



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

Update March 2019



**Salford City Council**



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## Foreword

In line with the national drive to improve and transform mental health services for Children and Young People and in recognition that for many years this area of care has lagged behind others, we are committed to investing more and improving our local services. Our first Long Term Plan was published in 2015 and has been refreshed annually to detail our ongoing commitment to Children and Young People's Mental Health as well as to describe our progress to date.

We want the Children and Young People of Salford to live happy, confident lives and to reach their 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. We recognise that we can make a difference throughout the life course and need to provide adaptive and responsive services where mental illness is diagnosed but also to provide supportive systems both in communities and settings.

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 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 situation.

In order to honour our commitment we are investing more in services each year, rolling out our newly commissioned emotional mental health and wellbeing services which ensure early access to counselling, and services at the first signs of emotional distress. We are also investing more in crisis services to make sure they are available when they are required and we are focusing on transition both between the services, and also into adult services. Importantly there is a commitment to recruiting and training the workforce.

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 information and advice, get help and support, and what services are on offer. 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.



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## 1 Executive Summary

- 1.1 We want children and young people in Salford to enjoy happy, confident lives and to achieve their potential. We want them to grow into resilient adults able to cope with the demands of daily life, and empowered to contribute to life in the city. Ultimately we want to support children, young people and their families at an earlier stage, ensuring swift access to services if they need it and support them back into communities when they are ready to move on. Therefore we are striving to pool our resources and to re-profile Salford's investment in children's mental health so as to ensure earlier access to advice and help and support. This update on the Child and Adolescent Mental Health Service (CAMHS) Transformation Plan highlights progress towards achieving this, and is the 2019 refresh provided in line with national guidance.
- 1.2 The report that follows outlines the cumulative progress of Salford's transformational work to improve children and young people's emotional and mental health through our 0-25yrs integration and CAMHS Transformation Plan, and Greater Manchester (GM) Health and Social Care devolution. It provides profiles of current activity and spend, an overview of Salford's new All Age Mental Health Strategy and Needs Assessment and an update on what has been achieved since the plan was first published in December 2015. It does not seek to repeat content from the first published CTP, or subsequent updates so should be read in conjunction with these.
- 1.3 Some of the key achievements since the plan was first published include the launch of a number of new services and pilots including a community eating disorder service, CAMHS / School Link project, the Integrated Community Response Service (ICRS) and the Single Point of Contact (SPoC) in CAMHS. There has been a number of research studies completed looking at emotional health and wellbeing needs within schools, in the LGBTQ+ population and in the Orthodox Jewish communities, and new pathways and services have been developed to deliver on the recommendations of these. There has been an extensive programme of work with schools including the award-winning play 'A Spiralling Mind' and the accreditation of the Emotionally Friendly Schools (EFS) programme. We have delivered a local whole workforce training and development plan to improve skills and confidence of staff working with children and young people. We have launched a local 'Thrive Network' to engage Salford's children's workforce in awareness raising and personal development around emotional wellbeing and mental health. The all-age Salford Suicide Prevention Strategy has been launched and there has been a programme of work across Greater Manchester which Salford is actively engaged in, including the development of the Crisis Care pathway, and the implementation of a GM THRIVE Hub.
- 1.4 Our priorities for the coming year include continued work with schools to deliver a whole-school approach to emotional health and wellbeing, GM wide review of Community Eating Disorder Services (CEDS), roll out of the Integrated Community Response Service and the Single Point of Contact pilots and launch of a new parent peer support project. We plan to pilot a new integrated neuro-development pathway to support our children with SEND, ADHD and ASC, and will build on our Transitions CQUIN work to deliver a multi-agency approach and ensure better transition arrangements between children's and adult's mental health services. We must also further develop and implement an improved peri-natal and infant mental health offer, working collaboratively with adult commissioners and services. A key challenge that is recognised at a GM and national level is the issue of workforce capacity, and there is ongoing work at a GM level to respond to this via a GM workforce development strategy. There has been further increased demand for children's and young people's mental health services in Salford, and this continues to put services under pressure in managing waiting times. Services are responding to the challenges, supported by additional investment and capacity which we are monitoring closely. It would seem that through increased awareness of the children's and young people's mental health agenda by children and families and professionals alike, Salford

is experiencing a higher level of demand for services than anywhere in Greater Manchester. We continue to work in partnership to deliver on these key challenges together and are committed to ensuring that young people and families are involved in this important work.

## **2 Introduction – Salford’s 0-25 Integration Programme**

- 2.1 In December 2015 we published our first CAMHS Transformation Plan outlining our plan against *Future in Mind* priorities and our overall aim and outcomes for 2020. The plan can be found at [www.salfordccg.nhs.uk/camhs](http://www.salfordccg.nhs.uk/camhs). The plan was refreshed in March 2017 and 2018, and this is a further update on both of these previous documents. It aims to not repeat background information contained within earlier documents, but highlights progress on our ‘ambitions’.
- 2.2 We want all children and young people in Salford to enjoy a happy, confident childhood and achieve their potential. We want them to grow into resilient adults able to cope with the demands of daily life, and empowered to contribute to life in the city. When children and young people need help, we want them to find it easily, for it to meet their needs, be delivered by people who care and for services to listen to their views. In a crisis we want them to get help quickly and as close to home as possible. Ultimately we want to support children, young people and their families at an earlier stage, ensuring swift access to services if they need it and support them back into communities when they are ready to move on. Therefore we want to re-profile our current spend, to move away from in-patient provision and focus on community support. This update on the Child and Adolescent Mental Health Service Transformation Plan highlights progress towards achieving this.
- 2.3 To support the achievement of these ambitions, Salford LA, Clinical Commissioning Group (CCG) and wider partners have committed to a broad transformation programme of integrated support for children and young people 0-25yrs. It involves the review and redesign of services, and commissioning arrangements for 0-25yr olds to achieve the best outcomes for children and their families in the most cost effective way.
- 2.4 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'.
- 2.5 It is envisaged that through focused collaborative working and investment in research and pilots commissioned through the Test Case will deliver an increased understanding of need and where and how to best target future resources. It will improve capacity, knowledge and awareness of emotional health and wellbeing (EHWB) across the children's and young people's delivery system, resulting in a more confident and skilled workforce, a 'thrive-like' or whole system approach to EHWB and improved pathways and outcomes for children and young people. In addition, the aim is to achieve improved commissioning arrangements which ensure investment is aligned and targeted where it is most needed, with flexibility to move resources upstream to provide an effective early help approach. We have an ambition to achieve improved standards of delivery, including improved access and waiting times, and clearly measurable outcomes for children and young people.
- 2.6 A significant amount of work has been undertaken since 2015 across both the CAMHS Transformation Plan and 0-25 Integration Programme to better understand need, to review services and to develop improved pathways and services for children and young people with emotional and mental health needs and from 2017 we have combined the governance and

reporting for the test case and the CAMHS Transformation Plan so that we have a single integrated transformation programme focused on improving the emotional health and wellbeing of children and young people in the city. The CAMHS Transformation Plan is our strategy for this work, and is underpinned by a joint delivery plan which outlines the annual priorities and actions of our Children and Young People's Emotional Health and Wellbeing Partnership.

- 2.7 Salford City Council (SCC) and Salford Clinical Commissioning Group are committed to developing integrated commissioning arrangements for children's and young people services and our joint work around CAMHS and Emotional Health and Wellbeing remains an early focus for pooled budgets and integrated commissioning arrangements. Progress has been made in 2018 in greater aligning our commissioning and contracts, and through the establishment of an Integrated Commissioning Lead post. We have reviewed a number of our targeted services and are have started to align these contracts with the GM CAMHS contract specification. Evaluations have been undertaken with a number of CAMHS Transformation funded projects and pilots and work has started to sustain these.
- 2.8 **Salford's Locality Plan and Population Health programme:** Developed in 2016, Salford's Locality Plan provided the local context and foundation for our CAMHS Transformation Plan work. Our Locality Plan was judged as the most investible proposition in Greater Manchester due to the strong local partnership working and the extensive amount of work already achieved to develop the Integrated Care Programme (ICP) in the city and the agreement of funding through the national Vanguard scheme. As the Greater Manchester devolution arrangements took shape this work provided the platform to put forward an investment proposition for the City, which would maintain the momentum already behind the ICP, and to also allow continued development and realisation of those plans, including proposals to deliver further transformation of our 0-25 systems.
- 2.9 In December 2017 the Salford Population Health bid was successful in securing monies from Greater Manchester Combined Authority (GMCA) to deliver transformation programmes under the 'Age Well' and 'Start Well' agendas (see Section 4 below for the financial scope of this programme).
- 2.10 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 positive outcomes these projects will help deliver link into the wider wellbeing and children's and young people's mental health agenda. Projects that are funded through our Population Health Programme and integrated into Salford's CAMHS Transformation Plan and are included in the updates provided below.

### 3 Greater Manchester Health and Social Care Devolution

- 3.1 The recent devolution provides GM with the opportunity to respond to the challenges outlined



within *Future in Mind* (FIM), and the *Five Year Forward View* (FYFV) for Mental Health. Addressing mental health, including children and young people's mental health, is a key part of the GM wide health and social care priorities. GM needs a sustainable mental health system, supported by simplified and strengthened leadership and accountability, to improve child and adult mental health, narrow life expectancy gaps and ensure parity of esteem with physical health. It will involve enabling resilient communities, engaging inclusive employers and working in Partnership with the third sector. Details of the GM plans can be found at [www.gmhsc.org.uk/improving-our-mental-health](http://www.gmhsc.org.uk/improving-our-mental-health)

3.2 We work with the GM Health and Social Care Partnership (GMHSCP) and GM's ten Local Authorities and ten CCGs to commission and deliver services where populations and needs require a wider implementation than at single CCG locality area. Developments we are supporting and working collaboratively to deliver from 2018 include:

- 1) Implementation of a single pan GM service specification and outcomes framework for all of GM's specialist providers of children and young persons' mental health services.
- 2) Implementation of a GM THRIVE training and development Hub and team that will increase capacity to enhance and extend the development of locally developed THRIVE informed care pathways. Under the umbrella of the THRIVE Training Hub there will be increased awareness raising of the impact of Adverse Childhood Experiences (ACEs) and more informed trauma sensitive interventions.
- 3) Phased implementation of a GM Crisis Care Pathway (CCP) for children and young people, that will involve the recruitment of 4 crisis resolution and home intervention teams, additional short stay beds and two safe zone areas to be used as an alternative to hospital admission for children and young people who present in mental health crisis. This will be a four year development programme supported by a 7 day per week access offer provided by specialist children & young people's (CYP) mental health services (CAMHS). Along with nine other GM CCGs we will, via CCG Local Transformation Plan (LTP) funding, enhance staffing within our specialist CYP mental health services.
- 4) Collaborative work with key stakeholders and the GM inpatient mental health providers' alliance to develop a GM focused inpatient mental health offer, ensuring 'Greater Manchester beds for Greater Manchester's Young People'.
- 5) Implementation of a GM workforce development strategy that will support both the recruitment and retention of the GM children and young persons' workforce, and greater flexibility of staff deployment across provider organisations.
- 6) Utilising our LTP funding we will continue to fund staff to access a range of CYP Increased Access to Psychological Therapies (IAPT) training opportunities.
- 7) Introducing a mental health support offer for GM's education settings that will enhance and extend developments that our CCG has already commissioned or developed in partnership with our Local Authority and education settings.
- 8) Planning a consistent GM approach to transitions from CYP mental health to adult mental health services.
- 9) Work with GM's Local Authorities and CCGs to develop recommendations for a more equitable and consistent mental health offer for all of GM's Looked after Children population, and for those involved with the Youth Justice System.
- 10) Effective children and young persons' participation we will support the development of a GM CYP mental health reference group.
- 11) Working collaboratively with our Local Authority and the nine other GM CCGs we will begin planning the development and implementation of an Early Attachment Service that will be a locally delivered component of GM's Perinatal and Infant Mental Health Service

3.3 The governance arrangements for the above programmes are through the GM Future in Mind Commissioners group which reports to the GM Children and Young Peoples' Mental Health

Board, through to the Mental Health Programme Delivery Board, which sits under the GMHSCP Strategic Partnership Board – see diagram in Appendix 2.

3.4 For updates and progress on our GM mental health work please see section 7 below.

## 4 Service Activity, Performance and Data

- 4.1 The principal commissioned mental health services for children and young people in Salford are 42<sup>nd</sup> Street, and core and targeted CAMHS and in-patient services. In addition, there are a range of universal services that offer emotional support across the city as part of their work but they are not specifically mental health services and therefore their activity data is not included here. The information that follows provides details on our core and targeted mental health services, presenting the highlights from activity data for Salford from 2014/15, to date.
- 4.2 The organisation 42<sup>nd</sup> Street is a Greater Manchester charity supporting young people aged 11-25yrs with their mental health and emotional wellbeing. They provide a range of services including counselling psycho-social support, a social action programme, group work, and a creative programme. In 2016 the 42<sup>nd</sup> Street dataset had been updated which means that comparisons between 2014/15 and 2015/16 are difficult, however 42<sup>nd</sup> Street's newly developed Information Management System is beginning to provide improved data capture and will enable direct inputting into the national children and young people's mental health dataset.

4.3 Looking at the comparable data available in Table 1 below:

**Table 1 - 42<sup>nd</sup> Street Service data**

Measure	2014/15	2015/16	2016/17	2017/18	
Referrals	206*	212 (inc. schools = 231)	292 (inc. schools = 304)	335 (inc school = 338)	↑
YP offered an initial assessment	103	129 (inc. schools = 147)	179 (inc. schools = 191)	144 (inc school 146)	↓
YP attending an initial assessment	82	85 (inc. schools = 99)	131 (inc. schools = 143)	183 (inc school 198)	↑
DNA (sessions)	16%	19% (inc. schools 18%)	21% (inc. schools 20%)	20% (no school data)	↑
Follow on work: no. of unique young people	126	100 (inc. schools 127)	130 (inc. schools = 156)	317 (inc school = 327)	↑
DNA (sessions)	7%	6% (inc. schools 5%)	7% (inc. schools 6%)	7% (no school data)	↔

\* These figures include work in schools

In 2017/18 42<sup>nd</sup> Street data showed:

- The 'Did Not Attend' (DNA) rate for initial assessments came down by 1% in 2017/18. The DNA rate is higher between referral and initial assessment as while young people have consented to being referred, they are not necessarily 'engaged'. DNAs improve considerably once the young person is engaged in ongoing work. In 2018/19 there has been a significant improvement in DNA rates in 2018 supported by the introduction of telephone assessments, which has virtually halved DNA at initial assessment.
- The number of individuals involved in follow-on work with the service has increased, the DNA rates for this have increased from 130 to 317.
- It should be noted that the service changed how it monitors and reports waiting times from maximum waits to average waits in 2018. Therefore, in 2017/18 data for waiting times refers to the longest that anyone has waited for a service. This was 15 weeks



- from referral to assessment, and 26 weeks from referral to start of therapeutic support for 1-2-1 psycho-social support and 27 weeks for counselling in due to increasing numbers accessing the service. Waiting times have continued to rise throughout 2017/18 from 8 weeks in Q1 for referral to assessment to 21 weeks in Q4. Similarly, waiting times for referral to treatment increased from 17 weeks in Q1 for psycho-social support and 21 weeks for counselling up to 24 and 33 weeks respectively in Q4.
- Increased waiting times directly aligned to increased demand (referrals) throughout the year.
- Of the 150 young people who were disengaged from the CCG funded service in 2017/18, 51% of those young people with comparable data showed either clinically significant improvement or recovery
- In 2017/18, when asked 'How likely are you to recommend 42nd Street to friends and family if they needed similar support?' 100% of those that responded gave a positive rating of extremely likely or likely
- In view of the rising numbers of young people accessing the service in 2017/18 which continued from the previous year, additional investment into the service was agreed for 2018/19 and funded via the CAMHS Transformation Plan budget.
- The most common presenting factors identified by young people as affecting their mental health and emotional wellbeing in 2017/18 and 2018 to date are outlined in table 2 below:

**Table 2 - 42nd Street: most common presenting issues**

Mental health & Wellbeing	No.	%	Home & Social	No.	%
General Anxiety/Stress	64	9%	Bullying	21	20%
Confidence/self-esteem	63	9%	Threats of violence	10	10%
Anxiety (social anxiety & phobias)	57	8%	Threats and harassment	10	10%
Anger	57	8%	Young carer	7	7%
Depression	49	7%	Familial physical abuse / attacks	6	6%
<b>Other Issues</b>					
Money management (debt, etc.)	4	15%	Parent/carers mental health	3	11%
Parent/carers substance abuse	4	15%	Family money issues	2	7%
Leaving home due to other reason	3	11%			

42nd Street, like CAMHS, has experienced significantly increased demand and increased waiting times over recent years and recovery plans have been agreed to support improvement. In March 2017, additional investment was agreed to substantially increase (double) the capacity of the service from 2.0 to 4.4 WTEs to help stabilise waiting times and manage demand in 2018-19. Q1 – Q3 monitoring data has showed that this investment has already helped to manage the increased demand (already at the same level as for the full year in 2017-18) and has helped to stabilise waiting times though these still remain higher than we would like and will be considered via a planned full service review in 2019.

