

**Greater Manchester Local
Transformation Plan
2021/2022
Children and Young People's
Emotional Health and
Wellbeing**

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1. Introduction

- 1.1 Since 2016, each of the ten boroughs or localities which constitute Greater Manchester have produced individual Local Transformation Plans (Long Term Plan's) which have been refreshed on an annual basis to reflect achievements, challenges and locality priorities. These Long Term Plan's are publicly available documents published with the intention of outlining each locality's plan for the delivery of children and young people's mental health services, as well as demonstrating how each locality is working towards the national targets.
- 1.2 This document sets out the strategic and operational direction and ambition for children and young people's mental health services at a Greater Manchester level. Within this there is a focus on both quantitative measures e.g. approach to meeting national targets and qualitative measures e.g. improving the experience of mental health services.
- 1.3 This document also contains sections, as listed in the index on page two, on all of the areas of children and young people's mental health which form the Greater Manchester health and Social Care Partnership's Transformation Programme. Each section outlines the strategic context for the area of work, what has been achieved to date, response to COVID-19- and future plans.
- 1.4 The NHS Operational Planning and Contracting Guidance 2017-2019 set out the requirements for CCGs to deliver and implement the Mental Health Five Year Forward View. For children and young people, the three requirements are detailed in sections 1.5, 1.6 and 1.7 below.
- 1.5 **Greater Manchester Mental Health Strategy**

The Greater Manchester Mental Health Strategy is at the heart of the Greater Manchester Health and Social Care Partnership which is derived from the 10 Greater Manchester Clinical Commissioning Groups and Councils and is strengthened further by representatives from NHS England Specialised Commissioning and Population Health.

They key areas of focus of this strategy are:

Prevention - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.

Access – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.

Integration - many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.

Sustainability - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health

1.6 Data Strategy

Content tbc

1.7 Implementing the Five Year Forward View for Mental Health (2016): Children and Young People Increased Access Trajectories

At least 35% of Children and Young People with a diagnosable mental health condition receive treatment from a NHS-funded community mental health service.

The table below shows the progression in targets for improving access and waiting times from 2016/17, and how this translates into increased target numbers for Greater Manchester children and young people.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of Children and Young People with a diagnosable Mental Health condition receive treatment from an NHS-funded community Mental Health service.	28%	30%	32%	34%	35%
Number of additional Children and Young People treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000
Number of additional Greater Manchester Children and	1,176	1,960	2,744	3,528	3,920

Young People treated over 2014/15 baseline					
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An overview of the Greater Manchester locality positions in relation to these targets as at September 2020 is given below:

	Actual number of CYP receiving treatment in last 12 months	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosable mental health condition	Percentage access rate (2020/21) last 12 months. Target 35% (by end 2020/21)
ENGLAND	407,156	250,489	1,060,949	38.4%
North West	60,035	37,970	146,064	41.1%
Greater Manchester	26,830	16,610	59,099	45.4%
NHS Bolton CCG	2,330	1,535	6,484	35.9%
NHS Bury CCG	1,855	1,215	3,877	47.8%
NHS HMR CCG	3,270	2,050	5,086	64.3%
NHS Manchester CCG	6,605	3,935	12,364	53.4%
NHS Oldham CCG	1,950	1,160	3,965	49.2%
NHS Salford CCG	2,815	1,800	5,445	51.7%
NHS Stockport CCG	2,670	1,520	5,400	49.4%
NHS Tameside and Glossop CCG	2,260	1,485	5,485	41.2%
NHS Trafford CCG	915	605	4,593	19.9%
NHS Wigan Borough CCG	2,160	1,305	6,400	33.8%

1.8 Implementing the Five Year Forward View for Mental Health (2016): Community Eating Disorder Services (CEDs)

Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases

Source NHS Digital: Data shows Children and Young People ED waiting Times for Urgent at December 2020

Children and Young People Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)

	Mar-20	Jun-20	Sep-20
ENGLAND	80.5%	87.8%	85.3%
NORTH WEST ENGLAND	100.0%	96.6%	100.0%

GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP STP (ICS)	97.6%	97.5%	100.0%
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Children and Young People Eating Disorder Waiting time - Routine (rolling 12 months - quarterly for national & regional)

	Mar-20	Jun-20	Sep-20
ENGLAND	80.5%	87.8%	89.6%
NORTH WEST ENGLAND	100.0%	96.6%	99.3%
GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP STP (ICS)	97.6%	97.5%	98.6%

Source NHS Digital: Data shows Children and Young People ED rolling waiting times for Routine at December 2020

	Mar-20	Jun-20	Sep-20
ENGLAND	84.4%	86.8%	89.6%
Greater ManchesterHSCP	95.9%	97.6%	98.6%
NHS BOLTON CCG	93.3%	96.3%	100.0%
NHS BURY CCG	100.0%	*	100.0%
NHS HMR CCG	86.7%	85.0%	90.9%
NHS MANCHESTER CCG	100.0%	100.0%	100.0%
NHS OLDHAM CCG	*	*	*
NHS SALFORD CCG	100.0%	100.0%	100.0%
NHS STOCKPORT CCG	97.4%	96.4%	97.7%
NHS TAMESIDE & GLOSSOP CCG	*	*	*
NHS TRAFFORD CCG	91.7%	96.3%	96.8%

NHS WIGAN BOROUGH CCG	84.6%	95.2%	100.0%
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Source NHS Digital: Data shows Children and Young People ED rolling waiting times for Urgent at December 2020

	Mar-20	Jun-20	Sep-20
ENGLAND	80.5%	87.8%	85.3%
Greater ManchesterHSCP	97.6%	97.5%	100.0%
NHS BOLTON CCG	100.0%	100.0%	100.0%
NHS BURY CCG	100.0%	*	100.0%
NHS HMR CCG	60.0%	60.0%	100.0%
NHS MANCHESTER CCG	100.0%	100.0%	100.0%
NHS OLDHAM CCG	*	*	*
NHS SALFORD CCG	100.0%	100.0%	100.0%
NHS STOCKPORT CCG	100.0%	100.0%	100.0%
NHS TAMESIDE & GLOSSOP CCG	*	*	*
NHS TRAFFORD CCG	100.0%	100.0%	100.0%
NHS WIGAN BOROUGH CCG	100.0%	100.0%	100.0%

