
- **Objective 6:** Ensure equality of access and promotion of mental health and mental wellbeing services
- **Objective 7:** Review and redesign mental health care pathways across the life course
- **Objective 8:** Improve how we work together

The implementation of the strategy and action plan has been overseen by an All Age Mental Health Strategy Group. This has included membership from Integrated Commissioning (children and adults), Mental Health Provider Trusts, VCSE sector representation, Public Health and Healthwatch. Progress to date has included:

- Implementation of a VCSE sector mental health grants programme
- Inclusion of a mental health focus in the new Salford Carers Strategy

- Co-designed model of support developed for adults falling between primary care and secondary care, based on the approaches used in Lambeth Living Well. This will be piloted in Q4 2020
- Implementation of perinatal IAPT provision to support people in the perinatal period to access timely and appropriate talking therapies support
- Review of adult eating disorders services

In addition, Public Health have completed an annual audit of attendances at A&E at Salford Royal Foundation Trust for children and young people aged 0-19 years. The audit provided information on reasons for attendance and demographic data used to look at trends. A further detailed audit was undertaken to capture information on self-harm and suicide attendances for under 19s. The findings have been shared with senior leaders and partners with recommendations.

Future priorities include:

- Continued co-production of the adult Living Well model, looking to extend to a pilot in one area of Salford from Q1 2020
- 18 month test of change for two adult crisis beds in the community
- Development of a pilot approach to trial different approaches to supporting people on the rehab pathway
- Continued monitoring of transition for people moving from CAMHS to adult services



6. Our Ambitions: what have we achieved in the last year?

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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."

For more information please visit www.partnersinsalford.org/youngemotionalhealth

NHS
Salford
Clinical Commissioning Group

Salford City Council



Ambition 1: Improved awareness and understanding

Priorities for 2019-20 were:

- Deliver on Green Paper expectations for improved mental health offer in schools, linked to Salford EHWP in Schools programme
- Review and specify CAMHS School Link and offer
- GM i-Thrive and workforce plan including i-Thrive Children's Wellbeing Practitioner Academy training plan
- Continued development and roll out of our Thrive network and Salford training and development plan
- Citywide roll out and evaluation of the Solihull antenatal course
- To develop a protocol around building emotional resilience and providing care leavers with coping strategies
- Implementation of an ACEs pilot and training programme for Salford to support professionals in identifying trauma in childhood and building resilience



GM Thrive Programme Update

The aim of GM Thrive was on strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process.

The programme initially focused on delivering a GM i-THRIVE Training and Development agenda over a three-year period, linked to the National i-THRIVE Academy, with the ambition of providing training for a minimum of 100 front-line staff per year – 10 per locality to be trained as trainers to support delivery of THRIVE-like services. The GM team would coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each LTP to develop a wider understanding of each locality's needs and requirements and draw from both the resources in the THRIVE toolkit and the expertise within the National i-THRIVE team in order to provide each LTP with a tailored package of support.

Utilising the i-THRIVE framework the GM team have developed a learning network / community of practice alongside action learning groups, and have facilitated joint learning days to address common issues and challenges, to share knowledge about service improvement, innovations, and good practice within individual localities. Salford has been an active participant in GM work, attending Thrive Academy workshops and GM Thrive Leaders network. Salford has benefited from GM Thrive funding to support peer leadership in our schools and early help networks and to extend our engagement with you people in Salford's Thrive work.

Achievements to Date:

- Establishment of full programme team, programme office (Clinical Lead, Programme Manager, Project Coordinator, Assistant Psychologist, Data Coordinator)
- GM iTHRIVE Training Academy established – 4 National iTHRIVE modules delivered to approx. 200 staff across 10 GM localities
- THRIVE leads in all 10 GM localities and bi-monthly THRIVE leads meeting
- Regular communications and 1:1 meetings with THRIVE leads
- THRIVE engagement events taken place in all 10 GM localities
- Direct input into GM Trauma and Adversity Programme
- Outcomes framework created
- Surveys for outcomes framework drafted and tested and workforce surveys disseminated. CYP Surveys to be undertaken by psychology Assistants - 8 out of 10 localities covered
- GM community of practice set up with 250+ multi-sector members
- 3x community of practice events taken place (GM wide & multi-sector)
- Subject Matter Expert funding distributed to support Thrive implementation in localities

Salford Thrive Network

The Salford Thrive Network continues to grow and develop, with regular email bulletins circulated to the Network group, providing updates on resources, training opportunities and events.

In June 2019, a Thrive Network one day conference focused on “Trauma and adversity, risk and resilience” took place at the Lighthouse, Eccles. The key aims of the day were to explore

the background and current context of trauma and adversity (Adverse Childhood Experiences ACEs) and to provide the opportunity to consider how to take a Risk / Resilience lens to services.

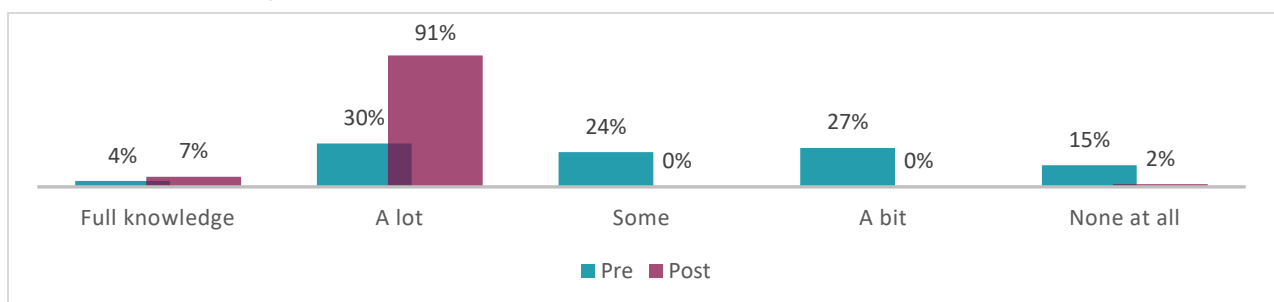
The morning session included presentations by Jane Case, Senior Programme Manager Integrated Commissioning who provided an overview of Adverse Childhood Experiences and Paul Wallis, CAMHS Clinical Lead for GM i-THRIVE with a presentation on trauma and adversity, the impact on services and the GM approach.

In the afternoon delegates were offered the opportunity to attend workshops which included:

1. Identifying risk and building resilience
2. ACEs - The Harpurhey model
3. Trauma informed schools
4. Developing trauma informed services and assessments

To evidence the impact of the event participants were asked at the start of the day to rate their understanding of ACEs, with the exercise undertaken at the end of the day, the following chart shows the scores:

Table 32: Pre and post scores



The event was widely promoted via the Thrive Partnership and Network and via the Emotional health and wellbeing webpages with 132 people attending on the day.

Delegates were asked to complete pledges supporting a trauma informed approach, these included:

- Facilitate training for staff
- Further explore how we can develop resilience in children and families
- Recognise signs in young people
- Considering ACE's as part of everyday work
- Trauma informed policy for school
- Staff wellbeing drop-ins
- Take into account parent trauma
- Model trauma informed approach in workplace
- Listen to young people and their needs

**A Trauma-informed approach:
the way forward for Salford**

- A programme, organisation or system that is trauma informed realises the widespread impact and understands potential paths for recovery
- Recognises the signs and symptoms of trauma in clients, families, staff and others involved in the system
- Responds by fully integrating knowledge about trauma into policies, procedures and practices
- Seeks to actively resist re-traumatisation

I, _____ pledge to do the following to support the Salford Trauma-informed approach:

➤

➤

➤

To keep updated on events, training and updates please provide:

Name: _____

Organisation / Team: _____

Email: _____

GM Workforce Strategy and Development

Staff from Salford CAMHS have continued to contribute to the development of the GM workforce strategy, identifying local training and development needs, and considering

collaboration in GM-wide initiatives. In the past year a range of staff in Salford CAMHS have trained in the Autism Diagnostic Observation Schedule (ADOS), commissioned by GM and delivered by experts in the field. This will contribute to an expanded resource in the assessment and diagnostic process for young people with ASC. In addition, a number of staff have received training in Dialectical Behaviour Therapy, skills which are important to the treatment and management of young people who self-harm, and Eye Movement Desensitisation Re-processing, a NICE approved treatment for young people presenting with PTSD. These specialist trainings reflect the service focus on ensuring that the workforce are equipped to manage and treat risk and complexity, in the context of the multiple variety of presentations to the service.

There is a recognised need to build capacity and skills in the wider workforce, particularly school staff, in the earlier identification and signposting of ASC and LD. With the expansion of the Neurodevelopmental offer, enhanced training in the Salford CAMHS team, for example in ADOS, as well as the CYP-IAPT LD/ASC course, there will be an increased focus on outreach into schools. In addition, Salford are collaborating with wider GM plans to ensure increasing alignment of pathways around Neurodiversity, including the potential development of training packages for early years workers.

Staff from CAMHS will also benefit from further GM wide approaches to workforce development, as GM wide training programmes emerge over the next 6-12 months focusing on the GM Workforce strategy aims of supporting Supervision, Training, Leadership and Well-being. As evidenced in the development of SPoC, Salford CAMHS is also collaborating with the GM iTHRIVE team to look at expanding the offer around prevention, advice and signposting. A range of workers from across Salford CAMHS have now accessed GM iTHRIVE Training Academy Modules on Advice and Signposting, Shared Decision-Making, Ending Treatment and Risk support. These training approaches are aimed to impact on clinician behaviours in specialist teams, but also influence the delivery of services from early intervention in community-based settings to working with complex and enduring issues for young people involved in the No Wrong Door Programme. In addition, the GM iTHRIVE Academy has recruited a number of staff from both Salford CAMHS, STARLAC and youth services to assist in the sustainable delivery of these modules, adopting a train the trainer approach. Salford partners, including CAMHS, have also been working closely to look at the Trauma and Adversity agenda, piloting training in the YJS team, presenting at the 6-monthly Salford iTHRIVE event, and collaborating on the developing GM approach to upskilling and informing the workforce and community on key concepts relating to Trauma and ACEs.

Staff from Salford and MFT CAMHS have been collaborating with 42nd Street and community leaders to support the newly launched training programme being offered to education staff from the Orthodox Jewish Community. This programme based on youth work training aims to enhance awareness of mental health and emotional well-being for children and young people in the community and CAMHS staff are involved in both delivering teaching as well as offering reflective consultation over the next 12 months.

Improving Access to Psychological Therapies Training update

Salford have continued to support practitioners to follow the CYP-IAPT course, and in the last year, 1 core practitioner began the IPT-A training whilst another completed their Post-graduate CBT training and is now bringing these skills into practice within the Salford team. In addition Salford CAMHS continues to benefit from CYP-IAPT trainees who have completed the CYWP

course, and in the coming years the Education Mental Health Workers will have a significant role interfacing between schools and specialist services.

For 2020 we are looking to recruit to train 2 staff to follow the CYP-IAPT LD/ASC course which has successfully run for the past 2 years now. These practitioners will gain high quality training in formulation, assessment and treatment for children and young people with a range of conditions and will contribute to Salford's expanded Neurodevelopmental pathway. In addition we are hoping for one of the new clinicians in the core team to train on the introductory Enhanced Evidence Based Practice course. We maintain close links with the course with staff from the CAMHS team contributing to teaching and supporting the supervision of trainees in service.

Workforce expansion and capacity

Salford CAMHS continue to work towards increasing the local CAMHS workforce and are delivering on 5YFV targets set in GM for workforce expansion across all 10 localities. A GM audit is planned in 2020 to assess how localities are progressing against the target to date. So far the GM target has been focused on the specialist CAMHS workforce but this is set to change going forward and to consider the whole children's mental health workforce. Over the past 1-2 years, we have continued to invest more across all our services and both CAMHS and 42nd Street have increased their staffing capacity considerably (see section 3 for details for both services). To date, the MFT CAMHS workforce has increased by +14.8 WTE and 42nd Street's core provision by +2.0, and 2.0 Mental Health Practitioners employed as part of the ICR service (so +4.0 WTE overall), and a further 1.5 WTE additional staffing planned in 2020-21 to support the rollout of their online offer.

Table 33: Greater Manchester CAMHS Workforce expansion targets (2016-2021)

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

Salford's Emotional Health and Wellbeing Training Programme

Now in its third year, the Salford emotional health and wellbeing training programme has continued to deliver training opportunities to support staff and volunteers in their roles. Ensuring that the workforce has the confidence and understanding of how to identify needs, and to have the skills to respond and support effectively children and young people with their emotional wellbeing.

During 2019-20 the programme has delivered:

Mental Health First Aid (MHFA): A comprehensive offer to both schools and the wider workforce has been delivered over the last 12 months. The training offer to schools and the wider workforce / volunteers has been the 1-day Youth MHFA Champion and the 2-day Mental Health First Aider courses. Up until March 2020, 21 courses will have been delivered with 364 places available, currently the attendance rate stands at 82%.

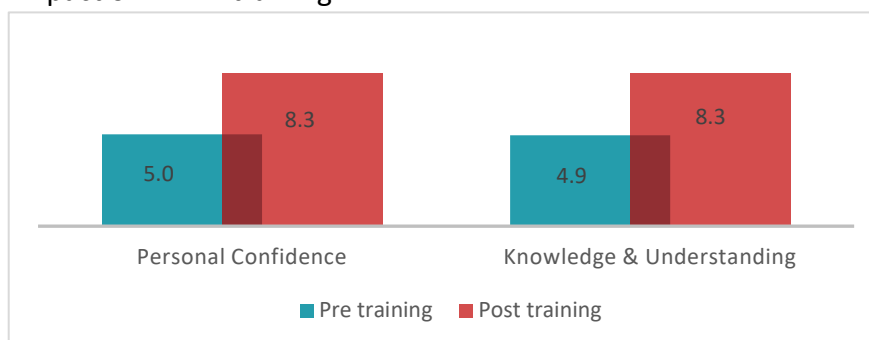
Participants' feedback:



"I am more acutely aware of the issues that affect young people and I continue to grow in confidence"

"I feel much more confident to address mental health issues and not afraid of making things worse"

Table 34: Impact of MHFA training



LGBTQ+ Awareness: The LGBTQ+ Inclusivity Training has been developed by IYSS in partnership with 42nd Street and CAMHS specifically for Salford and is aimed at professionals working with young people or adults, and looks at how to support LGBTQ+ people in their work. Following evaluation and feedback from the 2018-19 delivery the training programme has been revised, offering three 3 levels – workshop, foundation and intermediate.

2019-20 delivery: 8 courses have been booked, running until March 2020 with 250 places available with an average attendance rate of 73%.