**Table 3 - Waiting times (average no. of weeks waited) in 2018/19 Year to date**

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

In 2018 42<sup>nd</sup> Street have worked hard to strengthen their physical presence in Salford with a dedicated office and identified new venues for delivery across the city from 2019. Delivery will take place in a number of key venues in buildings where other children's and young people's services are provided and will help provide a more co-ordinated approach and early help offer to young people, and improved access to 'getting help' and 'getting more help' services in key localities.

- 4.4 Salford's core CAMHS service is delivered by Manchester University Foundation Trust (MFT - formerly Central Manchester Foundation Trust) providing an outpatient service offering comprehensive assessment and treatment of significantly impairing mental health difficulties for children and young people aged 0-18yrs. The service provides a wide range of evidence-based interventions, including CBT, Dialectical Behaviour Therapy skills and groups, Eye Movement Desensitization and Reprocessing, Family Therapy, Parent Child Game, Parenting Interventions for ADHD, specialist parenting advice for other conditions (alongside other agencies) and Psychotherapy. In addition the Emerge service works with 16-17yr olds. The key data highlights for core CAMHS are in Table 4 below:

**Table 4 - Core CAMHS Service Data**

Measures	2014/15	2015/16	2016/17	2017/18	
Cases open at end of period	1,658	1,531	1,743	1,892	↑
Referrals	1,556	1,659	1,819	1,794	↓
% referrals accepted	86%	78%	77%	77%	↔
New appointments	1,381	1,405	1,269	1,443	↑
DNA rate (new)	16%	13%	13%	13%	↔
Follow-up appointments	11,197	10,354	8,635	8,798	↑
DNA rate	15%	14%	12%	14%	↑

Over the last year, core CAMHS data shows:

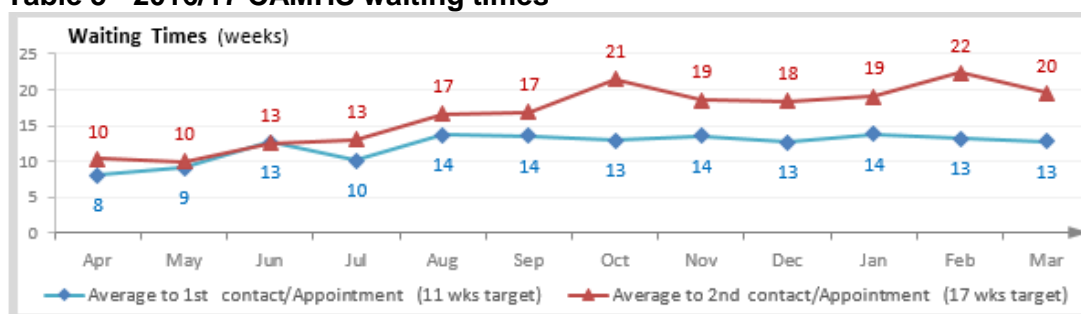
- There has been decrease in referrals but the referrals accepted has remained the same, suggesting that the service has received more appropriate referrals following improved support provided through the pilot role and function of the Single Point of Contact and the wider education and engagement work across the system around what specialist child and adult mental health (CAMH) service can provide. The SPoC post that has been funded and trialled for the last 12 months has succeeded in improving the appropriateness of referrals to CAMH, and signposting to alternative agencies and pathways that are available in Salford. This role has also generated improved relationships and more timely opinions around CAMH 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 whilst the DNA rate has remained the same as previous years. There has also been an increase in the number of follow-up appointments being offered to young people and families, though 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, are they at the right time, place or with the correct clinician.
- A new Choice and Partnership Approach (CAPA) model is being implemented in 2018 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.

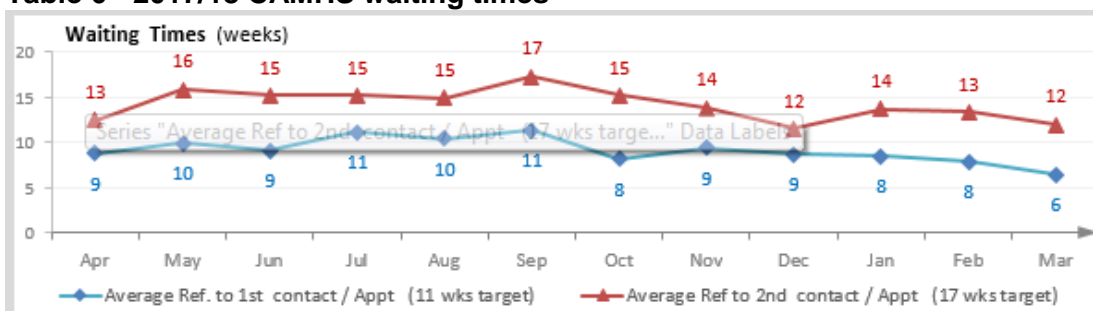
- The average waiting time to first appointment was 6 weeks in the last year.

4.5 Increased demand and waiting times are the main challenges associated with our commissioned CYP 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, as can be seen in the tables below. Thankfully, these have now stabilised though a combination of service improvement and additional investment.

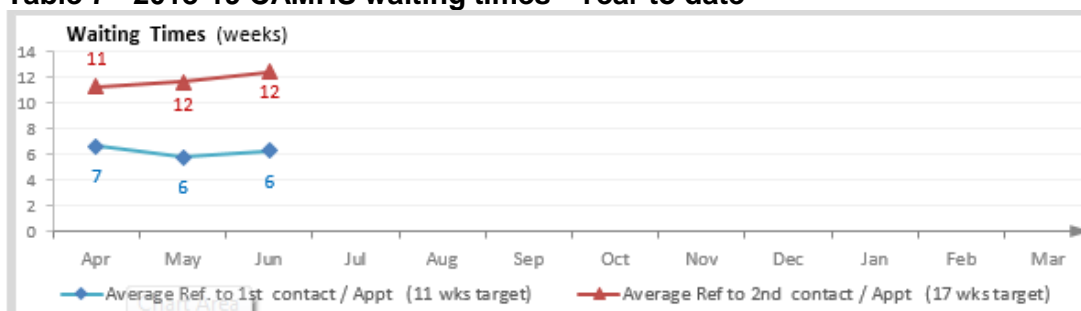
**Table 5 - 2016/17 CAMHS waiting times**



**Table 6 - 2017/18 CAMHS waiting times**



**Table 7 - 2018-19 CAMHS waiting times - Year to date**



4.6 It is important to note that increases in waiting times are aligned with significant increases in demand across all CYP MH services. GM is developing a new data report for CAMHS activity and performance. 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) to CAMHS, MFT have managed to stay within NHS targets for waiting times of 12 weeks to first appointment and 16 weeks to second. In fact, the GM report shows that RRT weeks (Referral to Treatment) average waiting times to first and second appointments in Salford are average in terms of GM performance at 6.33 weeks on average to first appointment and 12.51 weeks to second appointment.

- 4.7 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 also built in additional capacity / funding into the CAMHS budget for 2018-19 to allow CAMHS to undertake more activity in year. From 2015/16 to 2018-19, the total CAMHS workforce for Salford (clinical staffing) has increased from 22 to 31 WTEs and this capacity will increase further in 2019 with the additional planned re-current investment in the LD team.
- 4.8 There are a series of targeted CAMH services that are funded by the CCG and the LA. These include the Emerge team offering community based mental health services to young people aged 16-17yrs; a 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 Black and Multi-Ethnic post is currently under review and will be re-specified in 2019, but original aims of the role were to address the mental health needs of BME populations due to difficulties accessing mainstream mental health services, the need for culturally sensitive provision, the need to use interpreters and the high level of mental health need among minority groups, migrant families and particularly refugees and asylum seekers.
- 4.9 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. Through internal re-design, from 2019 CAMHS will be offering an ADHD clinic based offer for referrals and management of children and young people with ADHD this will include NICE evidenced based assessment process, 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.

In terms of ASC, CAMHS has received enhanced funding in 2018/19 to develop an improved service offer and has recruited a speech and language therapist and a nurse practitioner to develop this pathway and respond to the increasing demands of the referrals around this area by enhancing the workforce to reduce the waiting times for children and young people referred as a result of ASC concerns. From Autumn 2018, CAMHS have started to provide an increased number of diagnostic panels, training around ASC, raised the profile of multi-agency assessments and introduced further post diagnostic support for families. This will continue to be a priority area of development in 2019.

- 4.10 Salford Youth Justice Service has a full time integrated CAMHS post. The worker operates within the i-Thrive model which ensures young people receive the appropriate response and support for their emotional and mental health needs. This includes referrals being made to

Forensic Child and Adolescent Mental Health Services (FCAMHS) and inpatient services at Prestwich Hospital. All young people and child victims involved with the YJS can access this service. The CAMHS worker co-leads regular staff peer supervision. This includes supporting staff to understand and respond appropriately to young people within an Adverse Child Experience or trauma. The specialist health staff based with the YJS include a designated nurse, Speech and Language Therapist, Educational Psychologist and CAMHS worker who operate as an integrated team with an established pathway to ensure the appropriate professional takes the lead, based on the needs of any young people.

- 4.11 In Salford there are also targeted services which provide CAMH services for looked after children. There is some movement towards aligning these services into one overall contract but this has yet to be formalised. CAMHS LAC is made up from a number of services: Salford Therapeutic and Referral for Looked after Children (STARLAC). This is currently commissioned by the CCG but monitored by the Local Authority and is based at Salford City Council. The lead practitioner also supervises and manages the leads for the other services for LAC. STARLAC provides a direct CAMH service for children who are in care. Referrals can come from staff, carers or from the child/young person. STARLAC also provides training for social care staff and delivers evidence based parenting courses.
- 4.12 The Focus fostering service is a specialist fostering programme that now supports 25 families with mainly solo placements. These are long-term placements where the families receive therapeutic support through a variety of different formats, promoting placement stability and emotional wellbeing. The CAMHS LAC provision is for the funding of one therapeutic social worker to support the focus scheme.
- 4.13 In April 2018 Salford Adopted Families Support Service (SAFSS) was commissioned by the Regional Adoption Agency (RAA) 'Adoption Counts' and is now part of the RAA adoption psychology services. The service provides support for families who are adopting children and young people who may have some additional challenges which could make it harder for an adoption to succeed with pre and post adoption psychological support. The SAFSS service was specifically designed for Salford but is now supporting families via the RAA across the region covered by Adoption Counts (covering Salford, Manchester, Stockport Cheshire East and Trafford).
- 4.14 Following a review of the 3D programme Salford LA made the decision to cease delivering the Oregon model of multi-treatment foster care. In 2017 Salford LA began piloting a new approach to ensure that LAC receive the right mental health support at the right time. The pilot works alongside the CAMHS provision that we already have in Salford. The new service was named I-START in 2018 (I-Stronger and resilient together), i-START, (i- Stronger and resilient together) has been running since January 2017. i-START screens and assesses all children looked after for six weeks or more using the carer strength and difficulties questionnaire (SDQ), the Assessment Checklist for Children/ Adolescents (ACC/ACA) and the ACC/ACA+ version which offers information about positive emotional wellbeing. Children and young people meeting the clinical threshold on these measures are offered a CAMHS consultation and get help. Those below the clinical threshold receive advice about maintaining their positive emotional wellbeing and signposting to other services. Children and young people needing more help and risk support move across to the in-house CAMHS for LAC service: STARLAC service.

The key outcomes for all looked after children are:

- to have an emotional wellbeing and mental health screening baseline that is linked to their general health assessment, education plan and care plan
- to receive advice and signposting, help, more help and risk support when they need it rather than relying on a referral being made



Following implementation of i-START, in December 2018, Salford was one of nine sites to be selected from across England to take part in the DfE innovation pilot which looks at the assessment of the mental health needs of looked after children.

**Table 8 - Targeted CAMHS services activity update**

Service	Cases open at end of period	Referrals	% Referrals accepted	New appointments	DNA rate	Follow-up appointments	DNA rate
<b>Emerge (16-17ys)</b>							
2014/15	144	222	88%	294	31%	1061	18%
2015/16	88	212	92%	256	27%	1040	22%
2016/17	106	207	93%	304	37%	633	22%
2017/18	↓97	↑254	↔93%	↓184	↓29%	↑683	↓15%
<b>BME</b>							
2014/15	4	4	100%	14	14%	73	7%
2015/16	3	2	100%	4	0%	26	15%
2016/17	2	1	100%	11	27%	89	11%
2017/18	↓1	↑13	↔100%	↓8	↓25%	↓19	↓8%
<b>LD</b>							
2014/15	87	100	99%	188	20%	733	13%
2015/16	49	81	99%	158	18%	621	17%
2016/17	48	98	96%	134	24%	595	28%
2017/18	↑71	↑175	↑99%	↑185	↑29%	↓337	↓11%
<b>YJS</b>							
2014/15	17	20	100%	37	22%	137	20%
2015/16	17	19	89%	31	29%	118	24%
2016/17	26	43	98%	41	2%	138	12%
2017/18	↓0	↑54	↑100%	↑59	↑12%	↑139	↓11%
<b>SAFFS</b>							
2015/16	19	26	100%	31	3%	247	5%
2016/17	16	24	100%	39	13%	68	7%
2017/18	↑31	↑37	↓95%	↓21	↓3%	↓68	↑10%
<b>STARLAC</b>							
2014/15	69	147	88%	138	3%	1156	8%
2015/16	59	120	89%	117	5%	1113	12%
2016/17	82	157	90%	190	8%	1127	12%
2017/18	↑96	↑184	↓89%	↓185	↑14%	↑1730	↓7%
<b>3D</b>							
2014/15	10	15	100%	10	0%	30	0%
2015/16	10	23	96%	17	0%	98	4%
2016/17	20	16	100%	23	0%	212	7%
2017/18	↓5	↓11	↔100%	↑24	↑7%	↑222	↓6%

<b>Focus</b>							
2016/17	7	5	100%	7	0%	95	1%
2017/18	↔7	↑7	↔100%	↑8	↔0%	↑199	↑4%

- 4.15 The Child Bereavement Service: commissioned from Gaddum offers structured therapy to children and young people in Salford up to 18 years of age who have been impacted by the death of a family member. Referrals are accepted from any source, including self-referrals, referrals from schools, social workers and GPs. Therapy is delivered over up to 12 sessions (with the option to extend at the therapy team's discretion), delivered either at the young person's school/college or at the service base in Manchester. The service has very limited capacity and is currently only able to support up to 10 children per year. In 2018 the service had to close the waiting lists in April, due to the volume of cases which carried over from the previous year and the amount of referrals received at the beginning of the year. The service is not actively promoted with referrals coming from lead professionals and word of mouth. From January 2017 to February 2018 the service delivered: 172.5 direct service delivery hours, provided 21 assessments and 10 full episodes of treatment. In that year the service received 32 referrals and 8 further new referrals were been accepted in 2018/19. Due to the capacity and pressures on the service, Salford CCG's Children and Young People's Commissioning Group has received the current service in 2018 and is considering an increased investment into the service in 2019/20.
- 4.16 National Health Service of England (NHSE) commissions specialised services i.e. those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills. This includes in-patient beds, including mental health beds, for children and young people. Unfortunately it has not been possible to maintain this data because it is not comparable for all units (see table 9 below), so was difficult to draw any conclusions from the information provided. Instead, a comparative analysis of GM under 18s admissions in is provided in Section 7.31, which shows 2017-18 CAMHS admissions by CCG. A GM approach is intended to deliver 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 work is aligned to the recent national service review of child and adolescent mental health, perinatal and adult mental health beds undertaken by NHSE.