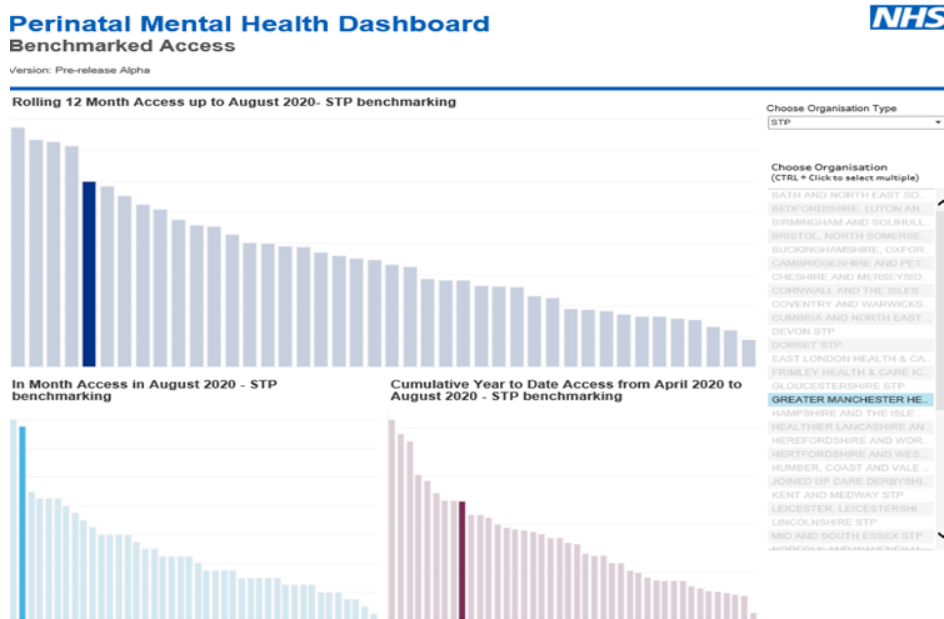
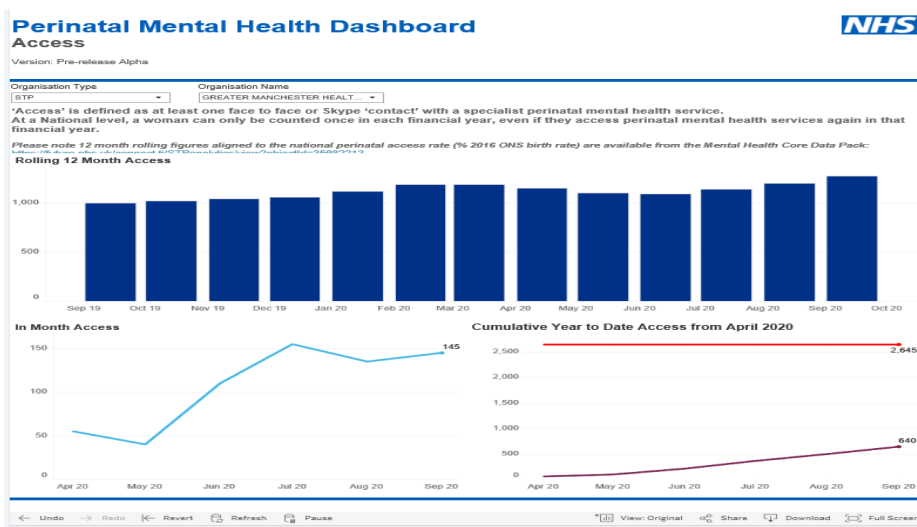
1.9 Implementing the Five Year Forward View for Mental Health (2016): Perinatal and Infant Mental Health (PIMental Health)

Increase access to evidence-based specialist perinatal mental health care, in line with the requirement to meet 100% of need by 2020/21, and ensure that care is in line with NICE recommendations

Future in Mind (2015) published by the Department of Health prioritised the enhancement of Perinatal Mental Health Service as a key step to promoting, protecting and improving children and young people’s mental health and wellbeing. NHS England committed to fulfilling the ambition in the Five Year Forward View for Mental Health so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

In Greater Manchester (Greater Manchester), this work has been taken forward and the current status of the Greater Manchester approach can be seen in the tables below.

In regards to Perinatal and Infant Mental Health, the access target for Greater Manchester is 2645 at March 2021. Greater Manchester Access is increasing monthly however we are still somewhat short target for year end.



2. Greater Manchester Health and Social Care Partnership – Working Together

- 2.1 Following the issue of the Future in Mind Review and the Five Year forward View, the Greater Manchester Health and Social Care Partnership established it was clear that a considerable amount of Future in Mind transformation planning and commissioning was best done to scale across the Greater Manchester footprint rather only at a single LA/CCG footprint.
- 2.2 Greater Manchester, in line with devolution and related devolved powers, made a clear commitment to develop the current provision of mental health services, working towards parity of esteem. This includes taking collaborative action in making full use of the targeted Children and Young People’s mental health investment in localities, clusters and across Greater Manchester; supporting activity linked to refreshed Local Transformation Plans (Long Term Plans) devised to deliver the ambition set out in Future in Mind (FIM) . This guidance emphasises the need for joined-up commissioning and provision. To support this system alignment, a Greater Manchester Future In Minds Delivery Group was set up in 2016 as a consortium of all 10 x Greater Manchester Clinical Commissioning Groups with representation from other stakeholders and partners when appropriate. This group has since changed its name to the Long Term Plan Group in light of moving on from the original Five Year forward View.

3. The THRIVE Model

3.1 **Future in Mind 2015 and the Five Year Forward View** set out a vision to improve children and young people’s mental health, not just through new government investment but through a cultural shift and transformation of the whole children’s system and model of care. The report suggested that local Transformation Partnerships consider adopting the THRIVE conceptual framework to organise the commissioning and delivery of care for children and young people

3.2 THRIVE/ITHRIVE is a new conceptual model that provides a practice and service development framework to support the redesign of Greater Manchester’s Children and Young People mental health and wider workforce. The model developed and introduced by the Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust redefines the Tiered Model of children and young persons’ mental health care and the continuum of need that was a cornerstone of “Every Child Matters.” Both models have increasingly been used to determine thresholds of intervention rather than providing the supportive asset based approaches to providing care that had been intended when each model was conceived.

THRIVE emphasises the value of building on individual and community strengths, and places children, young people and families as equal partners in the delivery of support, help and care. Children young people and their families are supported to be active decision makers in the process of choosing the right approach for them and their families.

The THRIVE framework enables a revitalisation of supportive asset based approaches rather than the “escalator model” of care through which help is mediated by increasing severity or complexity, with service provision only being delivered for those who are regarded as having the highest risk, severity, and complexity.

The framework supports Greater Manchester Health and Social Care Partnership’s vision to develop more resilient communities and individuals who are better able to access community assets and become able to build on personal assets and strengths.

3.3 THRIVE in Greater Manchester

Since 2015 all of Greater Manchester’s Local Transformation Partnerships have provided awareness raising about the THRIVE model and delivered training to enable staff to develop the skills and competencies they need to help young people within the context of the both the presented need and the setting staff are working in – redefining the graduated response to need. It is planned that the THRIVE training and Development Hub/Academy will provide this function.

3.4 Key Objectives from original transformation fund proposal:

Via a whole system workforce development and transformation programme create a service culture, principles, and service delivery, that reflects an asset based approach to the provision of help, and by so doing revise care pathways that ensure care is delivered for Children and Young People & their families at the right level of intensity, at the right time and in the right place

Greater Manchester i-THRIVE Academy has rolled out the following training across the whole of Greater Manchester:

- Shared Decision Making
- Advice & Signposting
- Risk Support
- When to end treatment

We have also recruited 5 Greater Manchester training leads to continue to advice and signposting and risk support. We have worked with all 4 Mental Health providers to jointly deliver when to end treatment making this sustainable to be delivered back in Child and Adolescent Mental Health Services services.

Revised care pathways aligned to THRIVE are happening across Greater Manchester such as PIMental Health pathway in Stockport, ASD pathway in Manchester, low mood Tameside etc. (see implementation stories)

Created an e-learning module on THRIVE with MFT which is being rolled out across Greater Manchester through NHS.

- Extend Greater Manchester's Local Transformation Partnerships' ability to collaborate and benefit from economies of scale.

Greater Manchester i-THRIVE Community of Practice where good practice on implementing THRIVE has been shared. The work currently being undertaken in regard to Arts & Culture and Mental Health aims to share opportunities for commissioning across Greater Manchester or within localities. Most of the work for THRIVE has been sharing good practice/learning/innovation.

- Utilising learning gained from the implementation of Adverse Childhood Experiences (ACEs) & Routine Enquiry About Childhood Adversity (REACH) delivered in Blackburn with Darwen and research undertaken by John Moore's University, the programme will support the development of a system-wide, shared understanding of the impact of Adverse Childhood Experiences (ACE) and the development of trauma aware interventions (REACH (Routine Enquiry about Adversity in Childhood – REACH).

Trauma and Adversity has now become a Greater Manchester programme of work and is in its early stages. The Greater Manchester i-THRIVE team has been instrumental in bring a whole system approach to trauma and adversity to the Greater Manchester Reform Board. This work links with the supervision/consultation module for THRIVE, the resilience hub work and the whole THRIVE framework.