Participants' Feedback:



"This training is fantastic as everything discussed is relevant and interesting"

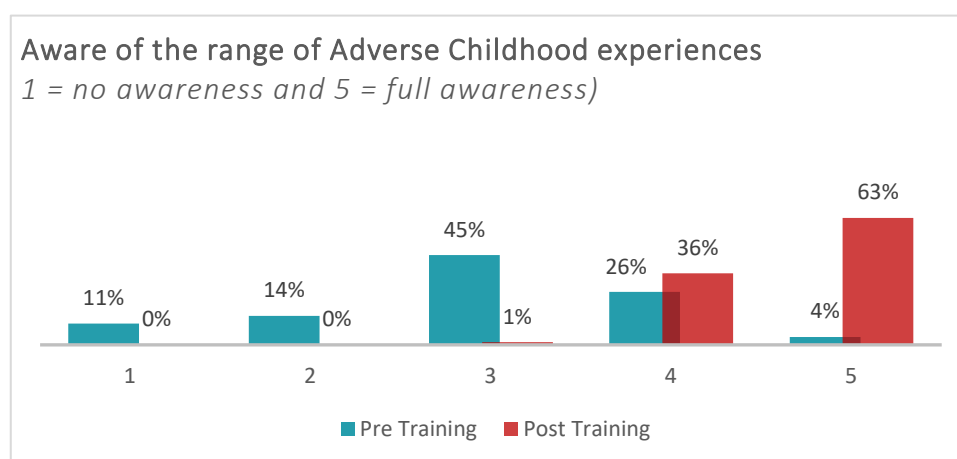
"Really interesting training that kept attention throughout"

"I would like to thank the two training leads, who were engaging, knowledgeable, highly professional and sensitive to the fact that delegates can be nervous around this type of discussion"

Risk & Resilience Training: Following the successful 'Trauma and adversity, risk and resilience' 1 day conference in June, a wider training offer has been developed to raise awareness of the adverse childhood experiences which cause trauma in a child's life, learn more about how to recognise and respond to people who have experienced trauma and understand what a trauma informed approach is.

2019-20 delivery has included a series of short Risk and Resilience briefing sessions open to all staff, with 120 people attending; a 1-day Risk and Resilience training session going into more detail, providing a parents perspective and discussing chronology best practice. Over 100 people attended the training with representation from a wide range of services and providers.

Table 35: Delegates understanding of ACEs pre and post training



Participants were asked what key messages they took from the training:



“Building foundations in child mental well-being to help with long term health / well-being”

“The importance of language”

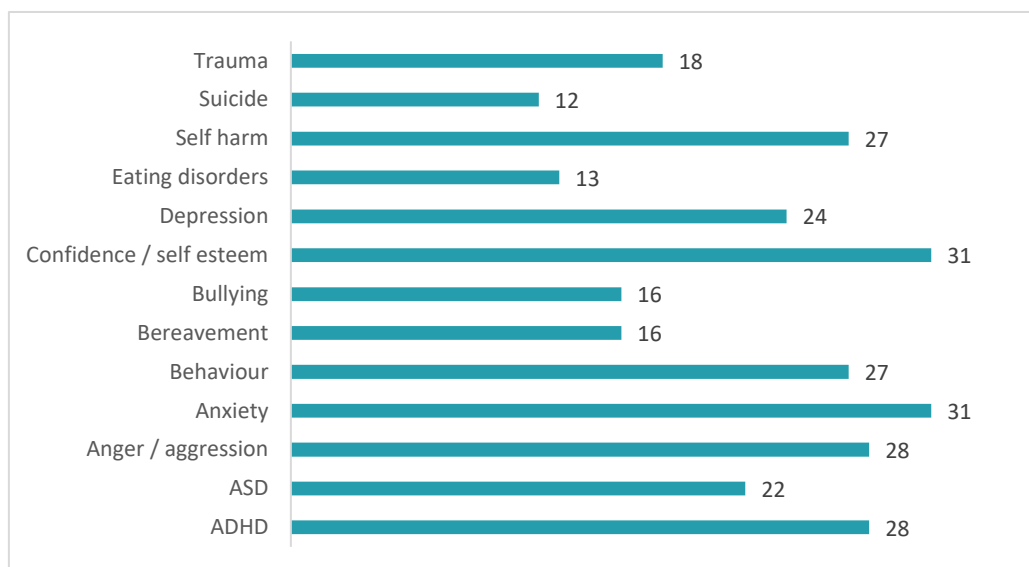
“To look at children’s behaviour and experiences through a trauma informed lens”

EHWB Training Survey: As part of the planning for the delivery of the 0-25 EHWB training programme an online survey was undertaken to find out what the additional training needs are within Salford with regards to children and young people’s emotional health and wellbeing.

The short survey was circulated via the Salford Thrive Network (over 300 workers), along with anyone who has attended any of the previous EHWB training delivery over the last 3 years. The response rate was quite low, with only 31 people completing the survey, however the Thrive Network event in June 2019 also provided an opportunity to gain feedback and was included in the findings.

Participants were asked to identify the main mental health or emotional wellbeing concerns that arise in their work with children and young people and this information will support future developments and planning for both the Thrive Network and training programme, full results in table 36 below.

Table 36: Main mental health or emotional wellbeing concerns identified by workforce



Counselling in Schools Small Grants programme 2018-19

18 Salford schools were awarded small grants as match funding for commissioning counselling from the Approved Provider register. A total of £61,500 was awarded to 4 secondary schools and 14 primaries, though two schools subsequently did not proceed. Participating schools provided termly updates on progress and impact of commissioned provision. It was a funding condition that schools had to commission via the Salford School Counselling 'Approved Provider register' to ensure that the providers met local safeguarding and quality standards. The schools commissioned a number of different approved providers, including: Place2Be, Barnado's, Child in Mind, Child Action North West, 42nd Street and Caritas.

An interim and final evaluation was undertaken with 13 of the schools to review impacts and benefits of offering counselling in schools. This highlighted that providers and schools used a range of different measures to assess impact and improvement in wellbeing for individual young people who received counselling. Out of the 13 schools involved in the review, 9 used the Strengths and Difficulties (SDQ) questionnaire, 3 used Outcomes Rating Scales (ORS) and 2 used My Star. Others that were used once were Rickter Scale (for parents), Goal Progress Chart and Attitude to Learning (for teachers to complete). Schools and providers also provided feedback on the main improvements / benefits of counselling services. These included: improved behaviour, attendance, engagement and concentration in school, peer relationships and family relationships, improved happiness, improved school performance. Provider assessments also reported reduced mental health issues such as self-harm, suicide ideation, and self-hate, improved mood and emotional regulation, and reduced levels of anxiety / distress.

There is strong evidence of the benefits of offering access to quality assured counselling in schools and this provides early access to support and prevents issues from escalating, often reducing the need for onward referral to specialist services, but ensuring access to mental health services when children are identified at risk or in need of specialist support.

Future plans: £11,000 of the Population Health Small Grant funding has been ring-fenced and matched with CCG funding to commission a full review and needs assessment of children's counselling provision in Salford. It is envisaged that this research and report will be undertaken by summer 2020 and will be key to informing future investment in counselling for children and young people in Salford. The review will include all CCG / Council commissioned counselling provision, including bereavement and palliative care, and will include non-commissioned provision delivered by charities or via GM / National services.

For **Solihull Antenatal training** and **Whole School Approach to emotional health** (including EFS and CAMHS School link updates) – see *under Ambition 2 below*.

1.

Ambition 1: Future Priorities for 2020-21 in [Section 7](#)





Ambition 2: Timely access to support



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Priorities for 2019-20 were:

- Early Help implementation plan and rollout city wide
- Continued delivery and review of the Solihull Antenatal Programme
- Develop strategies to better support young people not in education, employment or training (NEET) with improved emotional wellbeing
- Consider recommendations from the ASD employment pathway research project
- Review and re-specify the CAMHS BME post, involving BME young people to understand needs
- Monitor and review approved counselling in schools provider register and small grants fund
- Continued delivery of the Little Pot of Health, Healthy Schools Fund
- Roll out and monitor EFS accreditation to all schools in Salford
- Work with post-16 learning providers to develop and roll out EFS programme (Emotionally Friendly Settings)
- Develop and implement Early Years and post 16 versions of EFS
- Develop a vulnerability index tool to assist schools to identify vulnerable pupils in line with GDPR compliance
- Review the implementation of primary to secondary school transition processes to establishing a set of good practice standards to support pupils, especially vulnerable pupils
- Review and specify CAMHS School Link and CWP offer



Early Help Project

The west neighbourhood was a trailblazer in improving Early Help staff awareness and confidence around children's emotional health and wellbeing, and this learning is now rolling out across other neighbourhoods in the City. 42nd Street, our 3rd sector commissioned young people's mental health service, undertook a needs assessment of emotional and mental health support skills, de-escalation and trauma and adversity awareness. This helped shape the agenda for two development days for the Early Help workforce, delivered by 42nd Street the sessions covered theory and practical skills for supporting children and families if they are experiencing the crisis of trauma that is a current or historical experience. Both days were very well received and the experience of an alternative training provider has added to the rich skills of the wider workforce in our city. Attendees were from the Early Help team and school staff, SEND support staff and third sector workers.

42nd Street provided two workshops at the first event with 77 attendees and a keynote lecture that delivered theory including brain development and examples of good practice around trauma and adversity. There was an evaluation / feedback session at the close of the day. Based on this feedback a further five workshops were added to the second event, for 80 attendees. A consultant (Harriet Williams) delivered the keynote lectures; 42nd Street staff delivered six of the workshops and a consultant (Lisa Wisher) delivered the workshop in Non-violent resistance.

Early Help Thrive Leads (subject matter experts): two city council staff undertook GM training to become Thrive Leads or 'subject matter experts'. In addition to delivering awareness raising and training, the commitment includes embedding Thrive within the working practice of their teams and wider Early Help service. Their role is to lead and champion the Thrive delivery model. One element of this work is to ensure that all staff access Mental Health First Aid training, so they are able to identify and tackle low level mental health needs in their daily practice (training for approx. 120 staff). Following training the service will undertake two Thrive development days to engage the service as a whole and to take stock of current working practices and identify opportunities together where Thrive practices can be embedded to improve outcomes for service users. Through this work, there has been a need identified for Early Help teams to have access to supervision. This is also recognised as a GM priority and will be taken forward as a priority in Salford for 2020-21.

Solihull Antenatal update

Over the last year the Solihull Antenatal Project has progressed predominantly in line with the planned project timeline. The training plan has seen a further 11 front line practitioners from Early Help and Health Visiting trained in the One Day Solihull Antenatal to be able to deliver to parents. Following this, 7 practitioners completed the Train the Trainer course to be able to train up staff, which is part of the plan to keep the model sustainable in the future.

The Pilot delivery of the Antenatal programme to parents in the West and North localities has continued, there has been some drop off in numbers which is being analysed but it appears there is a variety of reasons including clear information at point of invitation, weather factors and session content and delivery. Interim plans are being looked at to support this and the evaluation of this data is being included in the Research Project to give us more clarity.

The Research Project with the University of Manchester began recruitment of parents in July 2019, this remains ongoing. A cohort of parents are currently participating in the project and data is being collated. There has been some difficulty in recruiting and retaining participants due to barriers accessing follow up questionnaires online and time required to complete these. This has been raised and reviewed with the research team and a new plan is now in place to ensure recruitment numbers can be increased and further data can be collated.

A lead Midwife from Central Manchester is supporting the project one day a week to make links with all midwifery providers, to support strategic buy in and operational roll out. This is also supporting the promotion and delivery of the pilot to raise attendance. This role is key to bringing midwifery partners on board.

2020 plans include:

- To deliver bespoke Foundation and Antenatal training for identified Central Midwives
- First high level data to be received from the Research Project Feb 2020
- Quality Assurance Process to be developed to ensure consistency and fidelity is maintained citywide
- The full citywide roll out initially planned to be implemented April 2020 may need to be pushed back to allow for research findings to be reported first

Whole school approach to emotional wellbeing in Salford

(Delivers on Ambitions 1 & 2)

Thrive in Education Group: The group is acting as an expert reference group for the whole school approach, overseeing the projects below and determining the direction for development on various other strands of EHWP work with schools. The group meets termly and comprises of the following representatives: primary and secondary schools, School Co-ordinators, Inclusion Manager and Virtual Headteacher, VCSE representative, Alternative Provision lead, EHE lead, local authority commissioning staff, Educational Psychologist and the CAMHS School link lead.

CAMHS – Schools Link Pilot: Salford was selected and funded by a joint DfE and DoH initiative as one of 26 national pilots in 2016-17 to test ways to improve links between CAMHS and schools. The initial pilot provided £50,000 national funding as match for CCG CAMHS Transformation monies to work with 10 Salford schools and involved delivery of training and engagement sessions by the Anna Freud Centre to improve understanding of the issues / barriers between CAMHS and schools, increase awareness of school professionals around CYP mental health and of CAMHS services and pathways. The project recruited a dedicated CAMHS School Link worker to offer further training and support and to develop and improve relationships between CAMHS and Schools, and to establish safe processes for direct referrals to CAMHS by dedicated and trained mental health leads in schools. Via CAMHS Transformation funding the service has evolved and grown with rollout to a further 23 schools in year two and aimed to engage a further 30 in year three. In 2018, the scope and funding was extended to include consultation and liaison and training to schools and the wider CYP workforce, and targeted clinical interventions for vulnerable Year 6 pupils through two new 'i-Reach' posts (newly qualified CYP EHWP practitioners) in schools settings. This service has also been key to improving school ADHD pathways. The project has now been evaluated and this is summarised in section 2 below.

The specific issues that the pilot aimed to address were articulated by schools in the initial workshops:

- Teachers not able to make direct referrals to CAMHS
- Teachers not routinely informed about a child's progress, outcomes of assessments, discharge plans and concerns
- Teachers asked to complete questionnaires in isolation with limited explanation of relevance to child's assessment management
- Teachers feeling their views as educators not valued or appreciated within CAMHS systems
- Teachers feeling communication is poor, roles are unclear and expectations of each other are uncertain

Service evaluation and impact

The project has now been delivering for over three years and has adapted and extended its offer to continue to meet the needs of schools, increasingly as part of a whole system 'Thrive offer' and working in partnership with other stakeholders to target resources effectively to the schools that most need support and to ensure an integrated package of support across CAMHS, the Educational Psychology Service, Integrated Youth Services, Counselling Provision, Odd Arts, VCSE sector funded projects for schools, schools nursing etc. The local offer has also evolved to adapt to the changing national and GM landscapes, in particular the GM healthy schools / rapid pilot (see under Ambition 2 for details). At the time of the most

recent evaluation (July 2019), 66 schools were engaged in CAMHS School Link and continue to receive targeted support.

As well as offering consultation, training and support to individual schools and staff, the project is represented both locally and at a broad range of GM reference groups. The relationship between CAMHS and schools seems to have improved considerably over the past three years and the role of the dedicated CAMHS Link practitioner is now well established and utilised. This was tested by commissioners through an independent survey undertaken as part of the evaluation process, with strong support from schools and children for the service to continue. See full evaluation report for more detail.