**Table 9 - In patient bed data – incomplete (see above)**

Year	Children's		Acute		Mother & Baby		PICU		ED		General	
	No.	OBD	No.	OBD	No.	OBD	No.	OBD	No.	OBD	No.	OBD
2013/14	3	509	9	1301	4	353	2	13				
2014/15	2	92	16	645	3	213						
2015/16							1	65	1	80	39	1032
2016/17			16	1022								
2017/18												

- 4.17 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.

- 4.18 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. PWPs are trained to assess common mental health disorders and collaboratively devise treatment plans with people experiencing mild or moderate: depression, panic disorder or generalised anxiety disorder. The main focus of this treatment is 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 10 below

**Table 10 - IAPT data**

Measure	2014-15	2015-16	2016-17	2017-18
Number of 16-17 year olds referred	105	127	112	107
Number taken into treatment	19	25	20	35
- Of which number recovered	(8)	(9)	(6)	(6)
Number stepped up for further input into GMMH	9	12	26	11
Number seen one session only	27	33	16	35
Number not seen (either DNA, cancelled or not suitable)	50 (48%)	69 (54%)	50 (45%)	26 (24%)

- 4.19 There are two teams within Salford that support people who are experiencing forms of psychosis, or loss of touch with reality; the Early Detection and Intervention Team (EDIT) and the Early Intervention in Psychosis Team (EIT). EDIT is a specialist psychological therapy service that works with young people aged 14–35 years who are experiencing distress and symptoms such as hearing or seeing things that others cannot, paranoia, unusually high or low moods, sleeping too much or too little and difficulty concentrating and being easily distracted. It is aimed at detecting and providing cognitive therapy for people at high risk of developing mental health problems (e.g. psychosis). EIT works with people aged 14-65yrs who have experienced a first episode of psychosis, also providing support to the families of people who are using the service. The service aims to address problems at the earliest opportunity to reduce the impact on a person's quality of life. The service provides a range of evidence based interventions designed to help people manage the effects of psychosis and continue with their lives. See table 11 below.

**Table 11 - EDIT/EIT data**

Indicator	2015/16	2016/17	2017/18	2018 YTD
No. of under 18yr olds referred to EIT/EDIT	24	38	39	27
% (Total) referrals	16% (150)	7% (493)	11% (355)	11% (251)
No. to EIT	13	22	14	11
No. to EDIT	11	16	25	16

Data from EDIT/EIT shows:

- Within EDIT recovery rates for young people are good based upon outcome measures.
- There are a group we are unable to capture as they end therapy when they feel they have had maximum benefit from the service.
- The transition rates to the Early Intervention Team are low.
- Recovery rates of young people under the Early Intervention Team are positive, with low numbers being referred onto other services at the end of the 3 year pathway.

- 4.20 From 2017-18 we have reported on national indicators around access and waiting times to community eating disorder services and increasing access to NHS funded community mental health services.
- 4.21 NHSE published indicators in 2016 designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. The aim is to achieve at least 35% of children and young people with a diagnosable mental health condition receiving treatment from an NHS-funded community mental health service by 2020/21, in line with the national trajectory set out in *Implementing the Five Year Forward View for Mental Health*. The target for 2017/18 is 30%. Table 12 below outlines Salford's position against this trajectory (these figures now include data from all commissioned mental health services in Salford), work is underway to explore how other providers could feed into the Mental Health Services Data Set, especially our Community Paediatrics Service.

**Table 12 - Source NHS Digital (MHSDS): Data shows CYP receiving treatment at Dec 2018 (Defined by 2 or more contacts)**

	Actual no. of CYP receiving treatment (YTD)	Total no. of CYP with a diagnosable mental health condition	% access rate (2018/19 forecast outturn). Target 32%
ENGLAND	244,579	1,046,246	28.6%
Greater Manchester	17,060	59,099	35.4%
NHS Bolton CCG	1,635	6,484	30.9%
NHS Bury CCG	970	3,877	30.7%
NHS Oldham CCG	1,070	3,965	33.1%
NHS HMR CCG	1,895	5,086	45.6%
NHS Salford CCG	2,005	5,445	45.1%
NHS Stockport CCG	1,650	5,400	37.4%
NHS Tameside and Glossop CCG	1,045	5,485	23.3%
NHS Trafford CCG	990	4,593	26.4%
NHS Wigan Borough CCG	1,045	6,400	20.0%
NHS Manchester CCG	4,760	12,364	47.2%

Cause for Concern and below National Average: R Off Target but above National Average: A Meeting Required Target: G

- 4.22 The access and waiting time standards for CEDS are set within the guidance *Access and Waiting Time Standard for Children and Young People with an Eating Disorder*, and this states that National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. The data for 2017/18 is presented in table 13 below and data for Quarters 1 -3 2018/19 follows in Table 14.

**Table 13 – Salford Community Eating Disorder performance 2017/18**

Eating Disorder Service	Q1	Q2	Q3	Q4
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No. of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral (Local Target 2017-18 75%)	2 (100%)	Nil	3 (100%)	1 (100%)
No. of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of treatment (Local Target 2017-18 80%)	18 (72%)	10 (100%)	10 (90.9%)	8 (88.9%)

**Table 14 - Salford Community Eating Disorder performance 2018/19 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 (Local Target 2017-18 75%)	3 (100%)	1 (100%)	3 (100%)
No. of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of treatment (Local Target 2017-18 80%)	5 (83%)	7 (100%)	14 (100%)

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

## 5 Financial and contracts

- 5.1 The total investment in the commissioned core and targeted CAMHS services from 2014/15 to 2017/18 is broken down in the table 15 below:

**Table 15 – Service investment**

Funding Source		42 <sup>nd</sup> 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 <sup>1</sup>	£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
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			£370,871		£370,871
NHSE	2014/15				£569,756	£569,756
	2015/16				£656,754	£656,754
	2016/17				Unavailable	
	2017/18				Unavailable	

Therefore the total investment in the existing specialist mental health services in 2017/18 was £3,237,120 (excluding the cost of Tier 4 inpatient stays, as this information was unavailable).

- 5.2 In addition, Gaddum are commissioned to provide bereavement and palliative care counselling services for children and young people, with a combined budget of £20,850 per year. This is currently under review due to capacity and pressures. The above does not include the money

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



invested in Step 2 IAPT and Early Intervention in Psychosis services as only very small numbers of young people access the service and it is not possible to present the cost for just these cases. The above also does not reflect the provision within universal and community services like health visiting, family nurse partnership, school nursing, children's centres etc. The annual contract value for health visiting, family nurse partnership and school nursing is presented in the table 16 below. These services will include promotion of good emotional health within their work, but are not specifically commissioned as mental health services.

**Table 16 – 0-19 investment**

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 Contract				£5,351,258

- 5.3 As well as the investment in core commissioned services, significant additional investment has been made in our CAMHS Transformation Plan and 0-25 work. From 2016/17 £562,000 has been allocated on a recurrent basis within the CCG baseline for CAMHS Transformation plan investments. In addition, over the next three years there will be additional £400,000 of recurrent monies, with £200,000 available in 2018/19 and an additional £200,000 available in 2019/20. This will mean that there will be £762,000 in 2018/19, and £962,000 from 2019/20 to support CAMHS Transformation Plan investments.
- 5.4 The LTP investment for 2015/16 and 2016/17 is contained in Table 16a below. The LTP investment for 2017/18 was £716,363, and the profile of spend in is shown in Table 16b.

**Table 16a - LTP investment in 2015/16 and 2016/17**

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

<sup>2</sup> In addition we received a non-recurrent allocation of monies in 2016/17 from NHSE totalling £134,000 to support initiatives to drive down average waiting times for treatment and reduce length of stay in inpatient care through more robust 24/7 crisis care support pathways reported in the 2017 plan refresh.

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

**Table 16b - LTP Investments – 2017/18**

<b>Service / Project</b>	<b>Cost 2017/18</b>
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
<b>Total</b>	<b>716,363</b>

- 5.5 The investment plans for 2018/19 and 2019/20 are shown in Table 16c below. The CCG LTP Funding available in 2018-19 was £762,735, plus additional funding of £47,823 clawed back in year due to project underspend, and from 2019-20 the budget increases to £962,000. Please note that at the time of writing, some of these proposals were still subject to final approval.

**Table 16c – LTP Investment Plan 2018/19 – 2019-20**

<b>Service/Project</b>	<b>Projected spend 2018/19</b>	<b>Proposed spend 2019-20</b>
CAMHS LD Uplift	96,891	76,141
Community Eating Disorder Service	161,000	161,000
Integrated Community Response Service	142,973	157,798
All age Liaison	83,699	149,400
42nd Street Uplift	143,862	145,137
IAPT contributions	30,000	21,000
Post: Single point of contact	24,120	48,239
Engagement: Drama Workshops	9,975	9,975
CAMHS School Link Programme Phase 3	0	170,693
CAMHS LAC (Including I-Start pilot)	118,038	0
Parent Peer Support	0	23,352
<b>Total</b>	<b>£810,558</b>	<b>£962,735</b>

- 5.6 These ambitious programmes are underpinned by a comprehensive workforce strategy which takes into account skills, capabilities, age, gender and ethnic mix to enable us to develop and support a workforce that is flexible, sustainable and fit for purpose. Salford has collaborated with all other GM CCGs to develop a multi-agency workforce strategy for GM. Progress on our local workforce development programme and on GM integrated workforce planning is outlined in section 7. Our increased investment in CYP mental health staffing is outlined in workforce data provided for CAMHS and 42<sup>nd</sup> Street in section 4 above and in 5.7 and 5.8 below.

- 5.7 There are currently 4.4 WTE posts in 42<sup>nd</sup> Street's core commissioned service, offering face to face counselling and psycho-therapy (4.0 WTE) and group work (0.4 WTE). The impact of the additional investment in 2018-19 that provided this increased capacity will be reviewed in 2019/20.
- 5.8 In the CAMHS commissioned service there are currently 31 WTE posts, not including admin support. This includes core CAMHS delivery and all targeted services as described in the service activity section of this plan. This reflects an increase of 11 WTEs from 22 WTEs reported in 2015-16. This combined with 42<sup>nd</sup> staffing will inform the Salford workforce baseline and projections to meet the FYFV for Mental Health workforce expansion requirements.
- 5.9 There are challenges around workforce both locally and nationally and this is acknowledged within the GM Workforce strategy (see above and section 7.5 below). However, there has been significant additional investment into CAMHS (core and targeted services) over the past two years in Salford and we would therefore expect to meet the GM workforce expansion targets.
- 5.10 Salford's Population Health plan is funded via Greater Manchester Combined Authority (GMCA) to deliver transformation programmes under the 'Age Well' and 'Start Well' agendas (see Section 2 above for details). The financial scope of this programme and investments which support the 'Children are Thriving' theme and contribute to the children's emotional health agenda and CAMHS Transformation plan priorities are outlined below.

Projects	Total investment 2017-2020
Integrated Health & Wellbeing	£400,000
Emotionally Friendly Schools	£260,000
EHWB Training	£175,000
Counselling in Schools	£75,000
Learning for Life	£100,00

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

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

the North West and England average and within the normal range, showing that smaller numbers in Salford indicating cause for concern with their emotional health.

- *Alcohol*: Alcohol-Specific Hospital Admissions for under 18s is declining but Salford remains above the North West and England average.
- *Substance Misuse*: Hospital admissions for substance misuse 15-24yr olds is increasing with Salford above the North West and England average.
- *Youth Justice*: Between 2006/7 and 2012/3 there was a reduction in first-time entrants to the youth justice system. In 2013/14 there was an increase but Salford is not significantly higher than England.
- *Self-Harm*: There has been a fall in the rate of hospital admissions for self-harm amongst 10-24yr olds but Salford remains higher than England.
- *Mental health*: Hospital admissions for mental health among 0-17yr olds have fluctuated between 2010/11 and 2013/14 but are currently above the England rate.

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

6.3 **Salford Mental Health All Age Commissioning Strategy:** 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.

The last mental health strategy for Salford was focused on adults and was developed in 2013. This strategy guided the development of mental health services until 2018. Salford has always had a separate strategy for children and young people, which is now encompassed in the CAMHS Transformation Plan. The new, all age mental health strategy sets out plans for 2018-2023 and will focus 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 245.

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 children and young people's priorities identified in the All Age MH Strategy are listed below under our children's and young people's emotional health and wellbeing ambitions and will be incorporated into the 2019 CAMHS Transformation Delivery Plan. It should be noted that we are already working on a number of these, but some priorities are new and/or may require further investigation.

Improved awareness and understanding:

- Create a whole system shift in focus towards prevention, resilience and thriving approaches
- Explore the use of a resilience based framework (e.g. [www.youngminds.org.uk/media/1486/interactive\\_resilience\\_framework](http://www.youngminds.org.uk/media/1486/interactive_resilience_framework))
- Explore learning from the Start Well Youth Offending Team Project to inform future developments
- Facilitate a training approach for mental health staff around Autistic Spectrum Conditions (ASC) and ADHD to ensure that a person centred approach is taken for people who have mental health needs and ASC conditions.
- Support shared knowledge around individual adjustments (e.g. communication approaches and diagnostic tools) that may be required when supporting people with Autistic Spectrum Conditions and mental health problems to seek support.
- Support mental health services to integrate an improved understanding of Autistic Spectrum Conditions into their approach to supporting people who require mental health services, recognising that awareness of the experience of autism is important in shaping the approach to how mental health services are offered
- Development of mental health awareness / skill building across integrated staff teams

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

- Explore opportunities to work across sectors (primary care / secondary care services, VCSE and schools) to support emotional wellbeing in young people.
- Encourage schools to work closely with the VCSE sector to develop supportive approaches to emotional wellbeing.
- Scope the need for anger management skills to support children and young people with a view to revising provision
- Support the development of perinatal specialist psychiatric support at Greater Manchester level
- Proactive identification of children and young people with adverse childhood experiences with a view to providing appropriate and timely support to prevent exacerbated mental health needs



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

- Scope the current provision of bereavement support for children and young people and identify any gaps in provision / any need to re-specify provision to meet need.
- Improving the offer and access to primary care counselling, school counselling and children's provision.
- Exploration of support for those people experiencing bullying, particularly in relation to social media challenges
- Review looked after children's nursing services and develop inclusion of a trauma-focused approach
- Work closely with approaches to provide support to young people at risk of marginalisation and radicalisation
- Develop support for young people entering into the criminal justice system to increase life chances
- Consider new models for supporting young people who are using food banks and couch surfing, linking with community hubs

Parental support and programmes for those who need it:

- Supporting parents and families with additional needs e.g. children with disabilities, young carers supporting parents with mental health needs
- Supporting parents with developing skills and healthy behaviours, including: diet and cooking, emotional resilience, and sleep / behaviours support, preparedness for new baby as described in the local 0-19 agenda
- Explore opportunities to further develop bonding and attachment support for families
- Develop perinatal IAPT provision

**6.4 Joint Strategic Needs Assessment (JSNA):** The JSNA is a strategic assessment of current and future needs of local communities. Whilst health, wellbeing and social care are a focus of the assessment, a range of other information is also included. The main headlines for CYP in Salford identified by the JSNA are:

- Salford is significantly better than England for 9/35 indicators.
- Gaps remain to England averages for 18 indicators however for 11 Salford is improving at a faster rate than the North West.
- There are 9/35 indicators which do not show an improvement in the trend over time for Salford.
- Salford has followed the national pattern of a reduction in teenage conceptions from 2003. The rate has almost halved from 60.7 per 1,000 in 2003 to 30.4 per 1,000 in 2013.
- Needs are assessed for infant mortality, children with disabilities, unintentional injuries, safeguarding and other topics pertaining to the health of Salford's CYP population.