- Through the delivery of training relating to evidenced based intervention that reflect the THRIVE informed continuum of need consolidate and improve the core competencies for staff working with children and young people in all settings – from sports clubs,

scouts/guides through to very specialist settings staff have the core competencies and confidence to help children and young people who are involved with their setting.

Greater Manchester i-THRIVE has delivered training. We have also undertaken a wider skills audit which went to all workforce (except for Child and Adolescent Mental Health Services which has already had its own skills audit) to identify what training and skills is needed in the wider system – this audit has gone to the Greater Manchester workforce steering group and currently planning is happening about response to the audit's findings. Reports have been produced for localities who are using these to do their own training planning.

- Learning will be consolidated through the development of THRIVE/REACH informed supervision in each agency, supported by action learning groups/networks for supervisors providing support for front line staff to embed new ways of working into daily practice.

Greater Manchester i-THRIVE consultation module took place in October 2020 and aimed to support localities to think strategically about the importance of consultation being part of Child and Adolescent Mental Health Services offer into 'place' and into services who work with those Children and Young People more at risk of developing Mental Health issues.

- Development of local cross agency/service action learning groups to enable front line staff to explore new ways of working in a supportive way. The embedding of new ways of working are supported via local communities of practice and via the mental health support for education settings workstream

Every locality has undertaken an engagement workshop which has been multi-agency. Each locality has received funding to help support more workshops to take place within their locality all on a multi-agency basis to inform THRIVE implementation. There have been 4 Greater Manchester i-THRIVE Community of Practice which have taken place with over 100 attendees at each one. We have also undertaken topic specific multi-agency community of practice such as Risk Support (connecting with other Greater Manchester programmes such as complex safeguarding and no wrong door), Arts & Culture CoP unfortunately had to be cancelled due to COVID-19 but we did an information sharing month on arts and culture and signed up arts ambassadors.

- The embedding of learning and new ways of working will be supported by voluntary sector partners delivering aspects of the Mental Health Support in Education settings programme. This programme will used to pilot THRIVE informed new ways of working that will be evaluated as part of the impact assessment of the THRIVE programme

Schools have accessed some of the i-THRIVE training – THRIVE is part of mentally health schools work but needs to work closer together. There are some great examples of schools working in a THRIVE like way. It is essential that the Mental Health in Education is THRIVE aligned and connected with the system. Mapping workshops which have taken place in localities supports this.

- Through locally commissioned and delivered Action Research evaluate the impact of the THRIVE/ACE/REACH training and development programme in different settings and across the different quadrants of service delivery (from Thriving/Coping through getting help and more help to managing risk support)

We have recruited 2 PhD students who are undertaking a full evaluation of Greater Manchester i-THRIVE and Crisis Care. We also have a comprehensive outcomes framework which will feed into this which includes surveys to the whole workforce and children and young people. All THRIVE training is evaluated.

Outcomes from original transformation bid

- We will identify how far have local services adopted THRIVE values and principles? Are models of good practice already in place?

As part of our Greater Manchester i-THRIVE Outcomes Framework all localities complete a maturity matrix on implementing THRIVE annually. We have also completed initial intelligence gathering tool from all localities to see how far along the actual implementation localities are at the beginning of the programme as a baseline. We have undertaken surveys to our children and young people workforce and our children and young people who access Child and Adolescent Mental Health Services and those who have been signposted to start to evidence the embedding of THRIVE at a service level. There are also implementation stories (case studies) to share models of good practice.

- The same process will be used to identify where ACE/REACH (Routine Enquiry about Adversity in Childhood)/trauma informed services are in place or being developed

Data has been gathered on Trauma and Adversity across Greater Manchester which has fed into the Trauma and Adversity proposal which went to the Reform Board. Next steps to send a survey across all 10 localities to understand all the different types of training which is taking place and whether this is in-house or commissioned in.

- Developing and “socialising” Greater Manchester THRIVE/ACE/REACH/Trauma informed multi-agency values, principles and culture - feedback from staff if their approach and values informing their work with Children and Young People has changed after they have received information/training

We have created evaluation forms for all of our training and the workforce surveys will capture whether THRIVE system change is happening on the ground. Surveys capture whether this is filtering down to frontline staff.

Whole system vision has been delivered across the conurbation to managers to understand the whole system change that is taking place and their role in this.

- Engagement with senior leaders/managers at local and Greater Manchester level to develop senior management “sign up” and support/permissions to enable middle and front line managers to participate in a THRIVE/ACE/REACH informed supervision development programme - Feedback from middle and senior managers about the impact of training and development has had upon practice culture and caseload activity

All 10 localities strategic boards have received an overview of THRIVE including Greater Manchester boards. Strategic Vision presentations have been given across Greater Manchester to service managers.

- GAP analysis – identifying unwarranted variation across localities and Greater Manchester.

Initial intelligence gathering tool and maturity matrix has helped with this but more recently a Greater Manchester i-THRIVE standards have been drafted – measurement against these standards is going to take place in January 2021.

- Development of local plans to address variation and extend the implementation THRIVE/ACE/REACH informed transformation – there will be local variation and therefore variation in local plans that reflects differing community needs and level of investment and system engagement with an implementation of the model

All localities have their own THRIVE implementation plan and are implementing THRIVE at different rates and in different ways. Understanding the current system with quantitative and qualitative feedback is essential for designing what transformation needs to happen to implement the THRIVE Framework. The original implementation plan is too vague due to the framework being conceptual. Recently the THRIVE team have been successful in articulating what this framework would mean in reality and THRIVE standards have been drafted to reflect this.

What has been achieved by Thrive to date?

2018

- July 2018 – Programme Team in place
- Sept-Nov 2018 –
 - Presented at all 10 locality strategic boards
 - Met with all 10 locality leads and draft implementation plans agreed
 - Began locality engagement workshops
- Nov-Dec 2018 –
 - Outcomes Framework & Surveys agreed by steering group
 - SME monies for localities
 - CoP

2019

- Greater Manchester i-THRIVE Training Academy launched with Shared Decision Making
- Getting Advice and Signposting Training

- Risk Support Training
- Risk Support Workshop
- Arts and Culture Mental Health lead and data co-Ordinator in post
- Training leads recruited
- Engagement workshops undertaken in each locality
- Implementation stories
- Recruitment of PhD students for evaluation
- i-THRIVE Grids workshop
- One year on report
- CoP with over 350 members (4 events already held)

2020

- Grids training
- Development of i-THRIVE Grids
- THRIVE overview e-learning module developed
- Whole system presentation completed for each locality
- Advice and signposting training delivered virtually and localised
- Consultation Module
- Greater Manchester Youth Mental Health Arts and Culture Evaluation Kit launched
- Arts and Culture month including recruiting arts ambassadors
- Greater Manchester i-THRIVE Standards drafted
- Discussions re. all age THRIVE
- Training needs analysis of the wider workforce
- Proof of concept arts programme taking place in 4 Child and Adolescent Mental Health Services services

Academy

- In 2019 - **297** professionals from across the system of support for children and young people's mental health have received training in at least 1 of the modules.
- In 2020 (COVID-19) –**332** professionals from across the system of support for children and young people's mental health have received training in in at least 1 of the modules (additional modules included i-THRIVE Grids and Consultation).
- Total **628 trained**

- Successfully moved our training to virtual training for advice and signposting and when to end treatment. Co-delivered when to end treatment with a lead in each Mental Health provider to ensure sustainability of this training in Child and Adolescent Mental Health Services. Although this training has been recognised as useful for other professionals such as YOS (needs to be explore further)

Surveys

- Since 2019, we have surveyed 223 Child and Adolescent Mental Health Services colleagues and 535 colleagues from the wider workforce to help understand how the Thrive Framework is being implement in Greater Manchester.
- In addition, 231 children and young people engaged with Child and Adolescent Mental Health Services services and 138 children and young people who have been signposted to other services have been surveyed to gather an understanding of their experience of services.
- To understand the training needs of the wider children's workforce, 554 colleagues were surveyed and the findings have been fed back to each locality to help inform the direction of training.