All schools engaged in the project are required to identify at least one designated Mental Health Lead (often a SENCO), who attend an initial 2- day training course and are then offered bespoke training for staff across a range of topics, including: ADHD, self-harm, anxiety, low mood, PTSD, eating disorders, SDQ Training, and Oppositional Defiance Disorder. Some training has been co-delivered with other professionals such as the Educational Psychology Service or 42nd Street. In 2018-19, the project delivered 22 bespoke workshops for schools.

The CAMHS i-Reach project is a development of the CAMHS School Link offer and followed ongoing feedback from primary schools about the lack of access to support for children under 11 who present with needs that are not deemed severe or complex enough to warrant a CAMHS referral. The newly introduced Children and Young People's Wellbeing Practitioners (CYWPs) adapted from the adult IAPT Psychological Wellbeing Practitioner model, presented an opportunity to target support to primary school age children identified as likely to be vulnerable at transition to secondary school. CYWPs are graduates with experience in mental health settings with 12 months training, including 4 days clinical practice in CAMHS and 1 day per week at the Cognitive Therapy Centre. CYWPs are trained to deliver evidenced based interventions for the following presentations and receive ongoing clinical supervision and governance as per the IAPT CYWP model through CAMHS experienced clinicians.

Table 37: Summary of performance data for 2018-19 and Q1 of 2019:

New Referrals	132 (90% accepted)
New Appointments attended	243
Follow up Appointments attended	627
Actual Clinical Attended Contacts	952
Average time to First Contact	4.7 weeks
Average DNA rate	9%
Email consultations	231

Project evaluation and future plans

Schools have actively engaged and benefited from involvement in the CAMHS School Link programme and the evaluation and feedback provides strong evidence that schools are in a much stronger position than they were 4 years ago, with much improved relationships with CAMHS, the ability to refer directly and to access timely consultation and advice and have benefited from and continue to receive quality targeted mental health related training. As of November 2019, 70 schools have engaged across phase 1-3 of the project, with at least one designated and trained mental health lead in each school. With 9 schools scheduled to attend training in January and March it is envisaged that the numbers of schools engaged at the end of March 2020 will rise to 90.

The initial concern regarding direct referrals from schools to CAMHS was that it would 'open the floodgates' and that the increase in demand would be significant. However, performance data has shown that this has not been realised, with feedback from CAMHS that referrals from schools, particularly regarding ADHD have been of a much higher standard than from other referring professionals that have not benefited from dedicated training and support. This learning has informed other service developments including the role of the Single Point of Contact.

The July evaluation report has provided strong evidence to support a business case to Salford Council and CCG in December 2019 for service continuation and scale up of the CAMHS School Link team, subject to confirmation of additional funding for children's mental health in Salford from 2020. Recommendations for continuation via recurrent funding have been included in our 2020-21 Thrive delivery and budget plans. There may be an opportunity in 2020 for our CAMHS School Link offer to provide the foundation for an expression of interest for Salford to be an early implementer for Mental Health Support Teams (MHSTs) as part of the national / GM rollout of the Mental health In Education programme.

Ref Appendix 2 – full summary of service evaluations 2019.

Emotionally Friendly Settings (EFS: formerly known as *Emotionally Friendly Schools*)

In 2018, EFS received GM population Health funding to develop an EYFS and Post 16 version of EFS, and to further promote the programme and develop the accreditation. This supported additional educational psychology provision and dedicated business management to oversee the development of the service which is also key to co-ordinating the wider Thrive in education work and forging links across the schools support system.

To date, 76 of the 97 schools in Salford have completed EFS programme (78%), with a further 12 currently going through the process and 9 schools have completed their accreditation with 8 achieving bronze and 1 silver, and 7 schools have registered to go through the accreditation process. 25 schools are currently working towards either bronze or silver accreditation. There are 8 schools from outside of Salford that are working on the programme. The EYFS and Post 16 versions of the programme will be launched in Spring 2020.

EFS schools all have 'EFS champions' to support emotional health and wellbeing development in their school, one of whom must be on the senior leadership team. Therefore schools engaged with EFS are already meeting the requirements of the Mental Health Green paper as they already have designated senior leaders for mental health.

Co-delivery of EFS and the CAMHS School link project, where EFS lays the groundwork for a setting environment and ethos that promotes good mental and emotional health in pupils and staff; and CAMHS school link programme educates schools on when and how additional specialist support should be accessed for more vulnerable pupils, has provided a unified approach that has promoted inclusion and provided a foundation and direction for improvement in emotional health and well-being in schools.

Population health funding for EFS runs up to the end of March 2020. An evaluation of the project is currently being produced, making recommendations and suggesting options for future funding of the programme. Current / future priorities for EFS include:

- Evaluation of the impact of EFS in schools
- Review of the accreditation, including the potential for external accreditation

- Continued engagement with Salford schools to pursue a whole school approach to emotional health and wellbeing and to achieve accreditation
- Rollout of the EYFS and Post 16 versions
- Continued development of the website and social media communications
- Developing the programme as a product to sell to make it self-funding

Subject Matter Experts project – education peer leaders: An element of the funding provided through GM for subject matter experts in Salford has been used to help develop peer networks between schools that promote EFS accredited schools to support other schools within their area as subject matter experts or education peer leaders. The lead is also engaging with schools who to date have failed to access any of the services provided through the whole school approach. In 2020 we aim to have established peer led Thrive Network groups for primary and secondary education leaders to share learning and good practice and to support schools that may be in development.

7-minute briefing and schools matrix: The 7-minute briefing (please appendix 6) summarises the offer available to schools and is kept regularly updated. In addition a schools matrix helps us to track which schools are engaging with various EHWB projects in the whole school approach. This allows monitoring of engagement levels and targeted work to engage those schools that are accessing little or no EHWB support/training.



EHWB Schools
(Overview) update 1.



GM Mentally Healthy Schools and Colleges: A GM Mental Health in Education (MHIE) Strategy (which will include the preferred model for Mental Health Support Teams (MHST), workforce needs assessment, GM Standards linked to THRIVE and Ofsted, a training ladder proposal and Link Programme support) is being developed through engagement with the 10 GM CCGs, Community CAMHS Teams, Local Authority Education and Social Care Teams, Schools and FE colleges, MATs and wider system teams such as Educational Psychology.

The offer includes:

- 1 full day of Mental Health Practitioners (MHPS) / Education Mental Health Practitioners (EMHPs) in each school / college and is integrated into the whole school dynamics, and pastoral and leadership teams. EMHPs have completed assessments, have small case loads and have been planning and delivering group work. The MHPS are experienced in psycho-social therapeutic approaches / modalities and advocacy for one to one work. This encourages a whole school approach across sectors which is changing the practice and cultures in education settings. Trainee EMHPs are able to shadow and learn directly from experienced locality practitioners improving their system wide, year round knowledge and approaches that will work for children, young people and families within schools and communities. In total, 8 EMHPs, 21.75 FTE qualified and experienced MHPS and 10 qualified senior managers will work across GM, covering all 10 localities and 4 CCG Trust areas.
- Each school / college has a Mental Health lead that has been trained consistently by Place2Be and is supported by the MHST to develop a whole school approach.
- Each local partner is already commissioned by their local CCG and are part of the local pathways for CAMHS. The role of the MHSTs supports staff in settings to better support

their young people, avoids unnecessary referrals to specialist CAMHS, and promotes appropriate referrals and conversations.

The second cohort of GM EMHPs have been employed by PCFT and will work closely with the PCFT CAMHS Team, this project is currently shaping its delivery model which will align with the GM strategic model for delivery of mental health support in education settings.

Table 38: Salford schools which have accessed the project and received support via GM:

Phase 2	Phase 3
Irlam and Cadishead Academy	UTC@MediaCityUK
Buile Hill Academy	The Clifton Centre Pupil Referral Unit
New Broadwalk Pupil Referral Unit	St Augustine's CE Primary School
St Patricks RC High School	St Pauls CE Primary School Crompton Street
Summerville Primary School	Beis Yaakov Jewish High School for Girls
Christ Church CE Primary School	

Note: no Salford schools were chosen to access phase 1 of the project due to the significant work that Salford were already doing to target emotional health and wellbeing in schools

Not in education employment and training (NEET) young people

NEET young people's emotional health and wellbeing was identified as a gap via the All Age Mental Health strategy and required assessment work. This has informed the start of some targeted work in 2019, which is outlined below.

Connexions lead adviser identified and working with specific caseload of NEET young people (age 16 and 17) suffering from poor mental health. These young people may be currently accessing mental health services or may not. The adviser now sits on the Thrive partnership and informs partners of the extent of mental health within the NEET cohort. Connexions also now 'flag' young people with diagnosed mental health concerns onto their database so we can track and monitor this cohort. They also 'flagged' suspected mental health concerns as professionally judged by their advisers, which helps us to monitor the wider extent to which the NEET cohort may be suffering from poor mental health and inform services.

Emotionally Friendly Settings has started to be developed on the back of Emotionally Friendly Schools, working with post-16 providers and services to support post-16 young people. This is currently being piloted with Salford City College at the Worsley Campus, where staff have had their whole staff training, action planning meeting and have a draft version of the manual at present. The manual is now with a design team and a final version is expected soon so this can be rolled out / offered to other post 16 settings.

Salford City College are offering a broader range of provision which is more supportive than the mainstream offer, which supports vulnerable NEET young people including those experiencing mental health difficulties. This is through their Prince's Trust provision and Passport programmes, which provide a highly supported stepping stone into mainstream programmes at the appropriate time.

Salford City Council has recently submitted an Innovation Fund bid to the CCG bid to provide **transition support for young people in yr. 11** who have been identified as suffering with their mental health, this can affect their post-16 transition from school into their next destination. If successful this will be delivered through a Transition Mentor who can provide intensive support to specific vulnerable settings where young people are already identified as suffering from poor mental health or settings where the likelihood of their mental health deteriorating is more likely such as in alternative provision settings, where their education has been a negative experience.

ACEs – trauma and adversity work

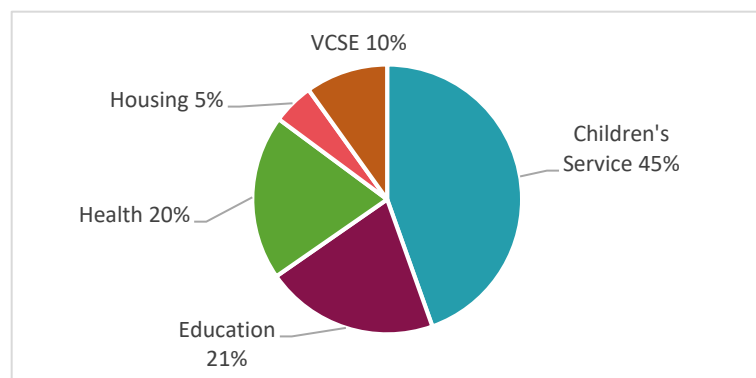
ACEs stands for Adverse Childhood Experiences and is the term used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic abuse, mental illness, alcohol abuse, drug use or parental incarceration). What must be remembered is that ACEs can be prevented.

In 2019 the report *Resilience Building: A system wide approach to addressing Trauma and Adversity in Salford* was presented, with the recommendation to develop a strategy and action plan to embed this work within Salford. The report highlighted that the recognition of Adverse Childhood Experiences and development of a Trauma Informed response to adversity are key to reducing poor outcomes for children and families. Key to underpinning this work would be the development of the 'Salford Way', an approach to support the normalisation of the early identification and prevention of additional traumas in a child's life, linking in with existing developments and providing a universal language to aid practitioners to recognise their own and other's needs.

Greater Manchester Thrive hub are developing proposals for a Greater Manchester approach to workforce development, and investment is being sought to establish a programme hub. A community of practice is being established to join up innovation across the conurbation, with Salford fully engaged in this work.

The Salford Thrive conference in June 2019 focused on "Trauma and adversity, risk and resilience", introducing the background and context of trauma and adversity and provided an opportunity to consider how to take a risk and resilience lens to services. The event was widely promoted via the Thrive Partnership, distribution list and the 0-25 EHWP webpages with 132 people attending on the day from a range of teams, service and organisations.

Table 39: Conference delegates by sector



As part of the event evaluation, delegates were asked to consider what they you would like to see covered in the future linked to ACEs and the needs of their services or schools, this feedback will be used in the development of a wider training programme and supporting resources / tools. An [ACEs page](#) on the Partners in Salford website was created, providing professionals access to information, resources and links to online learning.

Training: Bespoke training has been delivered to a number of professionals and teams including Social Care, Youth Justice Service, Strengthening Families team, Family Nurse Partnership and the Health Improvement team.

To raise awareness and further engage the workforce in the Salford trauma informed approach, a series of 90-minute briefings were held with 120 professionals attending.

Following discussions with the SSCP training lead a 1-day training offer on Trauma and Adversity, Risk and Resilience, to support the roll out of trauma informed approaches across Salford which included the principles of Adversity and Trauma informed care, Salford parent panel, learning from parents – The Camden Conversations, understanding the parent perspective, with the afternoon session looking at chronology best practice. The event had representatives from Children's Services, early years, education, health, housing, VSCE and mental health and youth services, with 108 people attending on the day.

A comprehensive 2-day training, *Practice informed by Trauma*, was delivered in November 2019 by an external consultant. Staff from the Youth Justice Service along with Heads of Service / service leads completed the training to support the development of the Salford Way. Further training will be commissioned throughout 2020-21 to support the workforce.

Work is progressing in developing a strategic approach to this agenda and this includes gathering a range of resources, tools, online training and films to continue in the understanding and knowledge of the workforce, with further training opportunities being made available to up skill staff.

Other workstreams that are supporting the work programme include Operation Encompass which has been rolled out across schools in Salford. This notification system assists with the early identification of risk and supports trauma informed responses to children and young people following a domestic abuse incident. A full review will be undertaken to assess what a trauma informed response looks like within a school setting and how to ensure good quality interventions are undertaken, following which, a bespoke training offer will be made available to the wider school system.

As part of the ongoing work in developing the Living Well offer (adult mental health provision), an audit was undertaken which looked at adult cases. A deep dive identified that all of these cases had experienced adversity in childhood. As part of the development of the listening lounge there are opportunities to shape and inform provision within the adult's agenda to break the cyclical nature of ACEs.

Third Sector Grants Programme

Salford CCG is a significant investor in the voluntary community and social enterprise or 'third sector' in Salford. This investment has helped to establish an annual programme of investment of £3m non-recurrent funding over a three-year period (2017-18, 2018-19, 2019-20) into third sector/partnerships working with the sector such as schools. This annual investment provides a range of grant funding opportunities and recognises the valuable contribution that such organisations make to health and wellbeing. In October 2019 the CCG

agreed a further extension to the programme - £1million per annum for a 5-year period 2020 – 2025.