The Salford JSNA topic areas can be found here; [www.salford.gov.uk/people-communities-and-local-information](http://www.salford.gov.uk/people-communities-and-local-information)

## 7 What Has Been Accomplished Since December 2015

**7.1** In 2017 we aligned the *Future in Mind* priorities with our local emotional health and wellbeing 'Ambitions' and young people's 'We statements' (see Appendix 3). Therefore the following updates on our progress against our priorities in 2018 is presented under our six Ambitions.

**AMBITION 1: Improved awareness and understanding amongst the public and professionals****Priorities for 2018/19 priorities were:**

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

- 7.2 **Improving Access to Psychological Therapies:** The North West children and young people's IAPT Learning Collaborative is working with CCGs and providers to ensure continuing professional development of existing staff and to embed evidence-based practice in partnerships, accelerate transformation in services through the use of feedback, outcomes tools and participation of children, young people and families and build capacity of skilled practitioners and clinicians across the North West. There is a need to take a regional approach to workforce development to prevent ongoing variability in how these issues are managed. See section 7.6 for further information and progress on the GM Workforce Development Plan.
- 7.3 MFT CAMHS have been a first wave adopter of CYP-IAPT, a national programme to deliver evidence-based training both to a wider range of existing clinical staff, and to make available such opportunities to staff in a range of external agencies. Across the lifetime of MFT's involvement with CYP-IAPT we have trained 40 additional practitioners in enhanced post-graduate therapeutic interventions. In Salford there were two applicants in 2017 for the CBT pathway (one Clinical Psychologist from core CAMHS and one educational psychologist from Salford Educational Psychology Service). In 2018 there were two applicants (one from Emerge and one from the STARLAC service). To date there has been one Salford applicant for IAPT from 2019. There has also been the recent development of a Children & Young Peoples' Wellbeing Practitioner (CYWP) role. The funded training for these CYWP's commenced in June 2017 for one year and the Manchester and Salford collaborative had three practitioners on places. Two CYWP's were subsequently employed as part of the rollout of Salford's CAMHS School Link Programme from May 2018. We are currently reviewing how to deploy the staff in Salford across schools and colleges in 2019 (see Section 7.10 for more information on the CAMHS School Link Project).
- 7.4 Across MFT Manchester and Salford in 2018 six MFT CAMHS staff were accepted onto the CYP-IAPT training course, on a range of pathways including CBT, Systemic Practice and IPT-A. Practitioners are now bringing these enhanced skills back into practice. For 2019 three further staff will be trained in post-graduate programmes, one on the Enhanced Evidence-based practice course, and up to 8 across Manchester and Salford for the new Education Mental Health Practitioner course.
- 7.5 **Salford's Emotional Health and Wellbeing Training Programme:** Salford City Council was successful in its application for Greater Manchester Population Health Plan 2017-21 Transformational funding with the EHWP training programme proposal included in the Start Well – Children in Salford are Thriving project proposal, from which £175,000 was allocated to the EHWP training programme. The funding will be used to support workforce development, taking into consideration the skills audit, the EHWP partnership and Salford' Health and Wellbeing Ambitions: Improved awareness and understanding.

The aim of the programme is to support staff and volunteers in their roles, to increase confidence and communication, to have a better 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 2018-19 a comprehensive programme was rolled out, comprising of:

**Suicide Awareness:** 60-90 minute briefing sessions, 3 hour Identifying and Talking about Suicide accredited course and the 2 day Applied Suicide Intervention Skills Training (ASIST) training.

**Mental Health First Aid (MHFA):** to ensure a sustainable, and in the longer term a more cost effective training programme, 4 members of staff completed the Youth MHFA facilitator training. The purpose of the investment was to extend the national training programme offer to ensure that MHFA is embedded across young people's provision in Salford. 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.

**LGBTQ+ Awareness:** school specific training programme included Trans Inclusion in Education and homophobic, biphobic and transphobic (HBT) bullying in Schools; an awareness session and resource pack has been developed for professionals to enhance and improve the knowledge and practice of professionals.

A full evaluation of the training is underway, to assess the direct impact of the training on the children, young people and families they work / volunteer with, the impact on their practice and to identify any further training needs.

In 2019-20, the MHFA and LGBTQ+ Awareness training will continue to be delivered across the city, a consultation will be undertaken with schools to additional identify further training needs, and will support next year's Thrive Network events including a planned ACEs conference. In addition, Salford will be participating in the GM i-THRIVE Training Academy and have identified key professionals to undertake the training and to embed the learning into services.

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

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

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

In response a £1.4 million investment through GM transformation funding has been secured to ensure a clear strategy and associate plans are in place to mitigate the known risks. The Greater Manchester Children and Young People's Emotional Wellbeing and Mental Health Workforce Strategy has been developed through consultation and engagement with a variety of stakeholders that included NHS Providers, Clinicians, CCGs and the GM Strategic Clinical Network – to name a few.

The scope of the strategy focuses on the specialist element of CYP Mental Health workforce – CAMHS. Over time and through the work GM transformation funded GM i-Thrive programme strategic planning will seek to develop strategies for the wider CYP workforce.

The purpose of the strategy is to outline principles and solutions across four key domains:

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

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

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

**Table 17 - Greater Manchester CAMHS Workforce expansion (2016-2021)**

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

*Note: Workforce expansion by service area in Full Time Equivalents (FTE). The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP.*

The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, outlined above, will be supported by Greater Manchester Transformation funded uplift of 39

additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

- 7.7 **Manchester Foundation Trust workforce development:** MFT has a number of strategies to address ongoing workforce development both for existing staff and in support of the wider networks they interface with. These are described in detail in Appendix 6.
- 7.8 **GM iTHRIVE:** Each of the 10 Local Transformation will work with GM iTHRIVE team to enable the delivery of the GM CYP mental health transformation programme. It is planned that this will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process.

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

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

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

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

The plan for next year (2019/20) includes:

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



- Explore supervision and consultation models to support the broadening of the system (phase 2).
- THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.
- All localities to have a communication and engagement plan.

### **AMBITION 1 - Improved awareness and understanding amongst the public and professionals**

#### **Priorities for 2019/20 are:**

- 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, aligned to
- 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

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

#### **Priorities for 2018/19 were:**

- Delivery of the early help pilot for emotional health
- Continue application of the EYDM locally
- Continued work with schools to deliver a whole-school approach to emotional health & wellbeing
- Continued delivery of recommendations from the VCSE research including training, partnership working and funding opportunities.
- Review options for integrated commissioning arrangements and implement the GM CAMHS service specification
- Collaborative review of the single point of contact
- Establish a second Schools Counselling Approved Provider Register and grants programme to ensure access to counselling for the most vulnerable young people
- Roll out phase 3 of CAMHS School Link programme

**7.9 Early Help Project:** 42nd Street was commissioned to oversee a project from September 2017 to explore the multi-agency approach to mental health and wellbeing for children young people and families in West Locality with a view to increasing capacity and strengthening the Thrive, Getting Advice and Getting Help quadrants of the i-Thrive Model.

54 organisations/umbrella organisation/teams were identified relevant to supporting children young people and their families with their emotional wellbeing and mental health and a skills audit was developed by 42<sup>nd</sup> Street, agreed by a local steering group and completed by:

- West Children's Centre
- Early Years Team supporting private, voluntary and independent (PVI) child-minders

- West Locality School cluster (primary and secondary)
- Big Local
- IYSS
- Youth Offending Service
- 42<sup>nd</sup> Street
- Young Carers – Gaddum
- Salford Foundation

The following outlines the training priorities (in priority order) identified by the community and where local organisations identified that they have the expertise to deliver training/

- Domestic Violence and the relation to child and adolescent mental health issues capacity building to colleagues
- De-escalation approaches with children and young people presenting in crisis/distress
- Isolation and loneliness and the impact on CYP Mental Health
- Pressures and impact of social media on CYP Mental Health

An action plan has now been developed to deliver multi-agency training and development days around the key topics outlined above to be delivered using local partners where appropriate but also bring in regional and national expertise where required. This programme will run until September 2019 and link with the GM i-Thrive Academy, and will inform rollout of improved pathways and support across all Salford's Early Help Family Hubs and localities.

**7.10 Early Years Delivery Model (EYDM):** All staff in the 0-19 Service have been trained in the Solihull Approach and a cohort of staff have been trained in Ante Natal Solihull. They have co-delivered with the parenting team four ante-natal Solihull parenting sessions across West and North localities in Salford. The service is currently recruiting Train the Trainers for this programme. The 0-19 service have staff that are trained in Universal Baby Incredible Years and again sessions have been co delivered with the parenting team in West, North and East Central Localities. The Service is currently rolling this out across the city. The content of the incredible years baby programme emphasises becoming a new parent, developmental milestones, temperament differences, safety proofing and parenting approaches that build a positive parent / child attachment. To promote attachment and interaction between parents and infants all Health Visitors have received training in New-born Behaviour Observation (NBO) or Infant Mental Health. This allows parents to 'tune in' to their baby, building relationships with their baby and providing a voice for the child, as well as increasing parental confidence, allowing parents to enjoy the experience of being a new parent.

**7.11 Solihull Antenatal:** is the identified antenatal offer as part of the EYDM in Salford to bring consistency of delivery and messages to all Salford parents by ensuring the same programme is delivered to all expectant Salford parents across all 5 midwifery providers. The programme requires a multi-agency delivery approach from health, midwifery and Early Help (under 5's) Practitioners.

From 2017-2018, Solihull antenatal has been piloted in the North and West of the city, over 22 courses have taken place across both clusters and more than 213 families have attended over the last 18 months. Early feedback from parents has been positive including strong engagement and feedback from dads.

A one day Solihull antenatal training took place to train staff to be able to deliver the programme to expectant parents. This was for those staff planning to progress onto the train the trainer and was the first step in the roll out. A Train the Trainer course has been completed and 7 internal staff are now trained to be able to train other staff to be able to deliver the Solihull antenatal course to parents.

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

- 1) **The Emotionally Friendly Schools** programme has continued to be rolled out across schools, with 70 primary and secondary settings involved in the process which offers schools whole school awareness training and an action planning meeting alongside a resource manual. EFS has been incorporated into the CAMHS / schools link pilot, with an expectation that schools involved in the pilot are also engaged with the EFS process. Six schools are now accredited as Bronze Emotionally Friendly Schools, with another four set to be accredited at Bronze by the end of March, and one due to be accredited as Silver. The Population Health funding has allowed the development of Early Years and Post-16 versions of EFS. Successful consultation and development with nurseries and colleges has taken place and development of these modules is almost complete, with view to start piloting them from April 2019.
- 2) **The fourth EFS conference** took place in May 2018 with a focus on trauma and critical incidents. It was well received with over 100 delegates attending from schools and settings across Salford. The next EFS conference for 2019 will be titled Emotionally Friendly Classrooms and will consider elements of emotional and mental health in the classroom and at a whole school level. A new larger venue has been secured due to the popularity of the conference and also to allow schools from other LAs who have started the EFS process to attend.
- 3) **CAMHS School Link programme** Continued CAMHS offer of training, liaison and consultation for schools. Now additional 19 schools trained to complete school referrals (increased from 30 school initially trained 2016-18, Phase 1 & 2) with 10 Jewish schools trained to make referrals via GP until further EFS training is completed with a further 5 Jewish schools to attend training in February. Total number of schools engaged predicted to be 64 by February 2019. ADHD training and support to schools continues to be offered with strategic planning and pathway development now being progressed via wider Neurodevelopmental Steering Group. ADHD post diagnostic groups and link to GM ADHD Strategic Partnership continue. Bespoke packages of support are also available to all CAMHS Link schools, with collaborative working on specific projects with Educational Psychology, Primary Inclusion Team, 42nd Street, Yr 6-7 transition service, Integrated Youth Support Service. The Project Lead also attend local strategic planning groups including Education on Track, 16-18 transition and Emotional Health and Wellbeing Schools Group.
- 4) **I-REACH** is an extension of the CAMHS Link programme of support to schools and was launched in May 2018. Since then, 20 Phase 1 & 2 primaries have received low level 'getting help', high intensity CBT based interventions from Children and Young People's Practitioners who have completed IAPT training. The service aims to offer an early intervention to children who are presenting with anxiety and low mood based difficulties in their school, support parents with basic parenting support and provide feedback to teachers re useful support strategies. Children who are found to have more complex needs or neurodevelopmental difficulties will be screened and re-directed to the core CAMHS team for more intensive, specialist assessment and intervention as required.
- 5) **Schools Counselling:** The Schools Counselling Approved Provider Register (APR) continues to provide a vehicle for primary and secondary schools to access a pool of quality assured counselling providers and their menu of provision. Operational this since September 2016, with nine providers initially, and now

extended for a further two years up to August 2020 with 13 approved providers currently on the Provider Register to deliver in Salford schools. The successful funding bid to the Greater Manchester Population Health Transformation Fund has helped provide a small grants programme from January 2018, which has funded an offer of targeted exam stress workshops for Year 11s in High schools experiencing greatest levels of anxiety related to exam stress which resulted in referrals to services for counselling / 1-2-1 support. 7 schools took up the offer of either assemblies or assemblies and lunchtime workshops with a collective total of 698 young people attending and 86% confirming improved understanding and knowledge of the causes of stress & anxiety, the impact to self and others and where and who to go for help. 18 schools (4 High, 14 primary) have been awarded match funding to support the commissioning of bespoke counselling provision for vulnerable pupils through the APR. This will be monitored throughout the year and evaluated at end of the school year.

**6) The Emotional Health and Wellbeing in Schools Working Group** has continued to meet to join up the work outlined above. The integrated delivery plan is due to be reviewed in February 2019. The group has contributed to major pieces of work such as the city-wide resilience and well-being survey.

**7) Primary to secondary school transition project:** The 'Goodbye primary, Hello high' project was successfully delivered in schools in the summer term of 2018. 30 schools took part, with 1740 pupils taking part. Pupils were surveyed pre and post delivery, with a 58% of pupils feeling happier about going to high school after the sessions.

- 7.13 **Voluntary, Community and Social Enterprise (VCSE) Research:** The research project, undertaken by Salford Community and Voluntary Service (CVS) highlighted the current provision for children and young people from a sample of 42 VCSE organisations. The report made a number of recommendations for Salford CCG, LA and CVS and a number of specific recommendations for the three transformation programme areas. Recommendations were implemented in the form of a further Healthy Schools Grant being available VCSE sector organisations working in partnership with up to 3 schools and also training and development work to support council staff in undertaking partnership work with the 3<sup>rd</sup> sector. Further work is planned.
- 7.14 **The Little Pot of Health (LPOH),** Healthy Schools Fund allows schools to apply for up to £5,000 to deliver activities which improve health and wider wellbeing and / or improve mental and emotional wellbeing of children in Salford, increases the numbers of children taking part in health & wellbeing activities, increases the confidence of children and increases community engagement in the life of the school. The Grants panel met in July 2018 and awarded grants to 11 individual schools and 2 grants to clusters of 4 and 3 schools respectively. The total grants awarded were £88,935.86.
- 7.15 **The LPOH Healthy Schools 'Community Partnership Challenge'** is designed to develop partnerships between schools and VCSE organisations in Salford. These new partnerships will work to engage families and communities in the life of schools and support the development of community assets that improve the health and wider wellbeing of Salford's children. Partnerships between schools / or schools and VCSE organisations can bid for up to £15,000 to deliver activities which increases the number of community assets operating in partnership with primary schools, improves the health and wider wellbeing and / or mental and emotional wellbeing of children in Salford, increases the numbers of children taking part in health & wellbeing activities, increases the confidence of children and increases family engagement in the life of the school. The Grants panel met in November 2018 and awarded grants to 6 partnership projects. The total grants awarded were £75,000.