Training

- Since moving two of the core Thrive modules (When to End to Treatment and Getting Advice and Signposting) to online delivery, 93% of attendees rated their experience of training as either Good or Very Good.
- 86% of those attending the online training stated that the content of the training either Met or Exceeded their expectations. In addition, 91% stated that the content of the training was either Relevant or Very Relevant to their work.

Evaluation

We have evidence of implementation shown in self assessments, surveys, project implementation and implementation stories (case studies) all of which are available if commissioners want to see.

Surveys

- Since 2019, we have surveyed 223 Child and Adolescent Mental Health Service colleagues and 535 colleagues from the wider workforce to help understand how the Thrive Framework is being implement in Greater Manchester.
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Next steps

- From survey data we know we need to focus on embedding THRIVE in Child and Adolescent Mental Health Services – through engagement workshops with Child and Adolescent Mental Health Services managers, tailoring training, supporting Child and Adolescent Mental Health Services with their ‘flow’ aligned to THRIVE, supporting risk support and AMBiT training and supporting a good, articulated advice and signposting offer.
- Target intensive support to those localities who are at the beginning stages of embedding THRIVE
- Developing training to be more sustainable using the e-learning platform tailored to the different workforces where relevant
- Support localities in evaluating the service transformation to understand impact especially on Children and Young People and families.

4. Crisis Care Pathway

Background and context

The original transformation programme (fig.1) comprised seven elements which were planned to be implemented by March 2021. Five of these were funded via Greater Manchester HSCP transformation monies with the remaining two (in pink) funded via Five Year Forward View CCG monies. Over the course of the 3 year programme, the crisis bed element was reviewed and adapted (fig.2) and a new pilot was rolled out to support paediatrics.

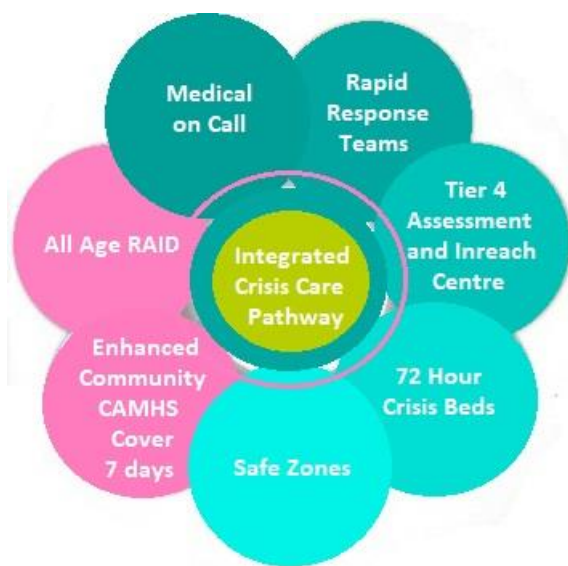


Figure 1



Figure 2

The overarching aim of the programme was to build a Greater Manchester-wide, whole system crisis care pathway that provided a high quality and timely response to young people in crisis and their families which was accessible across 7 days. The pathway aimed to be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

Proposed benefits were a reduction in A&E attendance, a reduction in admissions to paediatrics and specialist mental health inpatients and reduced demand on community Child and Adolescent Mental Health Services for initial appointments and 7 day follow ups.

Key achievements

- 4x Rapid Response Teams implemented providing consistent crisis response 8am-10pm 7 days a week across the whole of Greater Manchester. Provide risk assessment, management and reduction in the community for up to 72 hours avoiding A&E attendances and paediatric admissions. Many appointments offered online due to COVID-19 and face to face maintained where clinically indicated.
- Greater Manchester Assessment and Inreach Centre launched undertaking Access Assessments on behalf of Pennine Care Foundation Trust and Greater Manchester Mental Health to support decision making where specialist mental health inpatient admission is being considered. Support repatriation of young people placed outside of Greater Manchester and support inpatient providers where young people are experiencing delayed discharge. Single point of access for referrals into Greater Manchester are due to launch in the first quarter of financial year 2021/22.
- Medical on-call rota stabilised with reduced use of locums. This will ensure Child and Adolescent Mental Health Services medical coverage of all Greater Manchester hospitals out of hours.
- All age mental health liaison service launched across 8 Greater Manchester A&E sites providing 24/7 mental health assessment within 1 hour of presenting to A&E. Referral route implemented from Mental HealthL to Rapid Response Teams to facilitate quicker discharge from A&E, reduce paediatric admissions and reduce demand on duty Child and Adolescent Mental Health Services.
- Safe Zone service launched by The Children's Society with 3 other VCSE partners offering a step down model from Rapid Response Teams as well as a first line response to Child and Adolescent Mental Health Services and AAMental HealthL for young people experiencing lower level crisis. 4 sites available across Greater Manchester and young people supported for an average of 7 weeks post initial crisis. Telephone and online offer rolled out during COVID-19.
- We Can Talk pilot launched in 3 Greater Manchester hospitals to build partnerships between Child and Adolescent Mental Health Services and paediatrics via a shared training programme. This training is aimed at hospital staff who deal with children and young people who present at Accident and Emergency departments in crisis. Pilot paused due to COVID-19 but due to relaunch in Spring 2021.

Stabilisation and ongoing development

- Rapid Response Teams and the Greater Manchester Assessment and Inreach Centre will become part of the annual plans budgeted for by Clinical Commissioning Groups.
- All age Mental HealthL to be launched in remaining 2 localities (Tameside & Glossop and Bury)
- All community Child and Adolescent Mental Health Services to be supported to provide a comprehensive service to 18 supported by appropriate level of CCG funding
- Other service areas such as Safe Zones and Medical on call rotas are currently subject to ongoing discussion and planning.

5. Community Eating Disorder Services (CEDs)

5.1 Strategic context

Eating Disorders (EDs) are a range of complex conditions which typically present in mid-teens and have adverse effects physically, psychologically and socially on a young person. EDs have the highest mortality rate of all psychiatric conditions.

Children and young people make up a third of the Greater Manchester population and it is forecasted that the 0-15-year-old cohort will be one of the fastest growing groups over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

EDs are characterised by a preoccupation with food, weight, body shape and harmful eating patterns. The three most common EDs are Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder (BED).

EDs have a high cost to individuals and their families/carers in terms of emotional impact, disruption to education and employment and in their access to physical and emotional wellbeing and mental health services through their life span.

The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness. If a child or young person starts their treatment in a general child and adolescent mental health service (CAMHS), they are more likely to be admitted to an inpatient service than those treated in community eating-disorder settings within the following year.

To support the progress in maintaining alignment to the national targets, the Greater Manchester Community Eating Disorder Service Steering Group has developed a Greater Manchester Service Specification which was signed off by all 10 CCG's in November 2020. This has been developed in order to implement uniformity in service provision across the region and to facilitate greater partnership working between the three Community Eating Disorder Service Providers.

5.2 Greater Manchester priorities and plans

GM is committed to the NHS Long Term plan commitment to achieve and maintain the national 95% CYP Eating Disorder standard. The standard is for treatment to be received within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours.

The GM ambition is to expand its Community Eating Disorder services (CEDs) for CYP and grow its workforce to be able to reach more CYP who require support and provide frontline training required to recognise signs of EDs earlier. The last year has seen referrals increase by around a third. Increases have also been seen in other North West geographical areas. This may just reflect true numbers and people becoming aware of the service, but it will be essential to meet the increased demand.