The main aim of the Third Sector Fund is to enable Salford CVS to use their position in the city to reach voluntary organisations, community groups and social enterprises in all parts of the city (by neighbourhood and also in terms of communities of identity) that, with a small investment, could help address some of the key health priorities in Salford, as articulated in the Salford Locality Plan:

- **START WELL:** Ensure all children have the best start in life and continue to develop well during their early years
- **LIVE WELL:** Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities
- **AGE WELL:** All local residents can access quality health and social care and use it appropriately

The fund takes the five ways to wellbeing as its core criteria – Connect, Be Active, Take Notice, Learn, Give.

In the period 2018-19 the Third Sector Fund invested in 203 voluntary organisations, charities, community groups, social enterprises and primary schools. Grants awarded ranged from £250 to £50,000, across a range of regular tailored funds: Wellbeing Fund, Impact Fund, Impact Fund Partnership Challenge, Volunteers' Expenses Fund, Volunteers' Week Activity Fund, Healthy Schools Fund, Healthy Schools Fund Community Partnership Challenge. Additional investments were made via Specific Grants Calls, designed to be responsive to emerging city priorities. These included: Grow Well Fund (with match funding provided by the RHS); Living Well with Dementia Community Fund; Youth Wellbeing Fund (with a panel including young people); Healthy Holidays Fund (delivered in partnership with Salford Foodshare Network and Salford City Council).

GM Mental Health Transformation Funding: has supported the development of a GM Mental Health VCSE Grants Programme in Salford of c £331k per year, for a three year period to provide grants for local Salford VCSE organisations to support the achievement of Salford CCG's 5 Year Forward View for Mental Health targets. The GM mental health priorities and the local priorities set out in the Salford Mental Health Strategy enable us to go further in creating opportunities to improve the mental wellbeing of the local population. Bids can be across the full life course and must address emotional wellbeing and / or mental health. In 2019-20 this funding has supported a number of projects which deliver children's mental health work including 3-year award to 42nd Street to work collaboratively with community leaders to deliver a bespoke accredited training programme for education staff from the Orthodox Jewish Community.

In 2020-21, an additional £200k will be invested to deliver grants to address the specific mental health related challenges for children transitioning between primary and secondary schools. This will be augmented by an additional £75k from the main grants pot. Bids will be invited for grants of up to £40,000 maximum for partnerships between Salford secondary schools, working in collaboration with respective feeder primary schools and local VCSE organisations. The assessment panel will involve school representatives and young people. Part of the £275k (£25k) will support an additional Youth Wellbeing fund targeting EHWPB and picking up the key themes identified in the 2019 Seldom Heard event.

Healthy Schools Community Partnership challenge: CCG funding supported a research project that Salford CVS undertook in 2016-17 which uncovered a wealth of resource and resilience in the third sector to support children and young people in their emotional health and wellbeing, their SEND needs and also received valuable feedback around experiences of speech, language and communication needs services. One outcome of the research was to fund the Healthy Schools 'Community Partnership Challenge.'

As part of the wider VCSE sector grants programme administered by Salford CVS, the Healthy Schools 'Community Partnership Challenge' funds approximately five projects a year that are partnerships between VCSE groups and schools, these are designed around the 'Five Ways to Wellbeing.' The most recent round of funding supported 12 primary schools and one SEND high school to run projects that included: forest schools, a growing project leaving a legacy garden, a laughter project and a sensory garden for children and the elderly to share. In 2020-21 this will focus on Mental Health transitions as described above.

The other Healthy Schools grant opportunity offers grants of approx. £5,000 per school for further Five Ways to Wellbeing focused activities run by third sectors organisation. This will be expanded in 2020-21. In the last round, 16 schools were funded to undertake initiatives including sports projects, family bike shelters, art therapy projects, a sensory garden, a serenity shed, a wide variety of gardening projects, an all-weather gym and a back to basics opportunity for traditional arts.

CCG innovation funding: The CCG also supports an annual Innovation fund – this is a £2 million fund. This has supported the following children and young people's projects in 2018-19.

- Tougher Minds (Developing Mental Toughness in Primary School Pupils) - the Tougher Minds project has been extended for 2020-21
- TCS (The Children's Society) With You virtual reality project
- The 'I Believe' project North West Media's Unity Radio

Primary to secondary transition: vulnerability index tool

The review of the primary to secondary transition policy has been completed. The new policy was fully consulted on with primary and secondary head teachers, and transition leads, and includes a set of recommendations of good practice at transition. This includes a process of identifying vulnerable pupils at three different levels; each level having an identified package of support that should be provided for that child. The local authority now co-ordinates the transfer of pupil data between schools to allow for a more timely and effective transition process than previously was in place.

ASD pathway research project

Unlimited Potential published its report, [*Meaningful Employment of Autistic People*](#) in March 2019. The report was presented, amongst others, to the Greater Manchester Public Sector Apprenticeship Network and the Salford Learning Disability and Autism Strategy Group. Despite not being widely publicised, the work prompted direct approaches by several parents of autistic young people in Salford and elsewhere in Greater Manchester seeking appropriate employment-related opportunities for their children, who reported not finding them through existing means.

Unlimited Potential submitted the resulting project proposal for a commercially sustainable approach to multiple funders. However, although all said that they liked the proposal, none felt it fitted their criteria. The search for opportunities to implement the proposal continues both within and outside Salford. In the meantime, the learning and proposed approach has significantly influenced the direction of the Greater Manchester Autism and Learning Disabilities Strategy Employment Implementation Group, as well as the review of apprenticeship planning with Greater Manchester Combined Authority.

Transitions Policy – in development

Further develop the 16-25 Multi Agency Hub pathway and policy for young people with disabilities and / or complex and mental health needs

During 2019, a multi-agency and all age Transitions Working Group has undertaken the review of current arrangements to support transition of young people with complex needs (social care, learning disabilities, SEND, mental health) who are likely to need ongoing support post 18. A new multi-agency policy and pathway has been developed and is currently under consultation. It is proposed that transitions for young people with complex needs will be supported via a dedicated pathway and risk register and will be managed by a multi-agency 'hub' which will support assessment of needs and co-ordinate care plans. Transition planning will happen at any point between ages of 14-18 years depending on the needs of the individual and family. The Draft Transition Policy will be considered/sign off through Council and CCG governance in Spring 2020.

For Review of CAMHS BME post – see under Ambition 3 below.



Ambition 2: Future Priorities for 2020-21 in [Section 7](#)





Ambition 3: Targeted support



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Priorities for 2019-20 were:

- Refinement and implementation of Neuro-Development Pathway in collaboration with Neurodevelopment Working Group, incorporating work to date with CAMHS and Community Paediatrics on ADHD and ASD, aligning with GM ADHD standards
- Implementation and review of GM Crisis Care pathway for children and young people
- Implementation of GM CAMHS LAC therapeutic standards
- Delivery and review of Salford CAMHS LAC i-START pilot
- Implementation and review of VCSE sector mental health funded Orthodox Jewish Community EHWP
- Consider recommendations by Anna Freud in the final evaluation report of Integrated Community Response Pilot and develop plan and scope for roll out / scale up
- Continue to monitor the implementation of the Suicide Prevention strategy
- Evaluate Online Therapeutic Project and agree plan for roll out / embedding in core offer
- Support implementation of GM Inpatient Bed programme
- Implementation of GM standards and model for peri-natal and infant mental health
- Continue to deliver and review CAMHS support for the Youth Justice System, aligning with GM work



Targeted support for the most vulnerable young people

We use the term 'vulnerable children and young people' to refer to those who may be vulnerable to increased risk of experiencing mental health difficulties. Our first published CAMHS Transformation Plan included a summary of the 0-25 needs assessment and analysis of those groups that may be at increased risk of experiencing emotional health and mental health difficulties, and was based on a combination of national evidence and local data, knowledge and experience. The list below outlines those children and young people who we identified were potentially more 'vulnerable'. This work has helped to shape the targeted support for our most vulnerable young people, and has fed into contract specifications for services and projects that have been commissioned in Salford over the past 5 years.

It is important not to view this as a definitive or static list. Although existing evidence suggests that the children and young people in these groups are more vulnerable it does not necessarily mean they are more likely to have mental health difficulties.

Nevertheless, these are groups which managers, providers and commissioners need to ensure they consider and plan for children and young people:

- with behavioural, emotional and social difficulties
- with learning difficulties and disabilities and / or special educational needs (SEN)
- with physical illness
- who are in care
- who self-harm
- who are being abused
- who misuse substances or whose parents/carers misuse substances

- who are in contact with the Youth Justice system
- who are lesbian, gay, bisexual or transgender
- from black and minority ethnic groups
- experiencing housing difficulties
- seeking asylum
- not in education, training or employment
- young carers
- young runaways
- at risk of suicide; and / or at risk of adolescent dating violence; and affected by domestic abuse (witnesses, perpetrators or victims, and intergenerational)
- whose parental circumstances make them vulnerable, for example because they are separating or have died, are in prison, have learning difficulties, have mental health problems or misuse substances.

Young Carers & Young Adult Carers

In 2017 the GM Health and Social Care Partnership identified support for carers as part of the adult social care transformation plan, with young carers identified as one of the five priority areas to focus on. Salford was the lead for the young carers' delivery groups, bringing together both commissioners and providers.

To ensure that the voice of young carers were fully embedded in the work, a GM young carers' board was set up with representation from both young carers and young adults carers. A GM wide consultation was undertaken with young carers, with the board developing an online survey with 233 young carers participating in the survey.

Key points from the GM young carers' survey were:

- A single point of contact
- No 'wrong door': Young Carers and their families should be supported regardless of which service is contacted first.
- Young Carer Pathways: to enable practitioners to navigate support available to young carers.
- Early identification: the sooner young carers are identified and recognised, the easier it is to support them in their caring role and if necessary, prevent them from taking on inappropriate levels of care.
- Schools, FE / HE: awareness, understanding and support to support young carers achieve their potential

The young carers responses combined with the review of commissioned services have resulted in the development of the GM Young Carer minimum standards (see Appendix 7) which are in the process of being adopted across GM to support services for young carers and young adult carers.

Locally, Gaddum has been commissioned to deliver the Salford Carers Service which includes specific support for young carers and young adult carers, including:

- Information and advice to young carers
- Providing one to one support

- Advocacy
- Delivering group based sessions and activities
- Promoting young carer awareness, identification and services in schools and colleges
- Engaging young carers in the development of campaigns, awareness raising and activities
- Supporting young carers transition into high school
- Providing residential trips
- Supporting young carers and young adult carers with accessing specialist services / advice

The Salford All Age Carers Strategy April 2019 – 2024 has been published which sets out our vision to create a 'carer friendly' Salford by placing carers at the centre of decisions about them. The strategy is a call to action to all partners to recognise the value of carers and work to ensure that the wellbeing of all carers is maximised. The strategy has been produced in collaboration with carers, key partners and professionals supporting carers. It embraces the work that has been done across Greater Manchester developing the [Carers Charter](#) and the [Carers Exemplar model](#), and builds on our previous strategies and the progress we have made so far in identifying and supporting carers.

In line with the Greater Manchester Carers Charter, Salford's objectives are as follows:

- **Objective 1:** Identifying Carers
- **Objective 2:** Improving Health and Wellbeing
- **Objective 3:** Carers as Real and Expert Partners
- **Objective 4:** Right Help at the Right Time
- **Objective 5:** Young Carers and Young Adult Carers
- **Objective 6:** Carers in / into Employment

Neuro development strategy and pathway

Over the last 2-3 years there has been an increase in the number of neurodevelopmental related CYP referrals for diagnosis. This has resulted in pressures across the system to meet need. Due to continued improvement in practice and the embedding of Thrive, a system wide change was necessary to develop an improved system and offer for families and children. A small task and finish group was established to work through and revise the pathway and develop a strategy.

The new Neurodevelopmental Needs Led Pathway will go live in 2020. The pathway has been pump primed through CAMHS Transformation funding but it is not envisaged that there will be a further call on CTP funding, any ongoing changes would be picked up via service redesign, and contracts and specifications for CAMHS and Community Paediatrics. The revised pathway has been designed through consultation with the wider system, including the Expert Reference Group.

The Neurodevelopmental Needs Led Pathway includes the following significant elements: Co-ordination of the wider system offer for families and children will be offered from the outset including training and advice and guidance. Development of Neurodevelopmental Link worker responsibilities, linked to mainstream roles to support the efficient delivery of the pathway. A revision of systems and processes that will proactively identify and work through any system pressures so they are able to deliver an effective and swift response to each child or young

person. Diagnosis specific support will also be offered as necessary. It is expected that children and families will secure better outcomes through needs being met earlier and families being supported through the process.

GM ADHD Standards

GMCA have undertaken the development of ADHD standards, incorporating NICE guidance and other evidenced based good practice. This has been an ongoing piece of work since 2015 but was revised in 2018 and the standards now form the backbone of our Neurodevelopmental Pathway. As part of the development of the standards, the GM staff undertook consultation in each locality, identifying current good practice and ambitions. The project subgroup included commissioners, clinicians and quality improvement managers from a range of GM boroughs. One key element for the ADHD pathway set out in the standards is to bring CAMHS and paediatrics together to deliver a multi-disciplinary response to referrals. This supports the goals of Future in Mind and takes us into the Long Term Plan.

CAMHS Learning Disability Service

CAMHS has specialist mental health provision for children and young people with severe learning disabilities and / or autism. The service offers outreach and has strong ties with the special schools in the city as well as offering a service to any child or young person who may be in mainstream school or not in state school provision. In addition, the LD service currently supports the diagnosis of Neurodevelopmental conditions such as ADHD and ASD. The number of referrals for Neurodevelopmental conditions is currently one of the main challenges of the service due to high demand.

In 2018, the LD service received an increased investment to fund 2 further posts, these undertake the work of meeting with all families and preparing each case for diagnosis. One of those roles is ongoing, the other is time limited for 12 months to reduce the waiting list. The intention moving forward is to see all referrals within the national waiting times. In addition commissioners are working with all partners across the city to redesign the current system and deliver an integrated Neurodevelopmental Needs Led Pathway which can provide support and advice for all families and a diagnosis for those who need it. This will provide a more co-ordinated and efficient service for those families.

Impact of the additional investment has been positive. At close of Q1 2019-20, there were approximately 300 children and families known to the ASC team as undergoing or awaiting an assessment. This compares with almost 400 cases awaiting diagnosis in November 2018. This can be attributed to a combination of additional non recurrent capacity to supporting reduction in the waiting lists and new / improved ways of working in the team and in partnership with other services.