- 7.16 **GM Mentally Healthy Schools Rapid Pilot:** A six month rapid schools emotional wellbeing and mental health pilot was delivered at pace across GM to increase access to evidence informed mental health support and help for students/pupils and staff, delivered across primary and secondary schools, special educational needs (SEN) schools and a pupil referral unit (PRU). The pilot was linked with the Green Paper reforms for 'Transforming Children and Young People's Mental Health Provision,' which was published in December 2017.

A key feature of the pilot was a collaborative model of delivery of the programme to 31 primary and secondary schools, SEN schools and PRU. The pilot was delivered by four VCSE organisations: Alliance for Learning (AfL), Place2Be (P2B), Youth Sport Trust (YST) and 42nd St, over an intense six month period and was completed in October 2018.

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

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

The schools involved in the pilot were taken from across the GM footprint and a total of 7 of the 10 localities were included in the coverage of schools for the pilot. The localities involved in phase 1 were: Bolton, Bury, Manchester, Oldham, Stockport, Trafford and Wigan.

The University of Manchester were engaged to complete an evaluation of the programme and produced a final report which was summarised into an evaluation document, which give an overview of the pilot, key findings, and recommendations for further development of the programme

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

The pilot delivered:

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

**Next Steps:** Phase 2 of the Pilot will see the continuation of work across the original 31 schools and the roll out to a further 31 schools & colleges, bringing the total number of schools and colleges within the Pilot to 62. The ambition is to scale the project to 10% of schools and colleges across the GM footprint, with the third phase of the project involving the procurement

of additional providers to deliver to a further 63 schools and colleges – which will mean the total coverage of schools and colleges in GM (125) will represent 10% of our total schools and colleges.

- 7.17 School Nursing Service:** This is part of the integrated 0-19 service. Health Visitors and School Nurses are well placed to play a key role in promoting emotional wellbeing and positive mental health of children, young people and their families. They have a specific contribution to make in identifying issues, using protective screening and providing effective support. All high schools have a weekly drop in facilitated by a school nurse. This drop in ensures assessment of health and wellbeing need and early identification of risk factors, it also ensures support for health promotion and change management around issues such as obesity, smoking, drugs, relationship issues and sexual health. School nurses have a role in promoting positive mental health and will explore the relevance of the Five Ways to Wellbeing to the lives of children and young people (Connect, Be Active, Take Notice, Keep Learning and Creativity and Play). An Emotional Health and Wellbeing Standard Operating Procedure has been being devised to offer guidance and clear referral pathways to support for young people, and staff have received additional training from CAMHS.

The school health team is working with integrated youth service and the educational psychology service to develop an integrated approach to improve the emotional health and build resilience of primary schools children. This work focuses on supporting parents and schools staff and developing resources for parents and practitioners.

- 7.18 i-THRIVE:** Salford is committed to the implementation of the THRIVE model, moving away from a tiered approach to a needs based whole-system model, along with the rest of GM. The proposal for a GM i-THRIVE hub, funded through the GM Transformation Fund, was approved in December 2017. This will be the only formally established collaborative outside London with the Anna Freud Centre. It will provide access to a training and development programme for staff, a supervision framework, revised care pathways, the roll-out of learning from the ACEs study and action learning groups. In addition, Salford commissioned some research from the Centre for Public Innovation (CPI) to support the local transformation work by helping practitioners to understand the prevalence of mental health and wellbeing issues, the demand for provision in each of the THRIVE 'clusters', current pathways and flows of children and workforce considerations. CPI made some suggestions to support further implementation of the i-THRIVE model around co-production, communication and consultation, commissioning, workforce development and performance management. These will be addressed through the Salford 'THRIVE' network – see below.

- 7.19 The Salford Thrive Network:** now in its second year, continues to grow, with over 400 professionals on the distribution list. During 2018 two Thrive network events took place, averaging 80 people attending each session. The March event focused on schools with presentations on the Emotional Friendly Schools programme; counselling support for international new arrivals delivered; counselling in schools funding and Salford's LGBTQ+ youth groups. The second part of the session was an LGBTQ+ awareness training session delivered by 42nd Street. The event in October provided the opportunity to inform professionals on the Greater Manchester Crisis Care Pathway, how the new pathway will work, which services will be involved and the planned roll out of the service in 2019. In March 2019 there will be a whole day conference specially looking at adverse childhood experiences, and the annual Emotionally Friendly Schools conference in May 2019. An evaluation of the Thrive network is planned for 2019, participants will be consulted to gather feedback and to identify additional areas to focus on, which will inform the session planned for October 2019.

- 7.20 Integrated commissioning arrangements:** We remain committed to developing integrated commissioning arrangements for children's and young people services and our joint work



around CAMHS and Emotional Health and Wellbeing is still an early focus for pooled budgets and integrated commissioning arrangements. Progress has been made in 2018 in greater aligning our commissioning and contracts, and through the establishment of an Integrated Commissioning Lead role which works across the Council and CCG. We have reviewed a number of our targeted services and are have started to align these contracts with the GM CAMHS contract specification. Evaluations have been undertaken with a number of CAMHS Transformation funded projects and pilots and work has started to plan the sustainment of these.

- 7.21 Work with General Practice:** Information regarding the review of antidepressant use for mental health conditions in children under the age of 18 years in Salford GP practices between May and August 2017 was disseminated to both GPs in Salford and the Salford CAMHS team. The main recommendations involved improving the documentation of first line antidepressant use, prescribing rationales for prescribing outside of the NICE guidelines and suggestions of actions to take if a patient is not willing to engage with CAMHS. The report will be shared with primary care GPs and the Salford CAMHS who will be asked to clearly document 'prescribing rationale' below their antidepressant choices in order to provide assurances of their management in line with NICE guidelines.
- 7.22 Transitions:** this work builds on the earlier review and audit of transition arrangements for young people at age 18, who move from children's to adult mental health services (AMHS), the focus has been on improving the pathway for transitions from CAMHS to AMHS and/or for transitions to other services including primary care, adult social care and to other emotional health commissioned provision for young people up to their 25<sup>th</sup> birthday (42<sup>nd</sup> Street). A Transitions Working Group has also now been established to ensure this work remains a priority and that services continue to improve the way they work together to support young people transitioning from children's mental health services and into adulthood. More robust monitoring arrangements have now been implemented in CAMHS and AMHS to track transitions and to ensure a smoother and timelier handover. Support has been enhanced within adult social care through the recruitment of dedicated Transitions Social Workers who are responsible for supporting those young people with complex needs who may also have mild to moderate mental health difficulties but may not reach the threshold for AMHS. A transitions 'Tracker' has been developed and is used to support the panel of professionals that are responsible for planning transitions for these young people with complex needs. Both children's and adult mental health workers have now been engaged to attend and advise the panel to ensure that mental health needs are considered in the assessment and plans agreed for this vulnerable cohort of young people.
- 7.23 The Transitions CQUIN** has supported a continued focus in Salford and ongoing improvements in joint working across services. In 2018, progress included:
- CAMHS now maintain a 'Salford Transition Register' and monthly transition meetings are held where CAMHS, AMHS, 42<sup>nd</sup> Street and 6 Degrees attend to discuss transition cases.
  - Questionnaire was sent to all Salford Greater Manchester Mental Health (GMMH) Staff with a response from 804, which identified the lack of staff were awareness around the transition process.
  - 2 focus groups with service users who transitioned from CAMHS to AMHS which also highlighted a lack of awareness of the transition process, and young people feedback that they were not consulted. Their parents also stated that they were not informed or consulted about transition plans. Families reported a lack of information provided by CAMHS about services available once leaving their service and entering adult services.
  - Recommendations from the focus groups highlighted the need for an ongoing improvement plan and focus on providing better:

- Communication
- Care Planning
- Joint Working
- Support for parents/carers
- Advice about services
- Parent consultation
- CAMHS to complete a timeline of transition process
- Accessibility to appointment locations
- Staff training at all community and inpatient settings has taken place to ensure referrals are being correctly logged onto the computer system so it can identify when a service user is transferred from CAMHS.
- A Transition booklet was created which will be given to all GMMH Salford staff to ensure they have a clearer understanding of the transition process.

The aim is that all transitions from CAMHS will involve a hand over meeting and support for the young person to attend their first AMHS appointment if that is what they would like. This process is helped by the fact that most AMHS accept self-referrals but work to date shows that few young people do transition into adult services, with the exception of those young people referred into adult ADHD services, but there is more to be done to ensure that CAMH services receive feedback on these referrals.

The CQUIN recommended that there should be a post transition questionnaire on the process, however this has proven very difficult because young people have said they would not want to be contacted to provide feedback on this experience. The easiest way identified to routinely collect transitions feedback is by embedding into the Care Plan process when young people move into adult services.

**7.24 Single Point of Contact:** The pilot completed its first year in October 2018 and has now been evaluated. The aims of the pilot were to test the effectiveness of a single point of contact in Salford to support improved access and pathways into CAMHS and/or other support services. They key features of the pilot were:

- Initial risk assessment to ensure children and young people at high risk are seen as a priority.
- Prompt decision-making about who can best meet the child/young person's needs (including targeted or specialist services, voluntary sector youth services and counselling services).
- Young people and parents are able to self-refer into the SPoC.

The Salford CAMHS Single Point of Contact role (in the form of a CAMHS Community Link Practitioner) has helped to:

- Manage referrals swiftly and determine the best service to meet an identified need (step up / step down) in line with the i-Thrive model,
- Work with other frontline staff to build knowledge and capacity around mental health and help improve how cases are dealt with and needs are met, skilling up / training others to identify emotional wellbeing issues & refer accordingly, and to
- Provide timely access to advice and consultation on pathways/referrals for front line staff and professionals (including GPs, Schools not part of the CAMHS Schools Pilot, School Nurses, Health Visitors, Youth Services, Social Workers and The Bridge) to

discuss concerns/cases and make informed decisions about whether to refer young people on and where to in line with the i-Thrive model.

The pilot has been well received and has proved an important foundation for the “no door wrong door” Thrive aligned model. The opportunity to engage with a mental health professional for advice, guidance help or even risk help at any point has proven invaluable in developing confidence across the whole system and importantly in supporting our young people in Salford in a timely and appropriate and accessible manner. The feedback has been very positive from both professionals, carers and staff within CAMHS as the improved relationships and appropriateness of referrals into the service has improved. GP’s having the opportunity to contact a CAMH professional and discuss support plans, treatment, risk management plans, arrange appointments and consider alternative support that may be appropriate for the young person or family has been highly regarded.

Key achievements delivered between October 2017-18:

- 399 cases closed to SPoC worker
- Increased confidence amongst front line staff having direct access to timely advice and consultation (60 consultations provided for Social Work Team)
- Input to multiagency referral and assessment meetings via The Bridge
- Attendance at GP cluster meetings and 78 telephone consultations with GPs

Recommendations and options for scale up and roll out of this pilot are currently under consideration.

**7.25 Child not brought / Did not attend:** the single point of contact post (see above) is contributing to understanding this issue and informed a wider service re-design across CAMHS building on the learning and good practice of the SPoC pilot. All ‘No shows’ are now followed up with either a review or a contact by a clinician review the reasons for non-attendance. In addition, the service has now implemented the GM standard in management of the DNA policy to align with all other GM CAMH services. The service is now routinely reviewing referrals that end in a ‘no show’ to see if there is a pattern and will contact the referrer or appropriate partner agencies to describe and explore this.

The wait for a first appointment has been identified by young people as the crucial ‘engagement’ phase for them. In the light of this, the service has commenced over the 2018 a triage service to screen contact and support young people and their families into services when and where appropriate. This has informed the need for a ‘Choice and Partnerships Approach’ (CAPA) to be implemented in Salford in 2019. The CAPA model facilitates that the service is delivered by a choice appointment and partnership approach to working collaboratively with our young people and their families regarding what type of intervention they feel would be helpful, by which clinician and by when. All referrals now received by CAMHS will be screened and actioned with a contact or the offer of a choice appointment. The aim is to facilitate a swift response to families and provide the opportunity to have a conversation regarding the reasons for referral and get clinical advice at the time of referral that will support the young people families and referrers prior to the initial choice appointment. Meanwhile, the team provide self-help information that can be shared with young people and a leaflet explaining the service offer. Information on the Salford offer and website is also shared along with other self-help information and links to other organisations and support. This will be reviewed at quarterly monitoring meetings to ensure the details are current and remain available.

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

### **Priorities for 2019/20 are:**

- 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

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

### **Priorities for 2018/19 were:**

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

**7.26 Community Eating Disorder Service:** the Salford service went live in April 2017, providing access to a community eating disorder service across Manchester and Salford for children and young people up to 18 years in line with the access and waiting time standard and NICE Guidance. Families have the option of being seen within their locality (which could include home or the local Tier 3 CAMHS clinic) or within the hub at the Manchester children's hospital, especially if there are significant concerns about physical health or risk and an urgent paediatric assessment or psychiatric risk assessment is needed. Regular monitoring meetings are held with the service, and the access and waiting times are reported quarterly. The service consistently exceeds national targets and is highly regarded in GM (see section 4 above). The service reviewed in 2018 and the contract was extended in order to allow for a GM wide review and evaluation of all eating disorder services in order to inform the development and implementation of shared standards and a joint outcomes framework and specification. This work is described below and will inform future commissioning arrangements in Salford.

**7.27 Greater Manchester Community Eating Disorder Services:** Across GM there are currently three community eating disorder services operating out of four different sites for young people. Work is taking place to ensure all services are achieving the national access and wait time targets by 2020, which current trends would indicate that is on track, although not currently being achieved across all services. *NB. Salford is exceeding national targets.*

**Table 18 - Source NHS Digital: Data shows CYP ED waiting Times for Urgent at Sept 2018**

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

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

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

Building on learning, each service has developed since being established, the GM CEDS Steering Group working to support the services to deliver care in a more consistent way across the conurbation. The aim is to amplify aspects of the services that are working well, and continue to reduce unwarranted variation between the services. Clinical and operational staff are meeting monthly, along with commissioners and VCSE representatives to further develop a GM's CEDS service specification for autumn 2019 in advance of commissioning intentions being agreed.

## 7.28 Neuro-Development / Special Educational Needs and Disability:

**ADHD Pathway:** to develop an integrated care pathway to improve the management of ADHD within Salford is continuing, based on the good practice guidance *Delivering Effective Services for Children and Young People with ADHD* developed by Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network. The aim is to create and deliver an integrated care pathway across CAMHS, schools, community paediatrics, GPs, and other partners. There is ongoing work needed to identify the resources required to develop the pathway. The steering group will continue to meet to explore the feasibility of an all age pathway and to consider the resource implications for the whole work.

**ASD Diagnostic Pathway:** as part of the Special Educational Needs and Disability Pathway work to develop an integrated Neurodiversity pathway has been developed. A new approach to early diagnosis and joint working will be tested in 2019. Work has been undertaken to review develop a diagnostic pathway for ASD from the first point of concerns about social communication skills in a child or young person to assessment and post diagnostic support. This work was multi-agency across paediatrics, CAMHS, speech and language therapy, physiotherapy, occupational therapy, schools, special educational needs, educational psychology, learning support service, starting life well team and children's centres. Two pathways were developed, the first one focussing on making the diagnosis and the second for



post diagnostic support (NB it is recognised that support will be needed throughout the assessment and still needs to be in place for those children whose parents do not wish to pursue a formal diagnosis). The implementation of the post diagnostic support pathway will be more complicated as it involves many different services / agencies; this will be part of the 0-25 Integration programme children with disabilities test case.