Expanding the service offer for Avoidant Restrictive Food Intake Disorders (ARFIDs) is a high priority. The expectation is that CYP with an ARFID will need to come into a CEDs service. They are also anticipated to be the ED with the highest prevalence. GM is committed to re-looking at the delivery model for CEDs. Work on EDs is complex with many overlaps between physical and mental health care. To expand the ARFID offer, it will be essential to bring in colleagues with specialism in core CAMHS/ Autistic Spectrum Disorder (ASD)/ Attention Deficit Disorder (ADHD)/ Dietetics/ Speech and Language Therapy (SLT)/ Occupational Therapy (OT) and Paediatrics. Many teams are required to meet the needs of the ARFID population.

Providing transition services for the 18-25 population and ensuring that evidence from all-age services about how transitions can work well are brought into GM model development (Lancashire example).

5.3 Community Eating Disorder Service response to COVID-19:

In line with other mental health services, Community Eating Disorder Service teams have continued to deliver appointments and support either online or in person for those who are not in patients. Further to this the service has developed a winter mobilisation plan organised around three priority themes:

- Community Resilience – through: the purchase of equipment to enable more timely support and treatment; increase in staff capacity; working in partnership with Voluntary and Community Sector partners to support service users and their families.
- Core Child and Adolescent Mental Health Services support – through: additional staff capacity to deliver more intensive Dietetic input to the most complex high-risk cases and an increase in physical health monitoring
- Inpatient Support – through: additional staff capacity to deliver in-reach into paediatric wards where young people are admitted, working under the direction of a Community Eating Disorder Service practitioner; paediatric support and liaison between the ward and Community Eating Disorder Service and reintegration home aligned with the intensive home meal support; these practitioners will support paediatric wards and work in partnership facilitating discharge, provide meal support for struggling Children and Young People, support refeeding programmes.

6. Children and Young People Learning Disabilities and Autism Programme

6.1 Strategic context and background for this programme

Greater Manchester has for many years seen low numbers of children and young people with learning disabilities, autism or both conditions under the age of 18 admitted into hospitals at any point in time. Since the Transforming Care programme was initiated, LDA Children and Young People specialist inpatient numbers have reduced for the total Greater Manchester population of nearly 3 million at any point in time – and are now already in line with the NHS Long Term Plan ambition for 2024 – that is no more than 6 Child and Adolescent Mental Health Services Tier 4 LDA inpatients (so matching the national ambition of less than half the rate found across the country).

During 2019, Grant Thornton (with the support of the Council for Disabled Children) was commissioned to undertake a review of current care and support services for Children and Young People (Children and Young People) with Complex Needs across Greater Manchester (Greater Manchester) localities and provide a set of recommendations for improved Greater Manchester-wide joint agency working to improve outcomes for these young people.

Detailed baseline evidence was collected to ascertain greater intelligence than available from standardised ONS locality profiles about this specific cohort of Children and Young People and the service provision available to them.

From national models and previous research, it has been estimated that the total number of individuals of any age with learning disabilities, autism or both conditions (including co-existing mental health problems and behaviour that challenges) with highly complex needs that should be recognised at any point in time across the 10 Greater Manchester locality Dynamic Support Registers people is approximately 1500 (+/- 300).

Of this total all-age Greater Manchester population, those estimated in need of targeted additional support for children, young people and their families to help co-ordinate care, support and treatment is approximately 400 children and young people with complex needs requiring access to keyworkers at any point in time in line with *'These are our children'*.

6.2 Developments to date – what has been implemented, what is planned

The NHSE-funded Greater Manchester Transforming Care LDA Children and Young People Accelerator Programme (match-funded with local Greater ManchesterHSCP investment) has over the past two years successfully introduced/promoted high impact, evidence-based innovations, a recognised wider programme of systems change for this vulnerable group – and so as a foundation for further initiatives such as the keyworker programme.

As such, the Greater Manchester Transforming Care LDA Children and Young People Accelerator included a focus on 12 separate but related initiatives in line with the national priorities highlighted through the NHS Long Term Plan – with a key ambition of ensuring all Greater Manchester localities were part of the Programme in a phased way - and thereby supporting Greater Manchester-wide cultural change effects.

A 3-phase Greater Manchester-wide programme plan has therefore been developed to deliver on the NHS Long Term Plan ambition by 2024 with a core combination of the Ealing Model, Key

Workers and ongoing training. Phase 1 of the programme will see 6 Greater Manchester localities develop the Ealing Model with their LDA teams and will initially target HMR and Salford for the introduction of LDA Children and Young People keyworkers, the focus of our work will need to be on children and young people with a disability and/or complex needs at risk of needing to be accommodated under Section 20 full time or hospitalised at Tier 4.

6.3 Children and Young People Learning Disability & Autism Programme Vision

Across Greater Manchester, we fully endorse the key observations of Dame Christine Lenehan:

- *‘when we believe that the people we interact with are less than fully human we build a culture which leads to degradation and abuse. While I do not wish to paint a picture that is worse than it is it’s important to remember that many of our group of children remain denied the basic rights of childhood, a loving family environment, a full education, and a right to develop and move towards adulthood within a community, whatever the right community looks like for them. Tackling this denial of rights should be fundamental to our thinking and tested against what action we decide.’*
- *‘We have to build, articulate and test a vision which is about: valuing each young person and respecting their right to childhood; providing appropriate support at the right stage, at the right level, in order to help them access a full community life; understanding children as part of their family and providing support for the whole family; and understanding that all children and young people, whatever their level of impairment, communicate and have a right to be heard.’*
- *‘Professionals talked throughout of the need for a “navigator”, a “keyworker”, a “lead clinician” to stop the child from being lost in the system and to ensure that the parents are informed at all points and able to make genuinely informed choices based on all the available evidence.’*

6.4 The Scope

The scope of the Greater Manchester Children and Young People LDAB includes the governance of the Greater Manchester Children and Young People LDA Programme on behalf of the 10 Greater Manchester Localities:

- Implementation of the **Keyworker function** across Greater Manchester
- Roll out of the **‘Ealing Model’** in Greater Manchester localities
- Autism training offer in different Children and Young People sectors and Greater Manchester localities
- Dynamic Support Registers development and implementation
- Development of Greater Manchester-wider Autism Standards
- Development of Best practice guidance for CETRs

Key targets for the Greater Manchester Children and Young People Learning & Disability Programme are:

- Children and Young People admission rate is within the 12-15 per 100,000 population ratio
- 90% of Children and Young People admissions will have pre or post admission CETR within timescales

6.5 Any COVID-19-response specific developments

There is impact on mobilisation of projects due to COVID-19, affecting recruitment and creating constraints on the workforce backfill. There are also challenge to recruitment for posts in statutory bodies, which is being mitigated through recruitment via VCSE providers.

6.6 Plans for 21/22 around sustainability

There is continued Long Term Plan funding for the Ealing Model and there is a national policy requirement for around the Keyworker implementation.

7. SEND

7.1 Strategic context

Local Area SEND Inspections set up to review the impact of the implementation of the SEND reforms in the Children and Families Act 2014 have taken place in 8 out of the 10 local areas in Greater Manchester. The outcomes of these inspections have been variable and have highlighted a variation of practice across the region.

The Greater Manchester SEND Board has been set up to address the high levels of variation in practice, provision available and outcomes which currently exist across Greater Manchester for children and young people with SEND.

The work of the Greater Manchester SEND Board is informed by the Greater Manchester Children and Young People's Plan (2019-2022) which sets out the vision of making Greater Manchester a place where all children have the best start in life and young people grow up inspired to exceed expectations. It also links to the objectives in the Greater Manchester Children and Young People Health and Wellbeing Framework and the work of the Greater Manchester Children's Health and Wellbeing Board which aims to provide coordination and oversight of children's health and care transformation and improvements across the area.