At the start of the service re-design and waiting time initiative, there was a 12-18 month post referral waiting list. Currently, the actual waiting time for initial appointment following receipt of information (from school and parents) is 12 weeks. There are improvements in the process of diagnosis and assessment as we are streamlining the clinic offer within CAMHS, so the current expected waiting time now looks like 6- 9 months, which is better than many areas but still has some way to go. The anticipated improvement will only be evident and clarified over the next two quarters as the plans embed and children proceed through the process. This will be supported further via the integrated Neurodevelopment pathway redesign.

Project evaluation and future plans

Evaluation of our increased investment in the CAMHS LD service in 2019 has provided the evidence to support a business case to Salford Council and CCG in December 2019 for continuation and has been included in our 2020-21 Thrive delivery and budget plans. This will ensure continuation of the additional post so the work can continue with families as well as preparing cases for diagnosis and will prevent a build-up of the waiting list and maintain progress achieved in the last 12 months.

Ref Appendix 2 for full summary of service evaluations 2019

GM Crisis Care Pathway

The Greater Manchester crisis care pathway is being led by four NHS mental health providers: Pennine Care NHS Foundation Trust; Northwest Boroughs Healthcare NHS Foundation Trust; Manchester University Hospitals NHS Foundation Trust; and Greater Manchester Mental Health NHS Foundation Trust.

The pathway comprises several areas, some of which are new service developments and some which require transformation of existing systems and services.

Four new Rapid Response Teams launched in May 2019 and are now operating 8am to 8pm, 7 days a week, actively supporting young people across all 10 boroughs of Greater Manchester. They provide rapid assessment, de-escalation and brief intervention for young people who are experiencing a mental health crisis and support young people, along with their families, for up to 72 hours.

Whilst being implemented in a phased way, the ambition is to have a 24/7 crisis response from April 2021 and to expand the points of referral over the next 12 months to ensure clear, safe and effective pathways which reach the young people most in need of support.

Also, due to be fully operational from April 2021, the Greater Manchester Assessment and Inreach Centre (GMAIC) will provide a single point of access for referrals when a young person needs to be admitted to a general adolescent or eating disorders bed. GMAIC will undertake access assessments and support effective pathways across all providers in GM. This team forms an integral part of the GM CAMHS lead provider collaborative model.

Three Safe Zones have been opened across GM by a partnership of voluntary, charitable and social enterprise organisations led by The Children's Society. This service provides complementary and ongoing support in a youth-centred, community setting for young people and families who have accessed the rapid response service. There is a longer term ambition to enable open access for certain groups of vulnerable young people who may otherwise present more frequently to A&E.

The next 12 months will see further developments to enhance the inpatient services across the pathway including 3 sites piloting the We Can Talk programme which supports effective working between CAMHS and paediatrics; scoping for a Discharge Coordination Team primarily to support the weekend offer; and a procurement exercise for the independent sector to provide 'crash pads' for young people who require a safe space for immediate risk management and de-escalation.

Full background to the pathway is available at www.penninecare.nhs.uk/gmccp

GM Looked After Children (LAC) therapeutic standards

The GM Health and Social Care Partnership commissioned a review in 2018 of the health services available to Looked After Children (LAC), Care Leavers and those Adopted across Greater Manchester (GM) during 2019-20, with the goal of identifying areas of unwarranted variation and opportunities to reduce this variation through suitable interventions. A set of commissioning standards was developed against which evidence was gathered and findings have been provided under the following categories:

- Early Intervention
- Health Assessments and Plans
- Commissioning and Strategic Planning
- Mental Health and Emotional Wellbeing
- Unaccompanied Asylum Seeking Children (UASC)
- Care Leavers
- Children who are Adopted or under SGO

Mental Health and Emotional Wellbeing was highlighted as the area where there is the most health need amongst LAC, Care Leavers and Those Adopted and in particular trauma support, attachment disorders, self-harm, sexually harmful behaviour, violence and aggression. The timeliness of assessing mental health needs varies greatly across the GM region and qualitative feedback indicates that there is a real lack of capacity in CAMHS to meet the needs of LAC, Care Leavers and Those Adopted.

Salford Local Authority was successful in securing Department for Education funding for a pilot to trial emotional health 'passports'. The ISTART pilot ensures that all children and young people are assessed to understand their emotional and mental health needs earlier as they enter care. All children and young people looked after for six weeks will be screened using carer Strengths and Difficulties Questionnaire (SDQ) with the aim of identifying their needs. Children and young people with high clinical scores will be assessed using the Assessment Checklist for Children (ACC) or the Assessment Checklist for Adolescents (ACA). This will be followed by a CAMHS consultation for those presenting with emotional and mental health difficulties. Young people in high school with high clinical scores will be supported to develop a mental health passport. The idea of the passport is that it tells the young person's story in times of distress and to enable professionals to understand the reasons and history of their mental health.

The GM priority is development of a strong foundation of outcomes-focussed informed initiatives. The GM Programme Steering Group will now assess these recommendations and prioritise a sequence of activity.

All Age Mental Health Liaison Service (AALMH): *formerly known as RAID*

All Age Liaison Mental Health (AALMH) is a Children and Young People's Mental Health Liaison Service delivered in Salford by Greater Manchester Mental health (GMMH) as a key element of the GM Crisis Care Pathway and aims to improve the quality, effectiveness and efficiency of urgent and emergency assessment and onward care planning for those young people aged under 16 who present in A&E settings to support individuals to receive the right care in the right place at the right time. This is an extension to the existing Adult service working with young people aged 16 years and above and delivers on national requirements set out in the Five-Year Forward View. The specification was developed to provide consistent and timely mental health assessments for young people in A&E (known as the 'PANDA' unit in Salford Royal Hospital) and other urgent care centre sites in Bolton and Trafford. Other GM localities are currently planning implementation of this service but Bolton and Salford were early implementers with Salford's service going live in May 2018.

The Five Year Forward View for Mental Health, published February 2016, identified that provision for crisis care in mental health for Children and Young People (CYP) was highly variable dependent on which hospital you were in and was typically managed by services external to the hospitals CYP presented at. The Five-Year Forward View advised that no acute hospital should be without an 'All Age Mental Health Liaison Service' by 2020-21.

The situation prior to this for children and young people under the age of 16 who attended A&E with a mental health need, varied in and outside of regular working hours. Inside of regular working hours CYP would be assessed via on call duty rota by the local CAMHS team (in Salford the Salford CAMHS team were responsible for this). Out of hours provision was via a centralised on call rota, held at Bolton that comprised of CAMHS doctors ranging from CT to ST and Consultant level, this covered all the GMMH footprint. Response times were dependent on duty availability both within hours and out of hours again they would be dependent on people coming to the hospital from external sources. This could range from a couple of hours to the next working day.

Salford Royal NHS Foundation Trust's (SRFT) Paediatric A&E (PANDA Unit) which provides urgent care for CYP under the age of 16 years, offers a short stay assessment unit for periods of observation, assessment and treatment, and works closely with sister hospitals for longer term inpatient provision when this is required. There is no Paediatric inpatient unit at Salford Royal, therefore if a young person requires inpatient intervention they are transferred to a sister hospital with paediatric inpatient facilities, these are typically Bolton, Wythenshaw, Manchester Foundation Trust or Oldham Royal. 16-18 year olds are seen within the adult pathways at SRFT in the main A&E department.

This service is funded via CAMHS Transformation Plan funding and was jointly commissioned with Bolton CCG. The current contract runs from April 2018 – March 2020, and a joint service review has been undertaken to inform respective business cases for continuation from April 2020. A multi-agency stakeholder meeting also took place in December 2019 to share learning from the service to date and to inform updates to service Standard Operating Procedures, improved links to the GM Crisis Care Pathway and revised standards and procedures for follow ups by community CAMHS. The service specification will be revised following this and will be included in local plans for contract continuation.

The service review will also inform further rollout of All Age Liaison across GM as part of the GM Crisis Care Pathway, and will be shared with Salford's adult commissioning team who lead on the service commissioning for people aged 16+.

Service evaluation and impact

The All Age Liaison (AAL) service commenced in Salford in May 2018. To facilitate expansion of the service to under 16s, extra staffing provision and training was identified required to enhance service delivery. Salford Mental Health Liaison team (SMHLT) recruited 1 WTE Band 7 Senior Practitioner for CAMHS and 2 WTE Band 6 Mental Health Practitioners with a view to manage the expected increase in number of referrals. For more details regarding service operating model, achievements and challenges, please see the service evaluation summary at Appendix 2.

Since commencing delivery, the AAMHL service has undertaken 2 reviews. The first 9 month review found that:

- Inter service working has been to a good standard, information is being promptly and appropriately shared meaning a more seamless service for CYP and their careers

- The service has been able to integrate CAMHS assessments into our service well and the practitioners appear to be completing good quality assessments and have found that they enjoy assessing CYP
- There is a monthly meeting between the Salford CAMHS Senior practitioner and Salford CAMHS
- Good working relationships have been established with PANDA and Salford CAMHS, as well as other external services such as 42nd Street and the newly forming gatekeeping service
- PANDA staff have given us lots of direct feedback that they find this service helpful, timely and positive for CYP and their families
- Positive feedback from CAMHS as they are no longer travelling back and forth to Salford Royal as part of their duty role which frees them up for other duty activities such as 7 day follow ups and emergency assessments

A further service review was undertaken in collaboration with Bolton CCG in September 2019, which provided a comprehensive update on service delivery data and impact and identified a number of challenges related to implementation of the children and young people's All Age offer. See full service evaluation for more details.

Service performance and activity to date (summary)

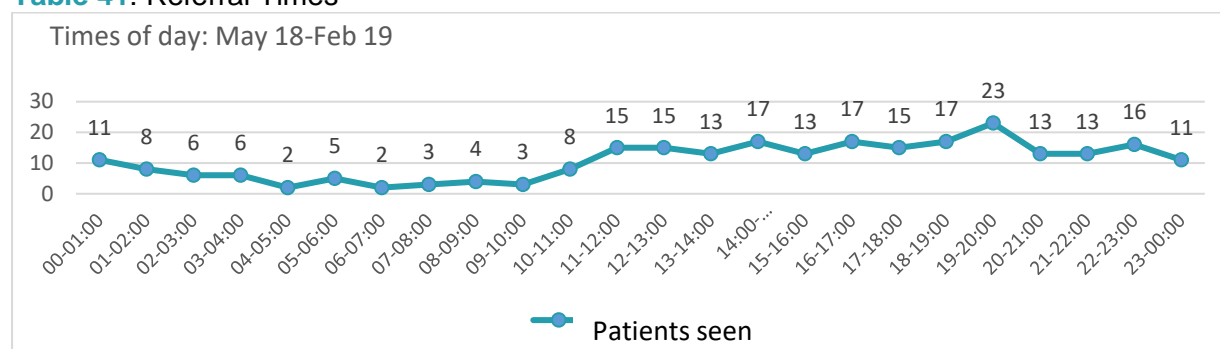
From May 2018 to end of September 2019, the service has supported a total of 494 under 17s (734 under 18s) attending PANDA. The ages of young people are detailed below in the combined table below.

Table 40: Ages of young people accessing All Age Liaison Mental Health support (Bolton, Salford and Trafford) at end Sept 2019.

AGE (0-16)	Number	Percentage: 100 %
16	309	27.05 %
15	255	22%
14	229	19%
13	170	14%
12	100	8%
10	31	2.8%
9	21	2.6%
8	17	1.7%
7	9	0.75%
6	6	0.5%
5	2	0.42%
4	1	0.08%
0	2 (Trafford)	0.16%

Total number of young people aged under 17 seen to date – 1185, of which 674 were from Bolton, 494 from Salford and 17 from Trafford.

Table 41: Referral Times



Peaks in referral times appear to link in with key times of the school day, for example after lunch, and in early evening.

Table 42: Out of hours (after 5pm before 9am) including Sat & Sun (ages 0-17 years):

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total
Bolton	77	102	87	84	86	107	108	651
Salford	57	60	69	61	39	73	65	424
Trafford	2	5	2	3	0	2	6	20

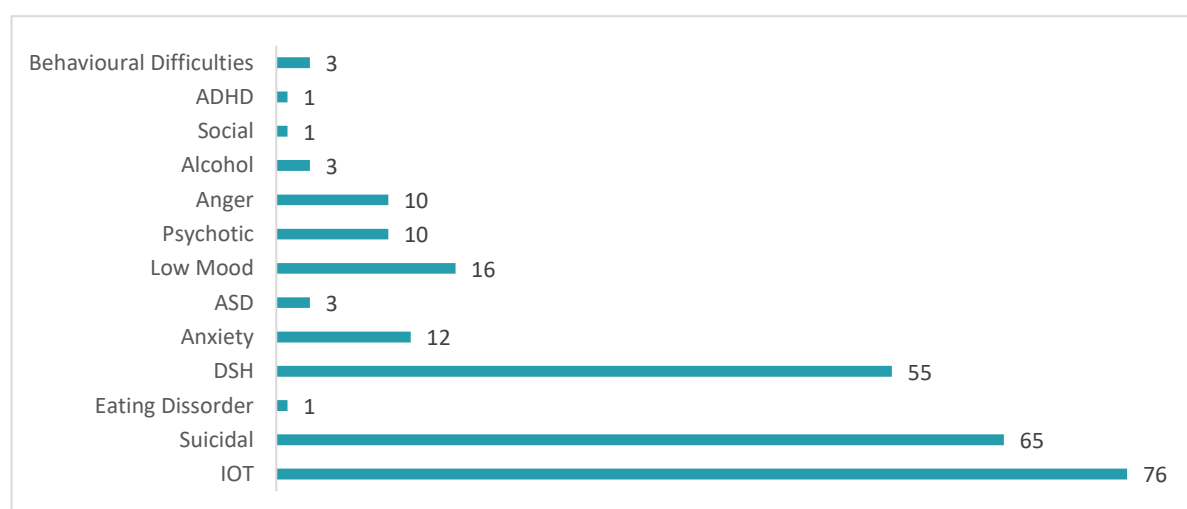
The data above indicates that 59% of all children and young people's presentations and assessments occur after 5pm and at the weekends, when other children and young people's support services are on a reduced 7-day rota or are closed for emergencies only.

Table 43: Known/not known to CAMHS (age 0-16, April 2018-Sept 2019):

Status of CYP s/user	Bolton MHLS	Salford MHLS
Known to CAMHS	461 (68%)	170 (34%)
Not known to CAMHS	213 (32%)	324 (64%)
Total	674	494

The evaluation reviewed presentations and contacts with children and young people that were already known to other Children and Young People's Mental Health Services (CAMHS).

Table 44: Reasons for referral (May 18 to Feb 19):



Future delivery plans

All Age Liaison mental health provision is an integral part of the GM Crisis Care Pathway and key to its success. It supports improved communication and pathways between A&E, paediatric wards, Rapid Response Teams, community CAMHS, and access to Tier 4 provision when needed. It provides more timely and consistent assessment for under 16s presenting at A&E but continues to link in with CAMHS professionals to support this and develop the offer for children.