**7.29 Greater Manchester ADHD Standards:** Across Greater Manchester work is taking place to ensure Paediatrics and CAMHS are jointly delivering the ADHD pathway for young people. Almost all localities have Paediatrics and CAMHS representatives as part of their local multi-disciplinary team developing and assuring the pathway. Additionally all localities in GM have access to an objective psychometric measure (via Qb Test) to support diagnosis and management if and when required. Further work is taking place to increase all services cognisance with the 12 GM ADHD Standards. This includes but not limited to:

- Multi-disciplinary team assuring the pathway and being involved in its ongoing quality improvement including education representatives who should be able to refer directly into the pathway (rather than only via a GP).
- Implementation of nurse lead clinics
- Single point of access into the pathway, that will allocate cases to Paediatrics or CAMHS based on need.
- Reduction in unwarranted variation between CAMHS and Paediatrics service including data collection and reporting, including access and wait times.
- Post-diagnosis support offer that includes face to face session for parents and carers to attendee.

There is an expectation that ADHD services are both commissioned for, and deliver access to 1.5% of the population.

**7.30 GM Crisis Care Pathway:** during 2018 significant work has been undertaken to develop and begin implementation of the 24/7 crisis care support pathway for children and young people across GM. It is a REACH-IN model, aligned to THRIVE, based on 9 pledges that describe a commitment to children and young people across GM. REACH-IN principles describe the core values that will be used in meeting these commitments (see Appendix 4).

A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

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

For 2019/20, the overarching aim is to launch all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families.

As a key partner we will continue to support this vital work as it progresses. For further information please go to: [www.penninecare.nhs.uk/gmccp](http://www.penninecare.nhs.uk/gmccp)

**7.31 All Age Liaison (formerly entitled RAID):** is a Children and Young People's All Age Mental Health Liaison Service to improve the quality, effectiveness and efficiency of urgent and



emergency assessment and onward care planning for those young people 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.

This service was jointly commissioned and led by Bolton CCG and ran from April 2018 – March 2020, with review planned in January 2019. The provider is GMMH. The specification was developed to cover A&E/PANDA/Urgent Care Centre sites (Bolton, Salford & Trafford) with mental health difficulties who are aged under 16 years of age irrespective of where they reside. Trafford and Manchester are currently planning implementation of this service but Bolton and Salford were early implementers with Salford's service going live from May 2018.

From May to September 2018, the service has supported 75 under 16s attending PANDA, 66 (88%) of which were Salford residents and only 27 (26%) of whom were known to CAMHS. There were no under 16s admitted and all were discharged to CAMHS. Since June, the team has also reported 33 16-18 assessments of which one was admitted.

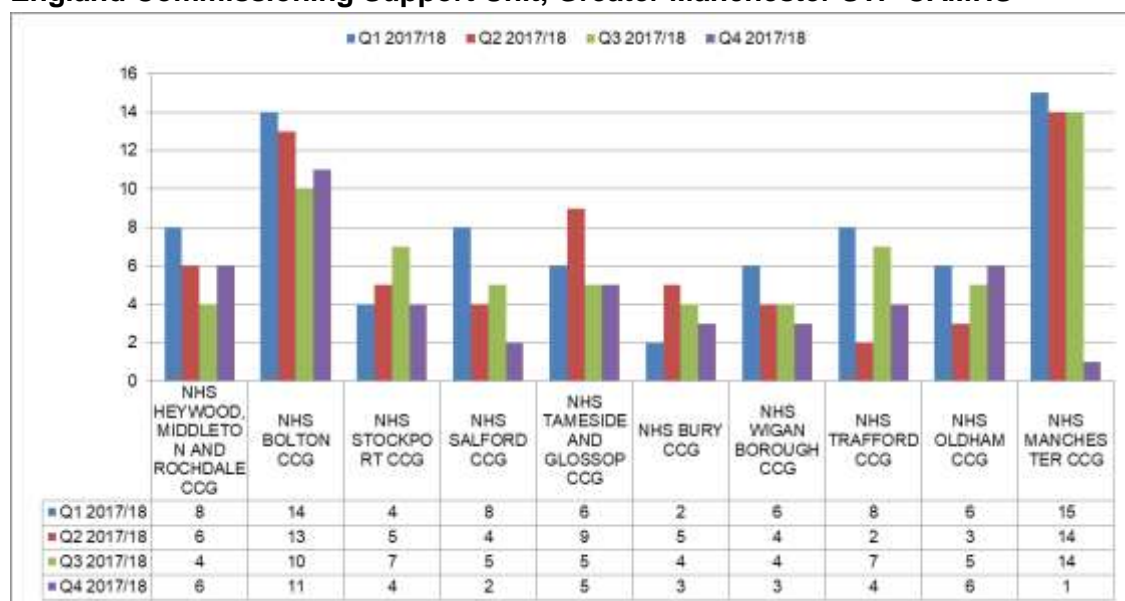
This service is a key element of the GM Crisis Care Pathway.

**7.32 Crisis Support Audit:** The Care Quality Commission review of Salford LAC and Safeguarding in May 2014 highlighted that there was no robust pathway in place for 16 and 17 year olds attending adult A&E as a result of self-harm. A revised pathway to ensure clear shared care to underpin support for 16-17 year olds who present at the adult Emergency Department with self-harming behaviours, with effective follow up to reduce the risk of further attendances, was implemented and embedded within practice in December 2014. An audit was completed in November 2015 in conjunction with CAMHS and the Mental Health Liaison Service (MHLS). This concluded that the self-harm pathway was embedded and adhered to within practice. Where care deviation from the pathway occurred in a minimum of cases, clear clinical rationale was documented regarding ongoing referrals. A further follow-up audit was undertaken in 2017 to provide assurance on continued adherence, and the results of this are awaited.

**7.33 Greater Manchester Tier 4 (inpatient) CAMHS:** The NHS England National Commissioning Committee approved the delegated responsibility of CAMHS Tier 4 General Adolescents (GA) and Eating Disorders (ED) Services to the devolved Greater Manchester Health and Social Care Partnership Chief Officer. This enables Greater Manchester the ability to make key decisions around specialised Child Adolescence Mental Health Services that will deliver cohesive pathways across the full spectrum of general mental health and eating disorders. Also enable creative solutions to service design to be pursued – in keeping with the national direction for specialised mental health services.

In this context, the GM delegated responsibility of CAMHS Tier 4 GA and ED commenced on 1st April 2018 and work is being undertaken to develop clear commissioning objectives that maximises the effectiveness of the GM New Care Model and the efficiencies within the areas of responsibility.

In support the GM CYP Crisis Care Pathway – REACH-IN pathway aims to dramatically improve the overall experience and outcomes for children and young people in crisis with mental health issues, along with those who care for and work with them. The work includes a new Tier 4 assessment centre for managing referrals into specialist CAMHS inpatient bed. The assessment centre will provide active case management pre and post admission. It will divert those who could be managed through an alternative to inpatient (assertive outreach and active case management/home treatment). Baseline data for GM inpatient admissions in 2017-18 can be seen in table 19 below.

**Table 19 – Number of Admissions by CCG 2017-18. Source: NHS North of England Commissioning Support Unit, Greater Manchester STP CAMHS**

**7.34 Integrated Community Response Service:** In October 2017 a new pilot service - the Integrated Community Response Service was launched to support 13- 18 year old young people in 5 identified pilot (targeted) settings across Salford and Manchester with their mental health and wellbeing. The service is jointly commissioned by Salford CCG and Manchester Health and Care Commissioning and the providers are 42<sup>nd</sup> Street, Self Help Services, Manchester Mind, Mind in Salford and Manchester and Salford CAMHS.

The service has been co-created to support vulnerable young people that present with episodes of psycho-social distress and risk who need a rapid response to de-escalate their situation and support their emotional and mental health needs. The service has also been created in recognition of the fact that the current configuration of services is often unable to support these young people's needs appropriately which can cause their distress and risk to escalate which is unacceptable for them and places increased, unnecessary pressure on acute and crisis services.

The pilot settings are:

- Clifton Pupil Referral Unit (PRU), Salford
- The Missing From Home Team and the Early Help Outreach Team (Early Response and the Family on Track Team), Salford
- Manchester Pupil Referral Unit
- The Adolescent Support Unit – ALONZI, Manchester
- Identified city wide teams Manchester Central Early Help Hub

The project is being externally evaluated by The Anna Freud Centre and the interim report produced in October 2017 showed that 119 young people had been referred to the service within the first year of delivery, the average age was 14 years, an even distribution of gender, 80% White, 9% Black, 6% Indian. 96% of the young people had not had a diagnosis and were therefore distinct from CAMHS young people. 90% of the young people referred were deemed to be in crisis with 30% in early stages. 30% in late stages and 30% on the verge of A&E. A common characteristic was for young people to feel disengaged from services and to be experiencing complex psycho-social issues.

The evaluation from the Anna Freud Centre showed that over the period of treatment the therapeutic alliance for a significant number of young people moved from being 'of concern' to being within the normal range. They also reported significantly improved symptoms during the course of treatment and on average there was an improvement in goals achieved through the course of treatment. The interim evaluation also identified a return on investment of £806,040. A dissemination event is planned for April 2019 to share the findings of the full evaluation and to plan the scope of the service going forward. We will need to ensure continued integration of the ICR work into the local pathways, identifying appropriate settings across education and social care and linking with the GM Crisis Care Pathway, in particular the Safe Zone developments and Rapid Response Teams.

**7.35 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 the commissioning of a full time bereavement worker within Six Degrees social enterprise, engagement activities with local people of all ages to inform the awareness raising toolkit, development of a draft toolkit to promote suicide prevention in the community and the commissioning of Papyrus to deliver suicide awareness sessions across workers and community members supporting young people. In addition, work has been undertaken to develop a communications group which operates across children, young people and adults to co-ordinate the messages and information shared in Salford in relation to suicide prevention. New communications approaches include a focus on exam stress for children and young people. Development work within the Spiralling Minds programme has seen the inclusion of topics relating to suicide and self-harm. Additional work is ongoing to ensure that the Child Death Overview Panel and the Suicide Prevention Partnership work closely together to align their action plans.

**7.36 Peri-natal infant mental health:** peri-natal community mental health offer is being developed across GM with three clusters / teams being considered, integrated with the mother & baby unit at the University Hospital of South Manchester. The teams will provide support and treatment to pregnant or post-natal women as an alternative to admission and will be phased in over the next two years. 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 form, 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. This will be a two year project initially using volunteers to support families through pregnancy, childbirth and the first two years of family life. The volunteers will receive the core Homestart training on working with families and additional specialist training on supporting early attachment and parent-infant mental health. Salford has worked to identify the current emotional health offer in the early years and perinatally as part of the wider early help and early years work described above. Work is now underway to develop a Salford maternal and perinatal mental health pathway that includes all maternity providers, 0-19 service, early help and incorporates 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 sited as good practice). A plan for workforce training has been developed that will ensure consistency across Salford health and early years services in the training for attachment, and there is a wider workforce offer for emotional health first aid training to compliment this.

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

**7.38 GM Support Programme for CYP in contact with the youth justice system (Collaborative Commissioning Networks):** We are committed to support implementation of collaborative projects focused on improving mental health services for children and young people in contact with the youth justice system.

At a GM level work has been initiated that focus on enhancing the pathways and bridging the gaps for children and young people who are accessing Health and Justice commissioned services. This includes, but is not limited, to the following pathways for children and young people:

- Those transitioning into and out of custody and detention
- Those transitioning into and out of secure welfare placements
- Those presenting at Sexual Assault Referral Centres
- Those in contact with Liaison and Diversion Services

As such, the GM Youth Justice Support Programme for Collaborative Commissioning Networks aims to support shifting of resources at points in the system where it can have the greatest impact, including prevention and early help. We also aim to improve identification of health needs of young offenders through consistent screening processes to support them to live healthy lives away from crime.

**7.39 GM work around vulnerable groups:** Improving Access to CYP's Community Mental Health Support and Treatment is a key priority for GM and Nationally.

The NHS has committed to widening access so that by 2020/21, national 70,000 more CYP are accessing treatment each year. This equates to almost 4,000 additional CYP in GM being treated over the 2014/15 baseline (applying 2004 prevalence rates). Under GM improving access ambition plans have/are been established that will seek to improve access and care for the following groups of CYP deemed vulnerable to mental health and/or accessing support.

- 1) Children affected by trauma or adversity (e.g. domestic or physical abuse, victims of sexual exploitation, death of close friend or family member, refugee or asylum, fleeing war, acts of terrorism)
- 2) Looked after Children and Carer Leavers
- 3) Young Carer (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem).
- 4) Children and young people with Learning Disabilities
- 5) Children and young people with Neurological conditions (ASD and ADHD)
- 6) Young Lesbian, Gay, Bisexual, Transsexual, Queer/Questioning, (LGBTQ+) People
- 7) Children and young people in contact with the youth justice system
- 8) Children and young people with chronic physical health problems – long term conditions
- 9) BME Children and Young People

To date at a GM level work has been initiated to improve access for young people where there is additional complexity and vulnerability that centre on LAC, ADHD, those in contact with the justice system, LD and ASD. Plans are being developed to expand to include initiate work programmes that will centre on Trauma and adversity and LGBTQ+ in 2019.

- 7.40 **LAC Therapeutic Standards / GM work:** The GMHSCP commenced a review of the emotional health and wellbeing of Looked after Children during 2017-18 with the aim that LAC within GM should receive consistent care for their emotional health and wellbeing. The GM Therapeutic Standards for Looked after Children have been developed. These standards will ensure that GM LAC receive consistent care for their emotional health and wellbeing using an i Thrive, multiagency approach. The standards have been developed using statutory guidance, recommended good practice cited by NICE and evidence based research.

During 2018-19 the GM benchmarking will be completed and the final standards will be agreed to be addressed GM wide. A GM implementation plan will support areas to achieve the standards to reduce unwarranted variation across GM.

- 7.41 **Salford Innovation Fund Online Project:** In March 2017 42<sup>nd</sup> Street began to deliver a pilot project to build the charity's capacity, infrastructure and approach to online work. The project which is funded by the Local Innovation Fund and completes in March 2018, is testing an online individual therapeutic offer to vulnerable and isolated young people in Salford. The offer is rooted in 42<sup>nd</sup> Street's established, young person-centred, evidence based approaches and draws on the significant research base and developmental work of national partners. The pilot aims to provide accessible support for 16-25 year olds in Salford as they negotiate the transition into adulthood and between services. The online platform has been developed and the service was launched in October 2017 with 0.6 FTE staff delivering the work. The outcomes for those that have taken part will be available at the end of March 2018, but early indicators are showing positive results.

- 7.42 **Salford Safeguarding Children Board (Salford Safeguarding Children Partnership):** The overarching focus of the 2018-19 SSCB Business Plan was on the implementation of the new statutory safeguarding arrangements and Early Adopter Programme within Salford. In addition the board will have four key priority areas including; neglect, child sexual exploitation, missing from home, care and education and complex safeguarding plus three key areas of assurance; early help, children affected by domestic abuse and emotional health and wellbeing. These will remain subject to continual review and revision as new or recurring issues and trends are identified. However fundamental to all of the work areas is children and young people's mental

health which remains a key priority for the board. The SSCB will continue to seek assurance from the EHWP Partnership regarding the implementation of the Ambition Priorities for 2018/19.

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

#### **Priorities for 2019/20 are:**

- Refinement and implementation of Neuro-Development Pathway in collaboration with Neuro-Development 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 (OJC) 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 infant mental health
- Continue to deliver and review CAMHS support for the Youth Justice System, aligning with GM work

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

#### **Priorities for 2018/19 were:**

- Further develop and roll out a parent engagement support offer and peer support model

**7.43 Parental Involvement and Support:** A Parent Engagement and Support Working Group was set up in February 2018 with representatives from Children's Services, Salford Information and advice Support Services (SIASS); education; SHARE; 42nd Street; CAMHS; Early Help and Salford Parent Voice. The aim of the group was to review current EHWP parental engagement activity, identify gaps and opportunities and develop a comprehensive support programme.