The purpose of the Greater Manchester SEND Board is to:

- Provide system leadership and responsibility to drive the implementation of the Greater Manchester Ambition for improving outcomes and life readiness for all children and young people in Greater Manchester
- Bring together performance information and intelligence on outcomes and provision for children and young people with SEND across Greater Manchester and provide a forum for peer support, challenge, sharing practice, policy and discussion on improving services and performance
- Identify and develop some common Greater Manchester principles and practices which would provide greater consistency for families across Greater Manchester boundaries
- Identify and develop options for collective commissioning at a Greater Manchester level where it would deliver best value and impact
- Ensure parent/carers are co-producing policy and practice across Greater Manchester and are sharing best practice
- Ensure children and young people's voice informs and influences principles and practice
- Identify key priorities to be developed through a work plan which will lead to clear recommendations for action and implementation

7.2 Developments to date

- All 10 Local Areas represented on the Greater Manchester SEND Board
- Greater Manchester SEND Joint Commissioning Sub-group recently re-established under new chair and all 10 Local Areas represented
- Greater Manchester Parent Carers Forums (PCFs) are strategic partners and there is strong representation on the Greater Manchester SEND Board

- Greater Manchester PCF's contribution and collaboration is embedded and there is a Greater Manchester PCF Facebook page to share information and feedback on SEND related issues and activities
- Well attended Community of Practice set up during the first lockdown to share information and practice and provide a Greater Manchester approach and response to some of the topical issues
- Greater Manchester responses during lockdown feedback to the DfE
- Greater Manchester Post16 High Needs Group set up pre COVID-19 has continued to meet to consider and resolve specific and topical post16 issues and share practice
- Strong links with Greater Manchester Special School Heads, Greater Manchester SEND colleagues, Greater Manchester Mental Health Team and regional DfE SEND Adviser established through regular calls and bulletins to share local and national information, provide a forum to raise questions and share practice and resources
- Links with Greater Manchester HSCP Communication and Engagement Team established to support production of SEND appropriate resources
- Interdependencies with other Greater Manchester projects identified and links established to support delivery and avoid duplication of work
- Greater Manchester SEND Dashboard constructed and built around DfE data returns on SEN2 and academic attainments
- Key themes and actions agreed with Greater Manchester Children's and Maternity Commissioners Consortium
- Greater Manchester SEND Programme refreshed and key priorities identified

7.3 Planned Work

- Develop a Greater Manchester Joint Commissioning Plan informed by Greater Manchester CA led insights work and common themes identified in Local Area JSNAs/SEND Sufficiency Plans
- Formalise the Greater Manchester SEND Community of Practice and set a timetable for delivery of agreed actions in the programme
- Cascade PFA outcomes training and tools across Greater Manchester
- Trial telepresence approach (AV1 Robots) to support delivery of education provision for children and young people who are unable to return to education settings because of their medical or emotional needs
- Roll out of Ordinarily Available Early Years provision approach
- Engage children and young people in the Greater Manchester SEND Programme

Specific Long Term Plan related action in the programme:

- Support integration of EHCP/CETR planning process, dynamic stratification process and development of keyworker approach in NHS Long Term Plan to promote integrated working for those with the most complex needs

7.4 How is this being done and who is involved?

The Chair of the Greater Manchester SEND Board is Amanda Corcoran, Manchester's Director of Education and a co-chair from Health is being sought. Members of the Board include LA SEND leads, DMO/DCO, representatives from the Greater Manchester Parent Carer Forums and Health Commissioners. The role of members is to drive the implementation of the agreed work programme and provide challenge and support to peers and partners; to actively pursue opportunities for collaboration, including through commissioning activity for strategic leadership of SEND.

No resource to support the delivery of the Greater Manchester SEND programme identified until 2019 when Greater ManchesterHSCP agreed a contribution which was match funded by the 10 LAs to appoint a Greater Manchester SEND Coordinator. Funding was secured for 12 months from October 2019.

Interdependency with Long Term Plan identified in the Greater Manchester SEND Programme and Greater Manchester SEND Coordinator attends monthly Greater Manchester CYP Team Meetings led by Ann Hambleton, CYP Mental Health Programme Manager, Greater ManchesterHSCP, Greater Manchester Keyworking Community of Practice, led by Sandy Bering, Strategic Lead Clinical Commissioner Mental Health & Disabilities, Greater ManchesterHSCP and Regional Keyworking Community of Practice, led by Kelly Taylor, CYP Senior Manager for NW, LDA Programme, NHS England

7.5 Timescales

The refreshed Greater Manchester SEND Programme covers 2021/22.

7.6 COVID-1919 Response

A number of COVID-1919 specific activities which have taken place over the last year include:

- Information, resources and good practice collated into a weekly Greater Manchester SEND Bulletin circulated to LA SEND colleagues during the 1st lockdown
- Weekly calls between special school heads, LA reps, DfE and the Greater Manchester Mental Health team started during the 1st lockdown have continued to provide a forum to raise questions, share good practice and local and national information
- Greater Manchester Post16 High Needs Group drafted a Greater Manchester wide protocol for managing requests for extensions and repeat years which has been shared with the DfE
- Regular liaison with regional Parent Carer Forum chair and Greater Manchester PCF chairs
- FAQs with key messages circulated across Greater Manchester
- Community of Practice established to share practice and responses to lockdown such as risk assessments, reasonable endeavours etc
- Trial of telepresence option to support access to learning for those who cannot return to settings being undertaken

7.7 Plans for 21/22 around sustainability

Greater ManchesterHSCP and Greater ManchesterCA has agreed to joint fund the Greater Manchester SEND Coordinator post for 12 months.

The main challenge to delivery of the programme will be availability and capacity within the wider Greater Manchester health, education and LA systems.

8. Mental Health in Education

8.1 Strategic context

In December 2018 the government published a green paper on 'Transforming Children and Young People's Mental Health Provision. The paper further extended the government's commitment to deliver on the ambitious vision set out in 2015's Future in mind and 2016's Five year forward plan, and set out their ambition to go further to ensure that children and young people showing early signs of distress are always able to access the right help in the right setting, when they need it.

As part of the next steps in the reforms the government has agreed to support the following three key elements:

1. Mental Health Support Teams
2. The testing of how to develop a model of four-week waiting time for access to specialist NHS children and young people's mental health services.
3. Designated Senior Leads for Mental health

8.2 In addition to these three key elements, Greater Manchester has been working to deliver local projects designed to test the potential implementation model for the green paper priorities, Greater Manchester initiatives have included:

1. Greater Manchester Mentally Healthy Schools and Colleges Project
2. Greater Manchester Mental Health in FE Colleges Project
3. Greater Manchester Mental Health in Education Setting Standards

Projects

Greater Manchester Mentally Healthy Schools and Colleges (Greater Manchester Mental HealthS&C) Rapid Pilot

Greater Manchester Mental HealthS&C Rapid Pilot is a collaboration between local and national VCSE organisations:

- **42nd Street:** referrals and specialist drop ins, including one to one support into secondary schools and colleges
- **Place to Be:** dedicated whole school support and one to one support into primary schools
- **Youth Sport Trust:** emotional & physical health interventions
- **Alliance for Learning:** mental health first aid training

This pilot has been rolled out to 125 schools and colleges across Greater Manchester (representing 10% of the Greater Manchester footprint) over the last two years.

During COVID-19-19 the two elements of the support provided by Youth Sport Trust and Alliance for Learning had to be paused. These two organisations resumed their communication with the schools and colleges involved in the project with a view to completing the work they were unable to deliver in the 19/20 Summer term in the 20/21 Autumn term i.e. starting in September 2020. This pilot project will complete during the 20/21 academic year as Mental Health in Education provision in schools transitions to the Greater Manchester sustainable model of NHS/VCSE blended Mental Health Support Teams.