In Salford, AALMH could also provide a key referral route into our ICRS service, providing a step down from A&E to support young people who present in distress with quick access to brief interventions to look at the causes of distress and help young people and families build resilience and access support to address the issues / causes e.g. family support / early help, welfare and debt advice and housing. This would offer access to urgent support that doesn't require a CAMHS follow up and would help reduce the repeat attenders to A&E by helping young people to access support across the wider system and / or supporting them with how to help themselves.

The two service evaluation reports have provided the evidence required to support a business case to Salford Council and CCG in December 2019 for service continuation and recurrent funding, which has been included in our 2020-21 Thrive delivery and budget plans.

Ref Appendix 2 for full summary of service evaluations 2019

Integrated Community Response Service (ICRS)

ICRS is our Integrated Community Response Service pilot which was co-produced and co-commissioned across Manchester and Salford. 42nd Street are the lead provider but the service involves an alliance of providers including CAMHS, Self Help Services and Mind in Salford. The pilot went live in October 2017 to test provision of an early assessment and brief interventions in targeted settings for children and young people who present with high levels of psycho-social distress and risk, caused by the combined impact of their social / family situation on their mental health.

ICRS was designed and commenced delivery prior to the implementation and roll out of the GM Crisis Care Pathway (CCP) but was intended to address a perceived gap the CCP model with the aim of providing an early help / early intervention and prevention approach to supporting young people in distress by linking and embedding the mental health support within settings where they are known to present at increased risk, and to align mental health resources with other professionals to deliver real time wrap-around support and access to consultation for the trusted professionals in those settings.

The aim of the service is to intervene early, offer short term de-escalation support, to support front line services in their psycho-social support of these young people and families, to reduce need for A&E attendances / admissions to in-patient beds with a step up / step down into other community services when stable. Through co-location in universal services, ICRS has supported more vulnerable CYP in the community, through an integrated 'risk support' community offer. The pilot settings in Salford were initially Clifton PRU and the Missing from Home Team / Early Help Outreach Team. Since 2018 the two settings have been Clifton PRU and the Central Early Help locality team (in Broughton). The service also links seamlessly with 42nd Street's wider services across Salford and their duty team.

Targeted financial advice has been provided by Mind in Salford for young people and their families where issues such as benefits, debt, housing and financial difficulties were identified

as a causal factor in the distress of young people and a major stressor in the family relationship. The service is currently provided via a 3 day per week dedicated post within Mind's Welfare Rights and Debt Advice Service, and has been delivered flexibly around the family via home / community visits.

Table 45: Salford Performance Summary (from 1/10/17 to 30/9/19):

Total Referrals	192 unique young people
Assessment sessions offered	267 sessions
Ongoing sessions offered	594 sessions

Table 46: Age

Age	Count	%
11	7	4
12	14	7
13	39	20
14	44	23
15	52	27
16	25	13
17	11	6

Table 47: Gender

Gender	Count	%
Female	102	53.1
Male	89	46.4
Trans male	1	0.5
Total	192	100

Table 48: ICRS welfare rights and debt advice support

ICRS at Mind in Salford – Quarterly Snapshot of Service		
Client Case Load	21 Clients	Typical Client Profile <ul style="list-style-type: none">• Single person with dependent children• Typically the mother is the primary caretaker• 2+ financial dependents in household• Most are not in full-time employment (instead, looking after the home or family; disabled or sick)• Struggling with a mental health issue
Type of Advice	80% Casework 20% Generalist Advice	
Debt Figures & Key Outcomes (per quarter)	Debt Owed: £20,113 Debt Managed: £6,200 Increased (monthly) Income: £805 Homelessness Prevention: 2 clients	
Referral Source	63% Early Help 18.5% Clifton PRU 18.5% Broughton Hub	
Feedback on Service	→ Service increased income or resulted in financial gain → Service improved Client's health or lifestyle → Service reduced family stressors	

Project Evaluation and future plans

The Anna Freud Centre for Children and Families (co-producers of the Thrive new model of care) was commissioned to produce an interim evaluation report, which informed a review and supported a business case to MHCC to request a further extension of the pilot to March 2020, and a final evaluation which was presented to stakeholders in May 2019. A summary of the project evaluation and access to a full copy of the Anna Freud report is embedded below. The evaluation reports have provided strong evidence to support and have informed a business case to Salford Council and CCG in December 2019 for service continuation and further roll out and ICRS has been included in our 2020-21 Thrive delivery and budget plans.

Ref Appendix 2 for full summary of service evaluations 2019

Salford Innovation Fund Online Project

In 2018, 42nd Street was awarded CCG Innovation Fund to develop capacity and infrastructure, and to test an online individual therapeutic offer to vulnerable and isolated young people in Salford. The online offer is rooted in 42nd Street's established, young person-centred, evidence based approaches and draws on the significant research base and developmental work of national partners. It was targeted at 16-25 year olds in Salford as they negotiate the transition into adulthood and between services and spans the full service i.e. online access to both counselling and psychosocial support and links to peer support groups. In 2018-19, 23 young people registered for support with 16 young people have gone on to receive ongoing support. In summary:

- 70% were aged between 16-19 years and 30% between 20-25 years
- 9% of those registered were male, 87% female and 4% identified as "other"
- DNA rates at assessment are 0% but rise to 25% for ongoing work
- 0% identified as being in contact with other mental health services
- Anxiety and stress were the most common presentations, followed by depression, gender identity and sexuality, then anger, physical health, panic attacks, PTSD, OCD and agoraphobia
- 75% were self-referrals, and most young people heard from the service from schools/colleges/university (58%) and GP's (33%)
- Registrations were originally heavily weighted towards Fri-Mon in the first 3 months, but in the second 3 months this has evened out; 9 registered on a Wednesday; the majority registered between 3.30pm and 6pm

This pilot has led to 42nd Street being awarded a national grant to develop the online offer over the next three years. It is envisaged that these developments will help to further support the service to cope with increased demand and provide alternative pathways to those CYP that are less likely engage in face to face mental health support (e.g. BME young men and LGBTQ+ young people). The uplift to the core contract in Salford has provided the match funding for the national bid as will GM funding to support the development of a GM Universities offer which will benefit Salford based students

Orthodox Jewish Community work – 42nd Street

42nd Street has completed peer research funded by Salford CCG within the Orthodox Jewish Community to better understand the needs of these young people. The research has been well received by the community and has resulted in the charity being awarded GM (Salford) transformation funding for the next three years through the Salford CVS VCSE Emotional Health and Wellbeing Fund to address the issues raised in the report.

The project has successfully recruited 2 course facilitators (male and female) from within the Orthodox Jewish Community and the course has been fully recruited to (24 participants) and started in January 2020

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 works 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.

Work to date under the strategy has included:

- Commissioning of the 'Reach Out to End Suicide' campaign, delivered by Start in Salford. This is an arts based campaign designed to challenge stigma and support awareness raising of suicide prevention
- Communications campaigns to target awareness raising and support amongst specific groups e.g. construction workers and LGBTQ+ communities
- Mapping of personal journeys of people with lived experience to inform changes in the system

Future priorities include:

- Exploring a primary care approach to identifying risk factors
- Review of bereavement support, particularly for children and young people
- Providing suicide prevention training in the community

Peri-natal and infant mental health service (PIMHS)

A PIMHS 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. Salford is within the initial cluster and the service is now live. Integration with existing universal and targeted provision is key to enable any GM provision to be aligned to the local offer. A recent business case for Step 3 IAPT services provided by GMMH has resulted in additional resource, including two specific workers aligned to the perinatal pathway. It is expected that these workers will undertake a specific perinatal focus by April. GM standards for IAPT services in relation to the perinatal pathway are in draft and awaiting approval.

Locally we have been undertaking a process of self-assessment against these standards to support the development of an action plan to improve the offer. 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 and Council. This project is in its second year and has received a one year extension until March 2021. The project initially uses volunteers to support families through pregnancy, childbirth and the first two years of family life. The volunteers 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 perinatally as part of the wider early help and early years work described above. Work is now underway to develop a Salford perinatal and integrated mental health pathway that includes

the four Salford maternity providers, 0-19 service, early help, primary care and links to adult mental health services / provision. As part of this, initial work has been undertaken to map our existing provision against both the London and Tameside models (which are cited as good practice). The 0-19 service have identified four Health Visitor leads for perinatal and infant mental health from the four locality areas, these posts have been delivering workforce training across the service and sharing best practice.

A business case is in draft and being shared with senior leadership and partners for comments that outline the needs in Salford to create and integrate perinatal and infant mental health systems and the governance arrangement and clinical leadership required. 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. Recruitment of a specialist perinatal and infant mental health midwife due to start in March 2020 for a 2 year period. The post will work citywide connecting the four Salford maternity providers but will be hosted by Bolton Foundation Trust.

GM Youth Justice Mental Health Collaborative Commissioning Network (CCN) project

This GM work stream is delivering on the following objectives:

- Improving identification of mental (including neuro-disabilities) health needs of children and young people in contact with the criminal justice system and victims on 4 key pathways
- Enhancing pathways for these vulnerable children and young people who may otherwise face barriers to accessing health and justice services, and develop bespoke solutions that best support the needs of GM children and young people
- Understanding any gaps in provisions and taking steps to close them
- Engaging with the voices of those who are 'experts by experience' to co-design solutions
- Supporting trauma awareness in the workforce, linked to wider work in the GMHSCP
- Improving integration of services as children and young people transfer to mainstream services, to promote continuity of care
- Enabling cooperation and coordination between services commissioned by different organisations, whilst reducing duplication and delivering efficiencies

To date we have:

- Invested in additional mental health workers and speech therapy teams across GM Custody / Liaison & Diversion / Youth Justice Service footprint in partnership with GMP, GMCA and GMHSCP
- Increased access to SALT support available in 4 district youth justice teams. We are currently exploring how the findings from the 12-month pilot will evolve after April 2020
- Begun to explore how extra identification of neuro developmental needs, through the Do It Profiler assessment tool, shape where and how services are delivered, and identify any gaps in service provision
- Mapped four pathways from a professional and young person's eye view, to gain a thorough understanding of the 'as is' pathways. This has involved all parts of the health and justice public sector system in Greater Manchester. Each pathway will give a set of recommendations per pathway and cross-cutting recommendations to

deliver performance improvements, identify gaps, and review how current resources can be deployed in a more efficient way

- Brought young people and their carers into the design and development process, so that solutions are co-designed and focus on user need

Salford Youth Justice Service (YJS)

Salford's Youth Justice Service is an integrated multi-agency team and includes a dedicated CAMHS practitioner, which is recognised as good practice and a model for other localities. Highlights of the YJS CAMHS work over the last year include:

- Support for the trauma informed understanding and practice being developed by YJS staff
- Salford CAMHS Youth Justice worker has co-led peer supervision for YJS staff

Priorities in over the next year include ensuring that Salford YJS CAMHS worker is linked to the GM health and justice work programme and will support the ongoing development of emotional wellbeing interventions for young people engaged in the youth justice system.

Review of CAMHS BME post

Historically there was a specialist role within CAMHS to support the service's work with black and minority ethnic groups in Salford, this was established a number of years ago. However, delivery ended in December 2018 due to the departure of the post holder. It was therefore timely to review the specification, purpose and function of the post in terms of current need. The intention is to integrate the work into the team and enable staff across the whole CAMH service to offer outreach and targeted engagement, with the aim of improving access to all vulnerable groups in Salford. Taking account of our known at risk groups that are less likely to engage in mental health services, including: Salford's BME communities (especially young black men) but also young people from the Orthodox Jewish community, refugees or newly arrived young people and LGBTQ+ young people. The service is currently being re-specified to take account of this.

For more information regarding our targeted engagement and support with LGBTQ+ and Orthodox Jewish young people, see under Ambition 6 below.



Ambition 3: Future Priorities for 2020-21 in [Section 7](#)





Ambition 4: Parental support



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Priorities for 2019-20 were:

- Consider how we engage and support dads as a priority for 2019
- Delivery of the parent engagement and support project for parents, incorporating peer support, parent training offer and improved parent advice and support offer from core services
- Continued delivery and review of Homestart Salford and Trafford project



Also see perinatal programme deliverables under Ambition 3 above

Early Years and Parenting

We are in the process of developing a Salford parenting strategy which will now incorporate a universal parenting offer into our already embedded targeted and specialist parenting offer. In 2020 we will be rolling out the **Empowering Parents, Empowering Communities (EPEC)** universal parenting offer across the city. This project will develop parental aspirations and build community cohesion via the recruitment of parent group leaders who will facilitate peer led 'Being a Parent' groups within their communities.

Last year saw the introduction of the **School Age Incredible Years programme** into the parenting offer. This will continue to strengthen as further relationships are built with schools via our school coordinators. We also strengthened our links with the health visiting teams who now co-deliver **Baby Incredible Years** with Early Help Practitioners.

Our delivery of the Incredible Years programmes was further refined via the parenting team delivering peer coaching to practitioners across the city to ensure fidelity.

Last year we initiated a project plan to build upon the successful work undertaken in the Little Hulton pilot rolling out the 18 month universal assessment. This year the 18 month assessment conducted by Early Help Practitioners will be rolled out citywide.

Parent Peer Support

This is a time limited project with Salford's Health Improvement Team funded to provide a community development and peer support co-ordination role which empowers parents to establish self-help / peer support groups in neighbourhood settings. The initial scope of this project, based on direct feedback from parents, was on parents struggling to manage issues relating to their children's mental health. However, with wider consultation through the 0-25 expert reference groups, it was agreed that the scope should be broader and include any issues that parents find challenging to manage in terms of their children's needs, including special educational needs and disabilities, speech and language, health conditions and behaviour. The topics / themes are not limited.

The aim is to establish a number of neighbourhood based peer support groups which parents lead and manage themselves. It is envisaged that up to 2 years of funding will be needed to get the project off the ground (subject to progress in year one). The role of the Health Improvement Team is to engage with parents and support them to shape their own agendas and set up groups that are relevant and useful to them, to help make connections and links with services and professionals in order to access the information and advice they feel they

need. A steering group has been established to oversee the project and representation crosses the 3 test cases and includes parents and professionals. It is envisaged that long term funding will not be required for these groups once they have been set up and supported to operate and will be included in Salford's Parenting Strategy going forward. There are currently two groups running, and a further group of 30 parents who met late in 2019 have formed a large digital / online network. The project lead will help them form smaller groups based on geography or need in 2020.