A detailed review of the EHWP support for parents across the city was carried out covering parent support groups; information & resources; current training offer and commissioned training opportunities.

The focus of the work for 2019-20 will be the development and implementation of Peer Support model for Salford, to support the bridge between parents and services and to allow parents to support themselves following involvement/interventions with providers. A Parent Peer Support Project Co-ordinator post is to be created to co-ordinate and deliver a programme of parent / carer peer support activities, information sessions and training across Salford in partnership with local partners / organisations, Salford City Council, education and health. In addition, there will be a central hub for EHWP information, resources, knowledge and support across the city for parents / carers.

We will identify and engage parents who may feel isolated and vulnerable, whose children may be struggling with emotional health or experiencing difficulties at school. The programme will provide tools to support them, to build stronger relationships between parents and services/schools, and will provide targeted support for parents/carers who care for children that may be at higher risk of experiencing mental health problems. The aim will be to build



capacity across the system to strengthen the resilience of parents and carers to manage issues and prevent problems from escalating, and to work with professionals to enable early intervention and early help when it's needed.

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

##### **Priorities for 2019/20 are:**

- Consider how do 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.*

#### **AMBITION 5: Transparency and accountability across the whole system**

##### **Priorities for 2018/19 were:**

- Continue to develop the EHWP webpages and WUU2, linking to My City health and My City Salford
- Ongoing development of the EHWP dashboard to understand progress and need
- Further develop the role of the EHWP Partnership as the expert reference group to help shape and deliver the priorities

- 7.44 **Emotional Health & Wellbeing Resources:** The Emotional Health Service Directory has been revised following feedback from professionals, the main issue being the size of the document and the ability to find information quickly. The new version has been redesigned to reflect the Thrive model, with services and information categorised under the 4 headings: Getting Advice, Getting Help, Getting More Help, Getting Risk Support and will be updated on a quarterly basis. The directory is a dynamic document, full of shortcuts and hyperlinks that allows users to navigate either via a thematic search or the Thrive quadrants: [www.partnersinsalford.org/ehwb-directory](http://www.partnersinsalford.org/ehwb-directory).
- 7.45 **The EHWP web pages:** are regularly updated to ensure that all the information is current. Further work in 2019 to refresh the EHWP information resources / tools will take place. An emotional health and wellbeing page has been created on the Salford Local Offer with a link to the Emotional Health Service Directory.
- 7.46 **GP Engagement:** GPs are key players in the local children and young people's emotional health and wellbeing system and factor in all areas of the Thrive model. It is critical that young people and their families receive the right support, advice, information and assistance when they need it, from appropriate services. A workshop was run in May 2018 at the Salford CCG Members Event that provided an overview to the local emotional health and wellbeing system and resources available for children and young people in the city. It also gave GPs the opportunity to meet with local CAMHS providers and get up to date advice about local services and referral pathways including the online directory of services. In November the GPs attending the Safeguarding Lead Forum also had presentations informing them about Adverse Childhood Experiences and the work being done in Salford to make it a trauma informed city. November also gave the opportunity for some further engagement with GPs at the CCG Members event where interactive workshops updated them on the antenatal work, the Antenatal Parenting Offer, Integrated Health and Wellbeing Service, the Rapid Response

Mental Health, the Emotional Wellbeing Directory and the Early Help Offer being developed and rolled out in Salford.

- 7.47 **Communications:** The Salford CAMHS Transformation plan was published in December 2016 on the Salford CCG and Partners in Salford websites, along with an adapted easy read summary. A refreshed plan was published on both sites in March 2017 and 2018. A joint communications strategy has been developed in partnership with key agencies, particularly colleagues at Salford City Council leading on the 0-25 emotional health and wellbeing test case.

2018 communications achieved:

- Social media based around topics such as suicide prevention and relevant national days
- Events marketing and invitations
- Services and events collateral
- Regular Partners In Salford website updates
- Wider public communications where required
- Suicide Prevention strategy communications
- Emotionally Friendly Schools e-newsletter launched
- Jan to June - Monthly email newsletter to directors, management and senior team members
- Jan to June - Monthly email newsletter to all team members, partners and stakeholders

In 2019, our communications plan includes:

- Launch of Emotionally Friendly Schools website
- Launch of new versions of Emotionally Friendly Schools manuals
- Marketing activity to promote Emotionally Friendly Schools programme to schools outside of Salford.
- Ongoing, regular communications to schools who have signed up to the Emotionally Friendly Schools programme.
- Review and relaunch of the WUU2 website, working with young people
- Development of resources for parents to help support their children
- Implementation of the GM Crisis Care Pathway
- Continued GP engagement

- 7.48 **Measuring success:** In 2018, a review of the Emotional Health and Wellbeing data dashboard was carried out with representatives from the EHWP Partnership to ensure that the dashboard meets the needs of the Partnership as a business intelligence tool and fully reflects the activity and performance across the city. Due to the review we paused quarterly reporting and will instead produce a full year report for 2018/19 in May 2019.

The Dashboard will continue to be updated on a quarterly basis from April 2019 and presented to the Emotional Health and Wellbeing Partnership for comment and feedback, and an annual report will be produced at year end with full analysis of the data, showing progress against the indicators.

## **AMBITION 5: Transparency and accountability across the whole system**

**Priorities for 2019/20 are:**

- Further alignment and Integration of CAMHS commissioning arrangements and contracts
- Continue engagement and communications between GPs and the i-thrive model

**AMBITION 6: Children and young people have a voice****Priorities for 2018/19 were:**

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

7.49 Salford's Locality Plan 2016-2021 sets out how we will work as a Salford wide health and social care economy to address health inequalities, provide better services and empower and engage citizens. The plan describes the direction of travel for engagement; moving from consultation to co-production and empowerment. To achieve this will require working alongside communities to shape services and projects from the outset and developing relationships that enable greater citizen power and true involvement e.g. co-production of services and plans. As part of this approach there is an aim to engage young people in the development, delivery and evaluation of the CAMHS Transformation Plan and associated projects. This engagement is outlined in the sections below.

7.50 **Plays in schools:** A community arts group was re-commissioned in 2018 to deliver the award winning 'a spiralling mind' performance workshop. The focus was on self-harm and eating disorders, however it also incorporated issues of suicidal feelings, body image and depression which were identified as key priorities by young people in previous evaluation. Again the script, workshop and accompanying school lesson plan was developed collaboratively with 42nd Street, a young people's mental health charity. During March 2018, 1,740 Y9 students from 16 places of learning participated including students from all PRUs, a secure training centre and a specialist school for students with emotional, social and mental health difficulties. Evaluations were undertaken with 808 pupils and 26 teaching staff and the feedback from both students and teaching staff was excellent, with 86% of young people reporting increased knowledge about self-harm following participation in the workshops and 88% saying they now know where to go for help if they need it. The impact of the drama workshops has been consistently high and as such funding has been agreed to deliver the performance workshops again in 2019. The project focus will remain on the same themes but with increased emphasis on suicidal feelings.

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

Over the duration of the pilot, the group have provided advice and guidance on the following:

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

- Children and young people's listening event – mental health and wellbeing transition - co-produced with Salford CCG

The group have exceeded the aims and objective set out at the start of the pilot and their contribution has been extremely valuable to both SCC and CCG. However, further review of engagement with this group has indicated that it is extremely resource intensive to manage and support the group and after some consideration it has been decided that a wider approach to engagement with children and young people is required in order to ensure that a more representative cross section of young people are more fully engaged in all aspects of service commissioning, service design and evaluation and that this work is fully embedded across our 0-25 programme and CAMHS / EHWP work particularly. A self-evaluation of our engagement and involvement work was undertaken in 2018 using an audit tool provided by Young Minds, and this confirmed that this should be a priority for us in 2019, investment has been agreed to support the development and implementation of an EHWP Partnership CYP Engagement Plan in the next 12 months.

#### 7.52 **Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and further related identities:**

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 2018-19 include the introduction of a third LGBTQ youth group in the city, 14 schools participated in the Rainbow Flag award, with St Andrews Methodist Primary school achieving the full award.

Pride in Practice continues to be rolled out across the city with a 50% increase of partners signed up over the last 12 months. Salford CCG Salford Standard (2018-19) has a number of contractual sign up requirements which includes Pride in Practice, practices who have not already achieved the award will be expected to undertake the training and achieve the award within the next financial year.

Manchester and Salford CAMHS were selected to participate in the Amplified Participation Trailblazer for a project involving LGBTQ+ young people. The CAMHS project proposal was to Further Develop MFT CAMHS "Your Welcome Status" to be more inclusive of LGBTQ+ young people with mental Health Difficulties. The team undertook a series of participations sessions and monthly working groups co-delivered by Young Minds to engage young people and gather their views and feedback on how to develop the service in being LGBTQ+ friendly. For 2019-20, the aim is to develop an audit tool for all services and to create a staff training video by LGBTQ+ young people looking at "What you can do to make your LGBTQ+ friendly".

#### 7.53 **Young Jewish People's Peer Research:** 42<sup>nd</sup> Street were commissioned to deliver this peer research project with the Orthodox Jewish community in Salford in 2016, the research was conducted in consultation with the local Orthodox community with over 162 young people and the following recommendations agreed:

- 1) Tackle stigma.
- 2) Capacity building for local practitioners for accredited involving culturally sensitive training that legitimises proven capable individuals within the community, including training in safeguarding and support with expert external clinical supervision.
- 3) Education around mental health e.g. evening classes, workshops in schools and yeshivas.
- 4) Specific input around stress, anxiety and achievement for young Jewish people, brought into schools
- 5) After marriage courses involving sensitive development with key community leaders on board.

- 6) A centralised database for signposting
- 7) A community hub with a gym, place for people to relax, space for classes and activities and lots of mentors around to speak to.

Implementing the recommendations: 42<sup>nd</sup> Street was awarded a CVS Mental Health and Wellbeing Grant to continue to develop the work in the Orthodox Jewish community from October 2018 to September 2021 to develop recommendation three above building on local good practice and supported by the Integrated Youth Support Service and the GM i-Thrive Academy.

- 7.54 **Mentoring support for young people from the Orthodox Jewish community:** Gateway Action have trained a further 21 male and 24 female mentors since April 2018. All courses delivered provided accreditation with Open Awards. The mentors have supporting over 100 mentees since April 2018. All the practicing mentors continue to have private supervision, and Gateway action also provide group supervision.

Here are some example of feedback received from young people involved in the project;

- *"I could not have imagined myself being able to hold down my job without receiving constant support from my mentor he really believes in me and encourages me"*
- *"the whole week I look forward to meeting my mentor on Sunday afternoon and we discuss everything together"*
- *" My mentor has encouraged me to start gym and is supporting me through my journey with my therapist"*
- *"My mentor is awesome! There was constant friction at home until my mentor helped us understand each other, he's changed my life!!"*

- 7.55 **Service User Engagement – CAMHS:** in line with the MFT CAMHS Participation Mission Statement, the service aims to support all teams to ensure that the voices of children, young people, carers and families are heard, valued and are influential in everything the service does.

The service has 9 participation standards covering initial assessments, session-by-session monitoring, complaints and advocacy, staff training, recruitment and selection, supervision and appraisal, commissioning of services, leadership and shared values. These are reviewed on a monthly basis and there is an annual audit. As a result of this, action plans are developed focussing on improvements. These are shared with the North West Participation Network and feed into MFT Clinical Governance and Audit review structures for feedback and support.

Commission for Health Improvement (CHI) Experience of Service Questionnaires (ESQ) are used at the end of a young person's involvement with CAMHS to measure how well the service listened to the young person, talked to them, treated them, responded to their issues, explained things, worked collaboratively and offered convenient appointments. The headlines from the Emerge participation questionnaire (2016-18) are presented in table 20 below:

**Table 20 – CHI CAMHS Service user feedback**

Question	2016 (%) Certainly True	2017 (%) Certainly True	2018 (%) Certainly True
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<i>I feel that the people who have seen me or my child listened to me</i>	85%	74.00%	90%
<i>It was easy to talk to the people who have seen me or my child</i>	79%	72.80%	90%
<i>I was treated well by the people who have seen me or my child</i>	93%	81.20%	90%
<i>My views and worries were taken seriously</i>	84%	70.00%	90%
<i>I feel the people here know how to help with the problem I came for</i>	72%	64.40%	90%
<i>I have been given enough explanation about the help available here</i>	67%	62.40%	70%
<i>I feel that the people who have seen me or my child are working together to help with the problem(s)</i>	74%	65.20%	90%
<i>The facilities here are comfortable (e.g. waiting area)</i>	75%	83.20%	80%
<i>The appointments are usually at a convenient time (e.g. don't interfere with work, school)</i>	57%	52.80%	80%
<i>It is quite easy to get to the place where the appointments are</i>	76%	76.40%	90%
<i>If a friend needed similar help, I would recommend that they come here</i>	82%	74.40%	80%
<i>Overall, the help I have received here is good</i>	85%	74.40%	90%

The service has worked on three key areas following the CHI questionnaires: appointment times, providing enough explanation / helping with problems and recommending our service to friends. In relation to the appointment times, the service is offering 8am -6 pm each evening and from January 2019 will provide an 8am-8pm opening hours one day a week. The new GM CAMHS service specification specifies extended hours for the service (8am-8pm and Saturday clinic) which has been phased in with the offer of some assessment clinics provided on a Saturday. The service acknowledges that they did not always send out their information leaflet as routinely as they should have and this is being rectified. In addition, they will continue to work on providing clear explanations of the offer via the i-Thrive model.

The service has a Participation Action Plan / Calendar and in 2018 and 2019 is committed to continue with this work. To carry out annual CHI and produce meaningful CHI action plans, to have young people and families contribute to our clinical effectiveness and participation days / world mental health day events, 'you said, we did' posters in waiting areas and monthly 'You're Welcome' walk rounds. This is ongoing work that is reviewed each month by the CAMHS Participation Leads Group and each team feeds back on compliance.

There is a Suggestion Box in the waiting area with cards asking for service users' experience of the service and views on how to make things better for children, young people and their parents. Any changes as a result of the suggestion cards are fed back via the 'you said, we did' posters. Young people are also regularly involved in interviews for new appointments and skills training is offered to those young people to help them in that role.

In the Community Eating Disorder Service there has been regular engagement with young people and parents to develop leaflets and resources about the service. There was a consultation at the end of 2017 to explore options to improve and increase the service. Families were asked for their views on how the service could be enhanced, looking at options for availability outside of the core 9am-5pm hours, home-based treatment, group sessions and any additional ideas on improvements. As a result of this feedback the first parents support group was trialled in March 2018 this has been a huge success and was rolled out as part of



the core offer to families. In 2019 they were also co-facilitating a monthly Sunday Trans support group for Parents of children and young people who are LGBTQ+.

- 7.56 **Service User Engagement – 42<sup>nd</sup> Street:** Giving young people voice and influence is a critical part of the 42<sup>nd</sup> Street approach and programme; the charity believes that active participation and involvement of young people helps to promote resilience and recovery and also informs the type of services required to best meets the needs of young people. Genuine participatory approaches contribute to safeguarding young people using services by giving them different ways of voicing concerns and raising problems. It also gives young people the opportunity to develop new life skills. This ethos is embodied in the charity's work in Salford through the self-referral processes, the Peer Ambassador programme, Peer Research projects, Make Our Rights Reality Programme, LGBTQ+ work and Q42 digital platform, Creative Agents, the development of the Health and Social Care Young People's Charter and support to the Youth Combined Authority.

42<sup>nd</sup> Street conducts an annual evaluation run by young people on the effectiveness of the charity, the NHS Friends and Family test measure is routinely used (consistently scoring over 95%) and national ROMS (CHI-ESQ) are used to measure the satisfaction of service users throughout their support at 42<sup>nd</sup> Street.

- 7.57 **GM Children and Young People Participation and Engagement in the planning, design and delivery of services:** The GMHSCP have agreed to an overarching engagement framework which makes the commitment to securing expertise by experience into each of the GM based programmes.