Mental Health Support Teams (MHSTs)

The Mental Health Support Team offer is one that has been developed through the Government Green Paper on Transforming Children and Young People's Mental Health Provision (December 2017). The Mental Health Support Teams service includes:

- NHS led teams with Voluntary, Community, Social Enterprise (VCSE) Mental Health Practitioners (Mental HealthPs) embedded – broadening support offer
- Physical health and mental wellbeing bespoke offers
- Fundamental whole school approach
- System integration to multi-disciplinary teams
- Low to moderate psycho-social support and rapid referrals

Manchester, Oldham, HMR and Salford have mobilised 10 Greater Manchester blended model of Mental HealthSTs. The model is made up of educational mental health practitioners (EMental HealthPs) and Mental HealthPs. This model brings together some key elements of the Greater Manchester Mental HealthS&C Pilot (one to one support through Mental HealthPs) and introduces the newest element of the mental health workforce in the form of EMental HealthPs. These teams began working with schools and colleges in these four localities from November 2020 and are expected to be at full strength by January 2021. These 10 teams will have mobilised a workforce of over 70 staff and will provide support to over 16% of Greater Manchester's 5-18 age children and young people, i.e. up to 200 schools and colleges across the four localities. The schools and colleges will be selected by the localities based on a need's analysis.

8.3 In the context of COVID-19 all four localities completed comprehensive needs analysis for their schools and colleges and have focused the Mental Health Support Team resource where it will deliver the most benefit. Mental Health Support Teams deliver Mental Health support in education settings however the teams have adapted their delivery to include support sessions over the telephone as necessary.

8.4 During 21/22 our ambition is to extend Mental Health Support Teams to at least one team in each of the remaining six localities, Bury, Bolton, Tameside, Trafford, Stockport and Wigan. This ambition is dependent on the funding Greater Manchester receives in 21/22 for this Long Term Plan priority programme and the availability of VCSE and NHS staff capacity in each locality.

From June 2020 the Greater Manchester Health and Social Care Partnership has been liaising with CYP CCG Commissioners and education leads in the remaining 6 localities, Bury, Bolton, Wigan, Trafford, Tameside & Glossop and Stockport to support them to assess their COVID-19 recovery needs with regards Mental Health in Education. We have also been working with the VCSE organisations that delivered the psycho social elements of the Greater Manchester Mental HealthS&C Pilot to support them to retain the Mental HealthPs working in these localities to provide a ready workforce to support the expected surge in Mental Health demand in schools and colleges during the Autumn Term and subsequent lock downs and to complement existing support and services in each locality. By February 2021 this additional VCSE support should be fully mobilised in each of the 6 localities and delivering a mixture of face to face and telephone support along with Mental Health training to a broader school base.

The purpose of retaining this VCSE capacity has been not only to support these 6 localities to develop their mental health in education offer but also to cultivate a culture of sustainable good practice, integrated working and system collaboration. The resource

available could potentially align to 10% of schools and colleges in these 6 localities and will form the nucleus of future Mental HealthSTs.

8.5 Greater Manchester Mental Health in Further Education (FE) Colleges Project

This project was proposed based on the need identified by the Association of Colleges (North West) and subsequently developed with the oversight of Greater Manchester Health & Social Care Partnership (Greater ManchesterHSCP) Mental Health programme team.

This project has defined nine areas of work in total, four areas of targeted work include:

- Transition pilots for vulnerable groups including looked after children and learners with disabilities
- Trauma informed colleges, 2 in year 1 extending to 3 additional colleges in year 2
- Peer to peer supervision models extending to feeder schools in year 2
- Work with apprenticeship providers to develop good practice guidance for support offers.

Building on the year 1 work with 21 Greater Manchester Colleges, year 2 of this project has extended that work to some of the major apprenticeship providers and specialist colleges who work with students with high needs. A third year of Greater Manchester support has been agreed for the 21/22 academic year in which the knowledge and understanding of these test and learn projects will be profiled into sustainable models of Mental Health support in FE colleges which the North West division of the Association of Colleges will share with FE colleges nationally.

Greater Manchester Mental Health University Service

The Greater Manchester University Student Mental Health Service is now in the 2nd year of a 2-year pilot and is delivered by Greater Manchester Mental Health (Greater ManchesterMental Health). The capacity of the service was projected at 450 students per academic year however pre COVID-19 the referral numbers projected upwards of 700 referrals during the 19/20 academic year. Since September 2019 this service has supported nearly 500 students, many of whom presented with very complex needs and acuity, who may not have previously accessed services. The service has continued to offer telephone, digital and face to face support throughout the summer period and Autumn Term.

During December 2020 the Greater ManchesterCA research team delivered a comprehensive evaluation report which considered not just clinical outcomes but also academic outcomes and system impact as well. The findings of this report which were universally positive for all involved in the project, are now being considered by the Partnership governance groups as well as the 5 Higher Education institutions and the provider Greater ManchesterMental Health. The key recommendation has been to extend the pilot for 1 year to allow for the impact of COVID-19 on the Universities.

The Greater Manchester Mental Health in Education standards have been co-designed by a group of experts involved in various aspects of Mental Health in Education. The standards have been tested in two Greater Manchester localities and by the Association of Colleges. They have been aligned to the Ofsted Framework, THRIVE Framework, have been reviewed in light of COVID-19 and clinically quality assured by the Greater Manchester Resilience Hub.

During the summer of 2020 we developed the Mental Health in Education section of the Greater ManchesterHSCP web site to provide four resource packs. The resource packs will cover Primary,

Secondary, Special Schools and Further Education Colleges, there is opportunity to develop a fifth pack for Early Years. All resource packs will be aligned to the Greater Manchester Mental Health in Education standards and will identify the top three resources in each standard, a universal resource suite will also be developed. This includes resources aimed towards children and young people. A Greater Manchester led CYP consultation around anxiety has led to the development of a series of short films for CYP by CYP at each stage of education.

9. Perinatal and Parent Infant Mental Health

9.1 Strategic context

Up to one in five women will experience a mental health problem in pregnancy, or the first year after birth, with up to 3-5 % experiencing a serious psychiatric disorder. As part of the NHS Long Term Plan, the NHS has committed to continued investment in perinatal mental health care for mothers and their partners who need specialist support during and following pregnancy.

Perinatal mental health issues can be brought on by many things; such as the experience of a traumatic pregnancy and childbirth, previous loss, history of mental illness or lack of support, and it can sometimes go under the radar because of feelings of shame, embarrassment and fear of the consequences. There is support for all parents from GPs, health visitors and midwives who are specially trained to spot the early signs that extra help is needed, which they can provide or refer on to the perinatal mental health community team, a parent infant mental health specialist or even a psychiatrist

The Greater Manchester P&PIMental Health programme is developing a whole system approach and pathway for parents from pregnancy until infant is 2 – the 1001 Critical days. There are approximately 37,000 births across Greater Manchester with an estimated 4.6% of childbearing women requiring specialist perinatal services, the Long Term Plan aims to extend support to 10% of women by 2022/23

9.2 Developments to date

Completed

- Review of P&PIMental Health governance structure to align with Greater Manchester Health and Social Care Partnership
- Reporting framework for data and reporting assurance to Greater Manchester and NHSE
- Locality benchmarking of total resources in P&PIMental Health and IAPT
- Co-produced bid to NHSE to develop a Maternal Mental Health Service Pilot
- Maternal Mental Health Preparation Project plan developed and £580k received from NHSE

In progress

- Development of the Business Case to expand provision to reach 10% of women who give birth each year by 2022/23
- Broad range of training and professional development commissioned to develop skills across Greater Manchester whole system
- Production of communication materials to support P& PIMental Health programmes
- Integrated pathway development
- Peer to Peer project developing peer support opportunities across all localities
- Commissioning in line with MMental HealthS Preparation Project plan

9.3 Partnership

The Greater Manchester P&PI Mental Health is building a high quality specialist perinatal and infant services that work closely with partners, including midwives, health visitors, VCSEs and GPs to develop their knowledge skills in promoting wellbeing for all and in the early identification and support for parents and infants with emotional and mental health needs.