Home-Start Baby Bond

This joint commission with Trafford Council is now in its second year and a joint service review is underway. The project is managed by qualified specialist PIMH co-ordinators and provides targeted support for families / parents that may be struggling to cope in the perinatal period and is focused on early intervention and attachment. The service was commissioned for the first two years through CAMHS Transformation funding but from year three (2020-21) it will be integrated into Salford's Perinatal Infant Mental Health programme, which is in development. The service has had a real impact so far, see headline outcomes outlined below. The project delivers on the recommended GM Early attachment service standards / Tameside model and is supported by a clinical psychologist. Project outcomes to date:

- The total number of families supported to date is 59, of which 30 are Salford residents
- From the 30 Salford families supported, 14 have ended support and 12 (85.71%) have reported an improved outcome
- A bank of 129 volunteers in total, 59 of which have completed the additional training provided by the midwifery team at the University of Salford and 37 have completed the additional 4-day specialist PIMH training course

For more information on PIMH programme plans, see Ambition 2.

Support for dads – new from 2020

Home-start Trafford, Salford and Wigan has been awarded innovation funding by Salford CCG to deliver an extended PIMHs offer for dads from April 2020. 'Dad Matters' engages dads antenatally and within the perinatal period to help them think about attachment and parent / infant relationships, how their mental health can affect those relationships and the baby's development and what services dads should be engaging with, why and how. The aim is to support dads to acknowledge their own mental health as a crucial part of their relationships, and to give them the tools and resources to engage the right services when needed.

The Dad Matters GM offer includes antenatal groups delivered by volunteers alongside various maternity services, but the Salford offer will develop this core GM offer to reach more dads universally, and then build on that to deliver more targeted groups for dads, and take one to one referrals from services such as PIMHs, perinatal teams, HV and MW, and of course work with existing home-start families.

4.

Ambition 4: Future Priorities for 2020-21 in [Section 7](#)





Ambition 5: Transparency and accountability



[Back to contents](#)

Priorities for 2019-20 were:

- Further alignment and integration of CAMHS commissioning arrangements and contracts
- Continue engagement and communications between GPs and the i-thrive model
- Continued delivery of EHWP communications priorities, including launch of Emotionally Friendly Schools website, and new versions of manuals
- Continue to facilitate a joint CAMHS Transformation / 0-25 EHWP Project Group
- Continuation of the EHWP Partnership as the expert reference group to help shape and deliver the priorities
- Produce quarterly EHWP / CAMHS dashboard and annual reports to monitor progress
- Monitor CAMHS delivery against GM specification
- Define and implement phase 2 of Single Point of Contact, embedding learning into core services
- Review monitoring information of inpatient services in line with GM working group



Integration of CAMHS commissioning arrangements and contracts

Salford CAMHS has responded positively to the calls locally from Salford CCG / Council, and from young people and their families and nationally to implement a new way of working. This, together with the requirement for reduced referral to treatment times (RTTs) have to date been achieved from existing resources and have been supported through the introduction of the Choice and Partnership model which is an evidence-based method of managing the assessment process, caseloads and capacity in CAMHS services (York and Kingsbury 2009). Despite workforce challenges (managing recruitment, retention and staff wellbeing) in a climate of significant service change, CAMHS has twice consecutively secured an 'Outstanding' rating in their CQC inspections.

Progress has been made to align contracts for core and targeted CAMHS services (CCG and Council funded) this year, as step one in preparing for integration of CAMHS contracts in 2020-21 which provides the foundation for delivering a more integrated service or 'Thrive' offer across the whole CYP mental health system.

Developments in 2018-19 and 2019 included:

The **CAMHS Looked After Children's (LAC) services** were reviewed and an integrated service specification developed to describe a single CAMHS for LAC service for Salford. It was agreed that the service adopt the single and most familiar name 'STARLAC' as the name to cover the whole service, instead of using various names to describe elements of the same service (Focus Fostering, 3D, i-Start, Starlac etc.). This was the first of CAMHS contracts funded by both CCG and Council to be written as a single specification.

The **Emerge 16-17 service** which is both Council and CCG funded, reviewed its specifications and updated this as a single specification. There is interest in reviewing and potentially extending the scope of Emerge in 2020 as part of the next phase of CAMHS service redesign and contract integration to support young people beyond age 18 so that those coming into the service at 17+ and / or those young people who may need extended support before

transferring to adult service have more time. We will look at this next year in partnership with adult commissioners as part of joint work needed to ensure better support and transitions for young people up to age 25.

Youth Justice Service (YJS), formerly known as YOS, provides a dedicated mental health practitioner within the YJS service and is Council funded. This role and specification has also been reviewed and updated in partnership with the Head of Service, aligned to the Thrive model and improved links with other key professionals co-located within the service and other roles within CAMHS, such as the Single Point of Contact.

Emotional Health & Wellbeing Resources

The revised [Emotional Health Directory](#) has been positively received by professionals with the new improved layout allowing users to easily navigate via a thematic search or the Thrive quadrants. The directory is refreshed on a quarterly basis ensuring that the information is up to date and relevant.

Emotional Wellbeing Directory

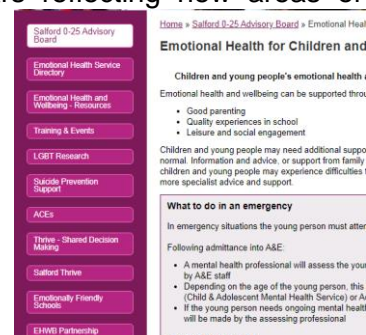
Anger / Aggression	Depression	Mental Health
Antenatal	Distressed Behaviour	OCD
Anxiety	Early Years	Parenting
ADHD	Eating Disorders	Psychosis
ASD (Autism Spectrum Disorder)	Fostering / Adoption / LAC	Sexual Health
Bereavement	General Wellbeing	Substance Misuse
Bullying	Housing	Suicide (incl. self-harm)
Confidence / Self Esteem	LGBT	Young Carers

NHS NHS 111 - if you're worried about an urgent medical concern, you can call 111 to speak to a fully trained adviser.

A dedicated webpage on the EHWB webpages was created in June 2019 to host the directory to enable effective analysis of the professionals accessing the document. Between June and January 2020 there have been 493 views of the webpage, averaging 70 visits a month, with people spending on average just over 2 minutes on the page.

Young people and families also have access to the directory via the [WUU2](#) webpages and Salford's [Local Offer](#).

The EHWB web pages have developed over the last 3 years reflecting new areas of development and strategies, providing professionals access to a range of information, training and events, resources and tools. Recent additions include [Shared Decision Making](#) to support professionals involving children and young people in shared decision making about their own EHWB. Following the Trauma and adversity, risk and resilience event in the summer information has been included on the [website](#) to provide an overview of local, regional and national work being undertaken in this area along with links to resources, online training and tools.



GP Engagement

GPs have played an important part in the development of the online Emotional Health Directory – following a presentation at the CCG Members event in November 2018 the feedback was positive but the GPs felt it needed to be presented in a more accessible way. Taking the comments on board led to the development of the current online directory which contains a lot of information (80 pages), however by utilising hyperlinks the document is much easier and quicker to navigate.

Attendance at the Salford Practice Managers Group in September 2019 provided the opportunity to promote recent developments across both Salford and Greater Manchester linked to the children's emotional health and wellbeing agenda. The group were updated on the progress of the GM Crisis Care Pathway, and were given an overview of the Thrive framework and information on the revised directory and linked resources. The practice managers took this information away to update their own individual practices including clinicians and staff that may be involved with the EHWP of children and young people in Salford.

Thrive Communications update

Salford City Council continues to lead on communications for children's emotional health and wellbeing and Thrive work. In 2019, our communications work included:

- ✓ Launch of Emotionally Friendly Schools website
- ✓ Launch of new versions of Emotionally Friendly Schools manuals
- ✓ Marketing activity to promote EFS programme to schools outside of Salford
- ✓ Ongoing, regular communications to schools who have signed up to the EFS programme
- ✓ Social media based around topics such as suicide prevention and relevant national days
- ✓ Local Offer website updated to include information on EHWP and link to the online Emotional Health directory
- ✓ Promotion of the parent peer network
- ✓ Implementation of the GM Crisis Care Pathway
- ✓ EHWP pages hosted on the Partners In Salford website regularly updated and new pages created as the work programme developed
- ✓ Events promoted via SCC social media accounts
- ✓ Continued GP engagement
- ✓ Salford Thrive branding developed
- ✓ Regular email bulletins circulated via the Thrive distribution list

Measuring success – Emotional health and wellbeing

The Emotional Health and Wellbeing data dashboard is updated quarterly and includes a wide range of emotional health and wellbeing activity in the city, including data / progress from national indicators. The dashboard is regularly shared with our Thrive Partnership for comment and feedback and an annual report is produced at year end. Please see below and at Appendix 3 for our full year dashboard for 2018-19.



2018-19 EHWP
Dashboard - Data cor

Performance against National Key Performance Indicators (KPIs) / Targets: is monitored both locally and at GM level to ensure we are continuing to improve access to children and young people's mental health services for those who need it, and for urgent / routine access to specialised eating disorder services. Performance is monitored and reported locally through the CCG / Council performance management system (Pentana) and is included in both the dashboard and in assurance reports to CCG and Council boards / committees. The GM Mental Health Board and Future In Mind (CAMHS Commissioners) Group regularly receive performance reports on access and waiting times and is supported by a dedicated Data Club that continues to develop and improve consistency and performance measurement of children's mental health service delivery and outcomes. See attached GM performance report below and at Appendix 4.

Salford continues to perform well against national KPIs and assurance reports throughout 2018 and 2019 provided evidence that Salford's CAMHS Transformation Plan and associated investment has made a real impact, delivering improved support for children and young people's mental health. There is increased access to help for those that need it, with more young people receiving support than ever before. The Salford Thrive programme consistently delivers and indeed exceeds national targets set out in the Five-Year Forward View. See *Section 3 for details of performance against KPIs in 2018 and 2019 to date.*



GM CYPMH data jan
2020.pptx

Wellbeing measure: In 2018, Salford undertook its first citywide wellbeing measure of children and young people in schools. The Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS) was administered across pupils in yr. 4, 8 and 12. 15 primary schools, 4 high schools and the college took part in the survey and the results were collated as a baseline measure and shared with schools. The levels of wellbeing across schools in Salford were found to be fairly consistent between schools based on the questions asked. There was a possible correlation between deprivation and wellbeing identified, but the sample size was small and therefore unreliable. This first survey will provide a baseline for measuring progress and improvement over the long term in children's wellbeing through pupil wellbeing in our schools.

In late 2019, a second measure took place across Salford in the same year groups. These results are being collated and will be available in spring 2020. The results of the survey will be included in each school's School Health Profile. This measure will continue annually and data will be collated over time to monitor wellbeing across these year groups.

5.

Ambition 5: Future Priorities for 2020-21 in [Section 7](#)





Ambition 6: Giving children & young people a voice



Priorities for 2019-20 were:

- Develop and implement an action plan to establish new approaches to CYP engagement; establishing a working group of the EHWP partnership and co-producing and involving CYP
- Produce and publish CYP friendly version of Transformation Plan
- Establish links with GM Voice of Child and engagement work
- Continued delivery of the Dramas in Schools
- Continuation of the LGBTQ+ working group and involving LGBTQ+ young people in evaluation
- Implementation of the OJC EHWP project and further learning from delivery of this on needs of young people in the OJC community
- Ongoing monitoring of service user feedback in contact management process



Engagement with children and young people

In Salford we have undertaken a range of children and young people's engagement over the last 5 years for the Thrive Programme including co-producing the Ambitions with young people in the city which are used as a framework for this report and previous years.

Partners and commissioned services undertake engagement with children and young people as part of their routine service delivery as described elsewhere in this report, such as young people who are part of LGBTQ+ groups who have co-produced the service delivery model.

Young people review of our ambitions

We ran three focus groups with children and young people, two groups included parents. Participants we spoke to are currently engaged with our service providers and Thrive partners. These groups were undertaken to give young people in Salford an opportunity to feedback regarding their experience of the Ambitions and of local services. These groups were:

- Eccles Youth Group
- CAMHS Participation Group
- Worsley, Ellenbrook, Boothstown and Swinton (Girls Group) or WEMBS

The focus group questions were designed around the ambitions, asking each group to reflect on each ambition and then answer for each, if the ambition still reflected their needs, is there anything missing from the priorities offered. Finally, each group were asked which comment in the session was the most important and if anything unexpected arose in discussion.

Ambition 1: Improved awareness and understanding - responses



All children and young people agreed this ambition was still relevant. Trust was raised often as an important feature in their EHWP needs. Missing issues were described as: not enough information for all teachers, OJC schools and other private schools may be left out. Some young people listed issues such as body

dysmorphia, bullying and anxiety as those who affect them and stated they felt more support was needed prior to crisis.

Ambition 2: Timely access to support – responses



There was agreement that Ambition two is still relevant. Children asked for more choice, some had had an opportunity to do art therapy and creative options which also tackled EHWB, they felt there was not enough of that overall. One benefit of that kind of group is the concurrent focus, it takes the pressure off the emotional issues. Two groups asked for a set room where they could take time out in school, some schools do offer this however not all do.

Ambition 3: Targeted support - responses



This ambition is still relevant; all children and young people agreed. Some group members responded that appointments in school or closer to home would be a benefit, some disagreed and were happy to travel to CAMHS. There was a strong sense that choice was important. Crisis prevention was raised again, this was a common theme.

Ambition 4: Parental support - responses



This theme was seen as still relevant however it also provoked differences of opinion. Some children felt they wanted to see the parents accessing more support yet others were concerned about confidentiality because “parents and children have different friendship groups and things might be discussed with the wrong people.”

Ambition 5: Transparency and accountability - responses



This ambition was considered important but one person commented there was no mention of the word “honest.” A main theme of the discussion here was around adults keeping promises. Some ideas for what could be added to services - drop ins in school, more school counselling, a map or directory of support or clearer / better information of what to expect.

Ambition 6: Giving children and young people a voice - responses



All children and young people agreed this was vital. There were concerns there could be a backlash on social media, despite it being a good, potentially anonymous, option. Y7, Y10 and Y11 are high stress points so standard appointments at these times would be good. Some people felt more year groups needed to see the drama performances or have additional opportunities.

Most important comment:



Schools not listening and more supportive teachers, a chill out room in school that doesn't look like a classroom. The right help when you need it, so you don't get to crisis.



Most unexpected comment:



Two groups stated they did not hear an unexpected comment in the focus group. A third group felt there was a strong lack of trust overall between adults and children. They stated this as unexpected.



Case study: Emerge

This year **Emerge** have been working on the development of the refreshed CAMHS Web Site. Young people, parents and other professionals were consulted about what they would like to be included in the Web site update.

Emerge staff offered Project Pride, where we invited in young people to experiment with Make, Art and Photography to make a Collage to celebrate Pride 2019.