The four key parts to the Greater Manchester model working together to make this happen are

1. The **Greater Manchester specialist perinatal community mental health teams** – specialist service for pregnant women and new mothers who experience significant mental health problems.
2. **Locality parent infant mental health teams** – specialist staff who work with mothers and/or their partners and infants
3. **Parent-infant focused IAPT (psychological therapy services)** – building knowledge and skills into the full IAPT in every locality to support swift and easy access into therapy for all parents in pregnancy and first two years after birth
4. **Peer to peer support** – Peer support is support that is offered from others that have been through similar experiences and it has many benefits in helping those with mild/moderate mental health needs, such as anxiety and depression.

9.4 COVID-19 Response Specific Developments

All services have been fully operational, albeit through virtual means when appropriate. P&PI Mental Health leads have written to all parts of system to highlight the challenges to families with young children and calling on providers to ensure that services are maintained and children seen.

Communications are being refreshed to raise awareness and promote referrals into specialist services where needed.

9.5 Plans for 21/22 around sustainability

A business case is being developed to clarify the resource requirements to reach 10% of women in line with the Long Term Plan.

10. The Youth Justice Programme

Content to be provided

11. NHS Children and Young People’s Mental Health Services (Child and Adolescent Mental Health Services) - Workforce Strategy

11.1 Strategic context

Following the establishment of a Greater Manchester Child and Adolescent Mental Health Services workforce steering group in 2016 and the publication of a [Greater Manchester Child and Adolescent Mental Health Services workforce strategy](#) launched in 2019, we are now engaged in an ambitious plan to upskill our vital NHS funded Child and Adolescent Mental Health Services teams. This work has been presented and approved at the Greater Manchester CYP Board, and regularly reports to the Greater Manchester CYP Mental Health Board.

Our current training plan has developed from the [Greater Manchester Child and Adolescent Mental Health Services workforce strategy](#)

The main themes of this strategy are:

- Understanding demand and capacity
- Understanding our current workforce
- Looking after our own – developing training, supervision, well-being and leadership in Child and Adolescent Mental Health Services
- Recruitment and new roles
- Understanding the wider CYP workforce – broadening the offer

In Greater Manchester the historical commissioning variations in Child and Adolescent Mental Health Services services means that some localities struggle to both recruit and retain staff across a range of professional groups. This may be related to several factors including a national shortage in the training and qualification of certain professional groups including Child Psychiatrists and Mental Health Nurses but may also link to variability in pay and training/career opportunities. In addition, a number of highly skilled clinicians in Child and Adolescent Mental Health Services are approaching their retirement age, meaning that services may struggle to deliver and crucially supervise interventions to our complex and diverse populations.

11.2 Developments to date

A Self-assessed Skills Audit Tool (SASAT) was completed in 2018 across 4 providers in Greater Manchester for the purpose of supporting the gathering of self-assessed information, mapping the usage of identified skills and highlighting training gaps. The information from the SASAT has being used to respond effectively to the education and training needs of the workforce with the following gaps identified.

- Risk assessment/support
- Trauma based intervention
- Supervision skills
- Participation
- Digital
- Non-medical prescribers

- Leadership through change

Using the SASAT 2018 recommendations, the Greater Manchester Child and Adolescent Mental Health Services Workforce steering group has identified key specific training needs for the workforce, and it is now in the process of commissioning specialised training from external providers. Due to COVID-19 pandemic, the training will commence in the last quarter of 2020/21 year with completion over 9 months.

Training proposal and timescales

The different modules for the trainings cover foundation and advanced levels, supervision and training the trainers to develop a Greater Manchester system training pool. This series of training will develop the capacity of the existing workforce and look after our existing workforce with the intention of increasing retention and making Greater Manchester Child and Adolescent Mental Health Services an outstanding place to train, work and develop.

- Dialectical behavioural therapy (DBT)
- Eye movement desensitization and reprocessing (EMDR) training
- Adaptive mentalization based integrative treatment (AMBIT)
- Autism diagnostic observation schedule (ADOS-2)
- Acceptance and commitment therapy training (ACT)
- Greater Manchester Schwartz Rounds to support staff well-being
- Cultural competency and diversity training
- Outreach Supervision

The Greater Manchester Child and Adolescent Mental Health Services Workforce Steering group has also developed a **Greater Manchester Non-Medical Prescribers (NMP)** training plan, which will address the current wait list and reduce capacity of Child Psychiatrists across Greater Manchester. The upskilled workforce will take a significant workload off the Psychiatrists and furthermore offer career progression to the trained workforce. A pilot of the NMP training is being planned for the last quarter of the 2020/21 year with intention to expand numbers in 2021/22.

These training plans were signed off by the CYP Mental Health board on 19th October 2020, and a Greater Manchester-wide engagement session was held with clinical and operation leads on 15th December 2020. Following this the plan has been presented at a few locality boards to ensure that there is clear engagement from clinical and operational leads to ensure equitable sign-up and co-ordination of training. Feedback from providers has highlighted that the areas identified in the training plan are crucial in the context of COVID-19 recovery planning, including specific skills development to address risk and trauma, staff well-being and support, and expanding workforce appreciation of diversity and health inequalities in CYP mental health.

The Greater Manchester Workforce Steering group will be developing a clear framework for reporting on the progress of training delivery, including monitoring of outcomes in a number of domains. The group will also co-ordinate ongoing learning forums for practitioners to come together virtually to reflect on and extend their learning. The group will also continue to facilitate a Community of Practice to celebrate successes and reflect on challenges as the Child and Adolescent Mental Health Services workforce grows and develops.

11.3 Future Plans for 2021/22

The Greater Manchester Child and Adolescent Mental Health Services Workforce Steering group has been working closely with colleagues from the Greater Manchester iTHRIVE programme to consider the mental health training needs of the wider workforce with the recent proposals that we include VSCE representation in this forum. The Greater Manchester iTHRIVE programme has also developed expertise in data analysis, surveys, online delivery and using implementations stories to embed learning and we will continue to share resources and knowledge. In addition, we are working closely with colleagues from the Greater Manchester Resilience Hub and Greater Manchester Trauma and Adversity programme to ensure that this expertise guides training to the CYP workforce.

The Greater Manchester Child and Adolescent Mental Health Services Workforce Programme will also be focussing resource on the development of new roles/entry routes into Child and Adolescent Mental Health Services, along with a recruitment strategy. Alongside the agreed training plan, which focusses mainly on commissioning of external expert training providers, we will also continue to create resources for in-house training and development, harnessing the wealth of knowledge and expertise in our existing services. This will include developing plans along with the Greater Manchester iTHRIVE academy and looking at options for Leaderships training.

12. Children and Young People – hearing their voices to improve services

Edit from document sent through

13. Governance

A number of groups oversee and deliver the agreed strategic and operational changes:

- Children and Young People's Mental Health Board
- Greater Manchester Children's and Maternity Commissioning Consortium
- Greater Manchester Long Term Plan (Long Term Plan) Group (formerly known as FIM)
- Association of Directors of Children's Services
- Greater Manchester Strategic Clinical Network

This collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester.

Working together CCGs can deliver more efficient use of resources by commissioning and delivering some services at scale.

14. Links to useful documents and resources:

[Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[The Five Year Forward View for Mental Health \(england.nhs.uk\)](https://www.england.nhs.uk)

[nhs-long-term-plan-june-2019.pdf](#)

[NHS England » NHS Operational Planning and Contracting Guidance](#)

[NHS Long Term Plan Implementation Framework](#)

[NHS Mental Health Implementation Plan 2019/20 – 2023/24 \(longtermplan.nhs.uk\)](#)

[Greater Manchester Child and Adolescent Mental Health Services workforce strategy](#)

Greater Manchester Health and Social Care Partnership website:

<https://www.gmhsc.org.uk/>

Greater Manchester Health and Social Care Partnership on Twitter:

@GM_HSC

Greater Manchester Health and Social Care Partnership on Facebook:

<https://www.facebook.com/GMHSCPartnership>