Case study: 42nd Street

42nd Street were commissioned to pilot the Integrated Community Response Service in Salford with partners. The ICR service sees young people in their settings and links in with Early Help, social care and statutory and VCSE partners across Salford. This service is designed to offer YP support when they need it to appropriately escalate or de-escalate and keep young people at the heart of decision making. At the end of the initial pilot stage a comprehensive independent evaluation was completed by the Anna Freud Foundation, and this found that 'engagement' of young people was integral the success of the service. This learning has helped 42nd Street to further develop their engagement work across all aspects of their work.

The Anna Freud Evaluation identified that ICR focus on engagement was central to delivering positive outcomes.

They identified the following areas of good practice:

- Engagement is critical to building trusted relationships, which is essential given the proportion of young people who have attachment and trust issues
- Engagement improves take up of therapeutic interventions, and therefore leads to improved outcomes
- 'Designing in' engagement work should be a priority in service development for this cohort of young people
- Engagement is most successful when services can be flexible, is offered in convenient places with staff who are able to work 1-1 and create a positive therapeutic relationship
- Third sector providers are well placed engage young people, and to liaise with statutory partners
- Evidence is that some young people struggle to engage with CAMHS in its current form, and there is a need for good advocacy and appropriate escalation and de-escalation pathways



Case study: Seldom Heard



Following consultation sessions with groups of young people the theme of mental wellbeing was selected for the event. Staff from Salford CVS identified a number of young people's groups operating within the City and made contact with them to explore their involvement in the event.

Members of Salford Youth Council also attended to support the facilitation of the event along with Salford CVS Staff. They did a sterling job of signing visitors in and escorting them to the correct places. They also supported Salford CVS staff with signing up City Leaders to listen to the groups of young people and ensuring that every group had at least eight city leaders to talk to during the course of the evening.

There were 20 city leaders in attendance from Salford City Council, Salford Youth Justice Service, Salford NHS CCG, Elected Members and Leaders of VCSE organisations. The leaders were provided with a briefing which asked to allow the young people to speak uninterrupted for around 5 minutes, for them to listen and consider the requests and recommendations and to commit to following up with pledges.

Salford CVS will inform the young people who participated in the Seldom Heard Event of the pledges that have been made to date and will continue to follow up the City Leaders who have not yet made pledges.

We will hold a follow up event with the young people and city leaders in May or June 2020 to receive update on the progress that has been made against the pledges.

Future plans

Our Thrive subject matter expert work includes engagement with children and young people and is underpinned with Salford workers participating in Shared Decision Making training delivered by GM. We are in the process of growing this delivery by building an Engagement Facilitator Group of professionals such as youth workers, teachers and third sector group leaders who work directly with children and young people from a range of areas / communities. These leaders will be able to engage a range of young people to involve them in all aspects of commissioning and delivery, to seek feedback, consult, run focus groups and to engage young people in service design and reviews when appropriate. Through increased involvement of young people in Salford's Thrive agenda we hope to ensure that services and pathways are fit for purpose and meet their needs and expectations. Key partners are CAMHS, 42nd Street, IYSS, Healthwatch and CVS. Plans for 2020 include full review by young people of our Ambitions and work to date, and to develop a young people's engagement plan with young people themselves.

Drama Workshops in secondary schools

Salford CCG has commissioned Odd Arts annually for the past 3 years to deliver drama performance workshops which engage and support Year 9 pupils across Salford to discuss

issues such as self-harm, anxiety and suicide. The dramas have been co-produced with young people based on their issues of concern and are supported by our commissioned services. Every year the evaluations have been very positive with thousands of young people engaged and talking about mental health. A review of the Odd Arts provision and 2018-19 delivery has now been completed and shows increased impact year on year and the Thrive Programme Oversight Group have provisionally agreed to recommission this for a further school year (2019-20). After this school year (2019-20) has been evaluated, we plan to update our specification and re-commission this work for up to three years.

During April and May 2019, a total of 2762 students took part. This represents an increase of 60% from 2018 (1740), with 20 places of learning participating in the performance workshops. The performance was delivered for the first time to a Jewish girls' school (Beis Malka Belz). The theatre company worked closely with the school to develop a culturally acceptable version of the play which was delivered to teaching staff. The aim being that staff would feel more able to have discussions with students and better identify signs and symptoms. The staff workshop was extremely successful. The plan is to build on this for 2020 and eventually work with a cohort of students.

The forum theatre gave young people the chance to try out realistic ways to support one another through mental health challenges. Many young people used this as a chance to first practice even talking (without stigma) about mental health. It also offered an opportunity for young people to try out how to ask for help and look for support.

Evaluation over the past three years demonstrates a significant improvement in teacher knowledge about mental health and self-harm (see section 6). This correlates with an increase in pupils stating that the place they learned most about mental health and safe harm is school (20% increase).

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) update

The **LGBTQ+** working group, with representatives from Salford CCG, Salford City Council, CAMHS, 42nd Street, Salford IYSS, the Proud Trust and education, continues to meet on a bi-monthly basis.

Key highlights for 2019-20 include:

LGBTQ+ Inclusivity training programme: the development and delivery of a comprehensive training programme aimed at professionals working with LGBTQ+ children and young people and how to support LGBTQ+ people in their work.

Pride in Practice: a quality assurance service that strengthens and develops a GP Practice's relationship with their LGBTQ+ patients in their local community. All of Salford's GP practices have now achieved the award, with work now being undertaken across other primary care, with 7 dental practices and 19 pharmacies achieving the award so far.

LGBTQ+ Resource book: based on the learning and feedback from the LGBTQ+ training programme, the team recommended creating a handbook to support professionals working with LGBTQ+ children and young people. The handbook will complement the training programme, providing more resources for long-term LGBTQ+ inclusivity. The handbook is currently in development and will be published in Spring 2020.

Salford City College borrowed the pop-up exhibition for Walk in My Shoes (created by Salford LGBTQ+ Multiagency Partnership) to display throughout the first week of term at their Salford campuses.

LGBTQ+ youth groups: the weekly LGBTQ+ youth groups for 11-18 year olds are delivered across the city, with groups taking place in Little Hulton, Eccles and central Salford. In January the young people researched and agreed on what events and activities they would like to do with the group, some examples of the activities undertaken by the group includes:



- Creating a campaign for Hate Crime Awareness Week
- In collaboration with Tandem Theatre, the young people worked on a filming project, learning how to use cameras and microphones to tell their own stories
- As part of LGBTQ+ History Month, the young people researched LGBTQ+ artists in history, and wrote of these artists as a part of their Arts Award, which every young person completed and passed.
- 4 day residential to Lledr Hall in Wales
- Participated in Manchester Pride, which included building a float, creating costumes and marching in the Manchester Pride Parade



T & Toast – a trans youth group that meets monthly. The group was created in response to requests from Trans young people who also attend the LGBTQ+ youth groups. The group allows young people to meet other Trans young people, share experiences, give accurate Trans specific advice and guidance as well as allowing YP to make friends and support each other. Running alongside the youth group there is also the “T & Toast” parent group for any parents, guardians or carers of Trans or Non binary children.



In addition to the Salford LGBTQ+ working group representatives are also linked to the following regional and national work streams:

- GM TransAction working group
- GM LGBTQ+ CAMHS working group
- Lancaster University Research: Queer Futures - Identifying & evaluating mental health early intervention services and self-care support for LGBTQ+ young people

GM LGBTQ+ update

The LGBTQ+ mental health project has been co-designed and produced with young LGBTQ+ people, CAMHS providers and VCSE partners. Each CAMHS service in GM has reviewed itself against the “You’re Welcome Standards”, which have been reviewed through a rainbow lens which focus on the experience of young LGBTQ+ people. For example, where the standards state that there should be a welcoming environment, this “rainbow lens” version includes reference to staff having a positive pronoun approach to avoid mis gendering young people.

Following the audit of services against these standards, services have developed action plans for improvement. These will be reviewed by young reviewers who have been trained, 100 CAMHS staff across GM will access LGBTQ+ training which has been tailored to their needs from the audit returns. Additionally, young people will visit each service provider and then meet with two staff from each provider to discuss their actions plans, achievement and learning. This project is designed to improve the experiences of LGBTQ+ people by having better informed services and achieve greater engagement with LGBTQ+ young people. Furthermore, many services are not currently reporting confidence in their monitoring of gender in an inclusive way (including non-binary people) or sexual orientation. Thus through this project we aim to build this confidence and establish a baseline to then review access and outcomes from the LGBTQ+ community accessing CAMHS.

For more information regarding our targeted engagement and support with LGBTQ+ and Orthodox Jewish young people, see under Ambition 3 above.

6.



Ambition 6: Future Priorities for 2020-21 in [Section 7](#)

For details of Salford's Thrive Delivery Plan for 2019-20 (our action plan) please see Appendix 8.



7. Summary of Priorities for 2020-21

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1.

AMBITION 1: Improved awareness and understanding

Priorities for 2020-21 are:

- Develop a support and supervision network to support children's workforce to ensure they receive the support they need to carry out their work safely and confidently
- Explore Salford as a potential GM pathfinder site for roll out of Mental Health Support Teams in schools, building on CAMHS School Link model, EFS and other good practice (via national / GM roll out of Mental Health in Education programme)
- Continued delivery of mental health training and development to develop the children's workforce skills and confidence (local programme and Gm i-Thrive academy)

2.

AMBITION 2: Timely access to effective child-centred emotional and mental health support when needed

Priorities for 2020-21 are:

- EFS implementation in new settings – early years and post 16 education and training
- Finalise and implement new transitions policy and guidance for young people with complex needs, and to support improved mental health transitions
- Implement an integrated eating disorder pathway for young people, with non-interruption of care at age 18 and / or earlier access to adult services if and when needed
- More work on delivering an improved health (including mental health) offer for care leavers, and improved transitions between children's and adult services.

3.

AMBITION 3: Targeted support for the most vulnerable, and improved crisis care

Priorities for 2020-21 are:

- Contribute to the development of a new Inclusion strategy, and ensure that services support the most vulnerable including LGBTQ+, BME, LAC and young carers,
- Implementation of a new needs-led integrated neurodevelopment pathway
- Roll-out of ICRS across Salford's Early Help Hubs
- Implement Peri-natal and infant mental health programme in Salford (including Home-start (see Ambition 4))
- Continued development of our Youth Justice offer, locally and GM programme
- Develop 'risk support' guidance for practitioners to support young people in distress and / or in crisis, experiencing self-harm and suicidal ideation



AMBITION 4: Parental support and programmes for those who need it

Priorities for 2020-21 are:

- Contribute to the development of a Salford Parenting Strategy, in partnership with parents in Salford (to include parent resilience, physical / mental and social health)
- Maintain / develop our neighbourhood parent peer support groups
- Continued co-production of the adult 'Living Well' model, to pilot in one area of Salford from 2020
- Continuation of Home-start baby Bond (as part of new PIMH – see Ambition 3) and implement new support for dads through 'Dads Matter'



AMBITION 5: Transparency and accountability across the whole system

Priorities for 2020-21 are:

- Further development of Salford's Thrive programme to include system transformation, service re-design, improved pathways between services, more integrated working and co-location in neighbourhoods (involving commissioned mental health providers, early help and children's services, IYSS, schools and GPs)
- Continue to use local needs assessments and continued development of the emotional health and wellbeing dashboard to ensure intelligence led commissioning plans
- Undertake review of children's counselling needs and provision to inform future commissioning and investment plans
- Consider the need for extended / more flexible services for young people aged 18-25, learning from Salford's community eating disorder services (see Ambition 2)



AMBITION 6: Children and young people have a voice

Priorities for 2020-21 are:

- Develop an engagement strategy and programme of activities to involve young people in our Thrive (emotional and mental health) work in Salford, to include peer research with 'excluded' groups (links to Inclusion strategy, see Ambition 3)
- Deliver on the commitments to young people involved in the Seldom Heard event in 2019, including a devolved budget for young people to invest in things they want to do to support mental health work in Salford and improved access to services in venues that young people want to go to



9. Glossary of Abbreviations

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4WW	4 Week Wait
AAMHLS	All Age Mental Health Strategy
ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnostic Observation Schedule
ASD	Autistic Spectrum Disorder
ASC	Autistic Spectrum Condition
BME	Black and minority ethnic
BMSLSS	Brief Multidimensional Students' Life Satisfaction Scale
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCN	Collaborative Commissioning Network
CCP	Crisis Care Pathway
CEDS	Community Eating Disorder Service
CORS	Child Outcomes Rating Scale
CQC	Care Quality Commission
CVS	Community and Voluntary Service
CWP	Children Wellbeing Practitioner
CYP	Children and young people
CYWP	Children and Young People's wellbeing Practitioner
DBT	Dialectical Behaviour Therapy
DfE	Department of Education
DNA	Did Not Attend
DoH	Department of Health
EFS	Emotionally Friendly Settings
EHWB	Emotional health and wellbeing
EMDR	Eye Movement Desensitisation and Reprocessing
EPEC	Empowering Parents Empowering Communities
FIM	Future in Mind
FTE	Full time equivalent
GDPR	General Data Protection Regulation
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GMAIRC	Greater Manchester Assessment and In Reach Centre
GMHSCP	Greater Manchester Health and Social Care Partnership
GMMH	Greater Manchester Mental Health Foundation Trust
GMP	Greater Manchester Police
GP	General Practitioner

HNA	Health Needs Assessment
IAPT	Increasing Access to Psychological Therapies
ICRS	Integrated Community Response Service
LTP	Long Term Plan
IYSS	Integrated Youth Support Services
JSNA	Joint Specific Needs Assessment
LD	Learning Disabilities
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and further related identities
MAT	Multi Academy Trust
MFT	Manchester Foundation Trust
MH	Mental Health
MHCC	Manchester Health and Care Commissioning
MHFA	Mental Health First Aid
MHiE	Mental Health in Education
MHPs	Mental Health Practitioners
MHSDS	Mental Health Data Set
NEET	Not in Education Employment or Training
NHS	National Health Service
OJC	Orthodox Jewish Community
ORS	Outcomes Rating Scale
PANDA	Paediatric Assessment and Decision Area
PCFT	Pennine Care Foundation Trust
PCMIS	Patient Case Management Information System
PIMHS	Perinatal Infant Mental Health Services
PRU	Pupil Referral Unit
RTT	Referral To Treatment
SALT	Speech and Language Therapy
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Order
SIT	Service Improvement Team
SRFT	Salford Royal Foundation Trust
SSCB	Salford Safeguarding Children Board
SSCP	Salford Safeguarding Children Partnership
TCS	Transforming Care Salford
UASC	Unaccompanied Asylum Seeking Children
VCSE	Voluntary Community and Social Enterprise
YJS	Youth Justice Service



Key Links

[Future in Mind](#)

[Five Year Forward View for Mental Health](#)

[NHS Long Term Plan](#)

[NHS Planning Guidance](#)

[NHS Long Term Plan Implementation Framework](#)

[NHS Mental Health Implementation Plan](#)