In February 2018 the Youth Combined Authority (YCA) was established; the YCA is part of the Greater Manchester Governance structure and gives young people under the age of 18 years, the opportunity to shape, influence and scrutinise Greater Manchester's practice, policy and plans. The YCA is made up of two representatives from each of the ten Local Authority Youth Councils and two representatives from each of ten additional selected organisations from across GM all of whom are committed to youth voice and social action. The YCA is supported by the Mayor's office and co-ordinated by Youth Focus North West.

The YCA has elected a Health Working Group made up of members of the YCA and additional interested young people from the constituent groups and localities. The priority theme of the YCA Health Working Group is Mental Health with the following work streams:

- Stigma, challenging perceptions and raising awareness
- Quality, making services young people friendly, both those provided within the NHS and other agencies.
- Training for professionals and young people on supporting young people (i.e. Mental Health First Aid training) within the NHS and other agencies.
- Spreading good services across GM and addressing the postcode lottery.

Children and Young People from January 2019 are represented as members of Greater Manchester Children and Young People's Mental Health Board (GMCYPMH Board, which seeks to support the young people's priorities as far as possible through coproduction principles.

Members of the GMYCA and the Health Working Group will consider the needs of the diverse nature of young people and consider accessible methods to gather views of young people who may not feel comfortable in a meeting environment by:

- Identifying stakeholders and people who have contact with young people; youth workers, organisations
- Use the information gained from their host organisations and by speaking to other young people
- Conducting surveys and focus groups
- Keep young people updated via the GMYCA Communications Strategy
- Social media
- Use a range of different platforms to spread information, because not all young people use social media
- Twitter – live chat hashtags
- Link in with Health-watch champions
- Presentations in schools and colleges

In addition work and training has been initiated to improve shared decision making by empowering young people voices in their own treatment decisions about their individual mental health and care and treatment. Shared decision making is a central element of the GM i-Thrive programme.

### **AMBITION 6: Children and young people have a voice**

#### **Priorities for 2019/20 are:**

- Develop and implement action plan to establish new approach 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 LGBT 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

## **8 New developments in 2018-19**

7.1 There has been a number of new developments in regards to young people's emotional and mental health both nationally and in Salford in 2018 which will further inform our CAMHS Transformation Plan and EHWP delivery in 2019. These are outlined below and will be included within our priorities and delivery plan for 2019/20.

7.2 **NHS Long Term Plan:** The full plan and summary page can be found [here](#) on NHS England's website.

The NHS long terms plan outlines commitments for Children and Young People's health in Chapter 3 with CYP mental health focus on pages 50-53, whilst Chapter 7 talks about the next steps. The following provides a summary of selected highlights on the Long Term Plan which will potentially provide a significant opportunity to enhance and scale-up our CAMHS Transformation work, both in Salford and across GM.

Highlights for children and young people's mental health:

- 1) Building on the existing commitment to increase access to CYPMHS. By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental

Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.

- 2) Under this Long Term Plan, the NHS is making a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending
- 3) Further Investment in children and young people's eating disorder services. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21.
- 4) Children and young people experiencing a mental health crisis will be able to access the support they need. A single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week. Intensive follow up and support is key to prevention.
- 5) Mental health support for children and young people will be embedded in schools and colleges.
- 6) A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood.
- 7) Alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for LD and ASD specialist services.

**7.3 NEET young people:** Through the 2018 all age mental health needs assessment work, research was undertaken into the issues relating to the mental health needs of young people who are not in education, employment or training or at risk of becoming NEET required further to inform the all age mental health strategy and CAMHS Transformation Plan. Partners identified this as a missing priority requiring further investigation and targeted support. Following this, Salford's Youth Employment Partnership adopted emotional health and wellbeing as a new strategic priority and have started to deliver a number of actions already.

Our commissioned service, Career Connect, is currently developing a mental health characteristic flag on their database, to help quantify YP with diagnosed/undiagnosed conditions and previous MH service engagement. A designated mental health lead from Connexions sits on the EHWPB to ensure the voice of NEET young people is heard. NEET Provider Network partners (local education, training and support services) are feeding back experiences of young people to help develop the broader support offer.

Salford CVS have awarded VCSE Emotional Health and Wellbeing grant funding to run a research project over the next 12 months that will develop into the design and implementation of a 'specialist' employment pathway for ages 16+ with ASD. The 'specialist' employment pathway aims to develop a model for young people with ASD to gain and sustain employment in the digital skills industry, where there is an employment skills gap and also to create an employment pathway for individuals who may fall into the hidden NEETs This will be different from the traditional supported employment models as it will focus on e.g. job carving and creating innovative opportunities for YP with neuro-diverse brain, rather than the 'supportive' model.

**7.4 ACEs:** the term Adverse Childhood Experiences is 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 incarceration). What must be remembered is that ACEs can be prevented.

The work that we will undertake across Salford aims to both prevent ACEs occurring in the first place wherever possible, and to prevent the consequences of ACEs in those that have already experienced them. However additional support can be afforded to parents of children who have experienced ACEs as children themselves and support to prevent ACEs for children and young people growing up in Salford. Understanding how ACEs affect individuals' health and behaviour across the life course has been one of the most transformative developments in public health over recent years.

A history of ACEs can underpin poor educational attainment, health-harming behaviours and anti-social and criminal behaviour in adolescence, and in later life the development of premature ill health and death. It is recognised that whilst eliminating ACEs should be an aspiration, currently individuals continue to experience and be adversely affected by ACEs. Therefore, developing an 'ACE informed' system can mitigate against the harm individuals incur and provide better outcomes. ACEs and the understanding of them, highlight risks, often multiple, that children and young people have experienced. However, not everyone who suffers ACEs experience the same harmful outcomes.

Building resilience across the life course can help people avoid and overcome many of the problems arising from childhood adversity. Understanding and identifying ACEs enables the system to take a different view of service users' needs and allows the system to adapt its responses to meet the needs of families in a different way. By understanding what a person has been through in childhood can allow us to adapt our responses to recognise the trauma and allow families to appreciate their response to the adversity, we can then support them to build on their own assets, support them as young people or parents to build on their strengths and create less dependence on services and build their own resilience. Risk is cumulative but resilience can be taught and built upon. Therefore interventions can be targeted in a number of ways.

To this end in Salford over the last year work has been developing to begin to identify risks and realise mitigating, resilient support and interventions. Salford is committed to becoming a trauma informed city that develops staff and systems that are committed to understanding trauma and its impact and also developing provision that doesn't re-traumatise children. We acknowledge that this is a culture and step change, to that end our language is changing throughout our themes of work. An example of this is the language around behaviour and in particular, the behaviour usually termed as challenging. We acknowledge that behaviour is communication and a child who is distressed will communicate this in many ways.

A strategic working group has been established to progress this work in the long term this will see Salford becoming a trauma informed city. This will involve the development of an area based pilot which will see all staff accessing bespoke training on ACEs. Taking an area based approach means that Salford will be able to measure the impact on a small scale and be able to test and learn from this with regards to developing what a trauma informed areas would look like.

Recognising the risk children have been exposed to is key to understanding their lived experience and providing trauma informed care. Working with Police as key partners a revised domestic abuse notification system has been established, Operation Encompass. This is now in place to notify schools prior to the start of the school day, telling the school that a child has been in a household when police have been called out to a domestic abuse incident. Schools will then offer silent or overt support to the child the following day, ensuring their wellbeing is looked after and any other needs met. An escalation process has been adopted to ensure

schools are tracking and supporting children and can make referrals into additional services via early help. This means that children will not have to tell their story and staff will have an awareness and understanding of the context of adversity experienced and be able to offer better support within school.

## 8 Summary of Priorities for 2019/20

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Below is a summary of the priorities identified for 2019/20 as described in Section 7 and 8 above. These are set out under our local 'Ambitions'.

**Table 21 - Priorities for 2019/20**

### **AMBITION 1: Improved awareness and understanding (public and professionals)**

#### **Priorities for 2019/20 are:**

- 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, aligned to
- 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

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

#### **Priorities for 2019/20 are:**

- 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

**AMBITION 4: Parental support and programmes for those who need it****Priorities for 2019/20 are:**

- Consider how do 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.*

**AMBITION 5: Transparency and accountability across the whole system****Priorities for 2019/20 are:**

- 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

**AMBITION 6: Children and young people have a voice****Priorities for 2019/20 are:**

- Develop and implement action plan to establish new approach 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 LGBT 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

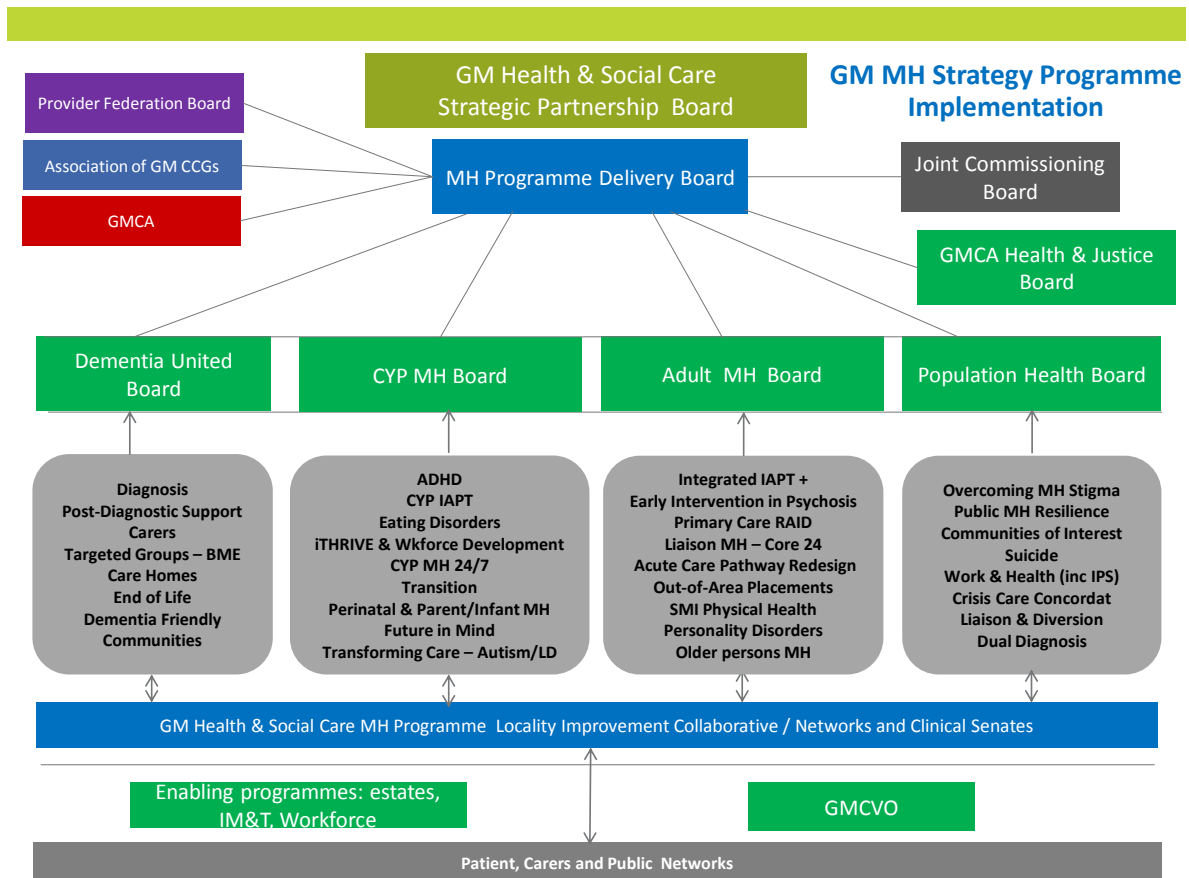


**Appendix 1: Summary of Achievements in the EHWB Test Case: 2015-2017**

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

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

## Appendix 2: GM Governance Arrangements



## Appendix 3: Salford's Ambitions and 'we statements'

# 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](http://www.partnersinsalford.org/youngemotionalhealth)

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



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

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

### The REACH-IN Principles:

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



## Appendix 5: Salford Emotional Health and Wellbeing Dashboard framework

	High Level KPI
	Service data

<b>1. Mental Health Services</b>	<b>1.1</b>	CAMHS referrals (total all CAMHS services)	No. new referrals received
			Referral routes (Top 5)
			Initial reason for referral (Top 5)
			No. new referrals accepted
			Diagnosis (Top 5)
			No. discharges / case closed
	<b>1.2</b>	42nd Street Referrals	No. new referrals received
			Referral routes (Top 5) / Initial reason for referral (Top 5)
			No. YP offered an assessment
			No. ongoing YP receiving support
			Diagnosis (Top 5)
			No. discharges / case closed
			No. CYP re-referred into service
	<b>1.3</b>	Presenting Issues (CAMHS)	Top 5 Presenting Issues (Primary Diagnoses)
			Top 5 Secondary presenting issues
			No. complex cases (presenting issues)
	<b>1.4</b>	Presenting Issues (42nd street)	Top 5 Presenting Issues (Primary Diagnoses)
			Secondary presenting issues (Top 5)
	<b>1.5</b>	CAMHS Waiting Times	Average waiting time to 1st; 2nd; 3rd contact / app.
			Average waiting time to 1st; 2nd; 3rd contact / app. (Emerge)
			Average waiting time to 1st; 2nd; 3rd contact / app. (LDD)
	<b>1.6</b>	CAMHS Caseloads	Cases open at quarter start / Cases open at quarter end
	<b>1.7</b>	42nd Street Waiting times	Referral to: assessment; start of therapeutic support
			No. of YP on the waiting list this quarter
	<b>1.8</b>	CAMHS Single Point of Contact	No. contacts
			Contact from where GP, School etc. (Top 5)
	<b>1.9</b>	CYP Eating Disorder Service	No. new referrals; % of new referrals accepted
			No. routine referrals (1-4 weeks)
			No. urgent / emergency referrals
			Av. Weeks to 1st contact
			No. CYP receiving treatment with 4 weeks / longer than 4+ weeks
			Urgent cases - waiting times: Av. Days to 1st contact
			No. CYP receiving treatment within - same day; 7 days; 7+ days
	<b>1.11</b>	Improve Access Rate to CYP MH	No. of children and young people aged 0-18 with a diagnosable mental health condition (estimate)
			Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services
			% of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.
	<b>2.1</b>		No. referrals (16-25)



<b>2. Adult Mental Health Services</b>		Early Detection & Intervention Team (EDIT)	No. YP accessing treatment (16-25)
			Waiting times
			Referral routes (Top 5)
			No. referrals from CAMHS into Adult MH services
			Demographic data
<b>3. Self Harm</b>	<b>3.1</b>	A&E: Self Harm	Self Harm A&E attendance (CYP ages 0-17)
			Self Harm A&E attendances resulting in a admission (CYP ages 0-17)
	<b>3.2</b>	Self Harm and Suicide - CAMHS	Suicidal ideation
			Self injurious behaviour / DSH
	<b>3.3</b>	Self Harm and Suicide - 42 <sup>nd</sup> Street	Self injury/self harm (No. of YP, % of all service users):
			Has suicidal thoughts (No. of YP, % of all service users)
			Attempted suicide (No. of YP, % of all service users):
<b>4. A&amp;E</b>	<b>4.1</b>	A&E: Mental Health	Presentations at A&E
			MH presentations at A&E
			Substance misuse attendances at A&E (CYP 0-17)
<b>5. Children's Services</b>	<b>5.1</b>	Looked after children	No. of LAC
			No. of CYP on CPP
			No. Out of area placements; Emergency / secure beds; 16+ placements
	<b>5.2</b>	Child Protection Plans	No. of CYP on CPP by category - neglect; physical; sexual; emotional; multiple
	<b>5.3</b>	IYSS	No. cases referred to IYSS in need of emotional help
			No. of cases with emotional health outcomes
	<b>5.4</b>	YJS	No. of referrals
			No. of YP supported
			No. YJS staff supported
			No. discharges / case closed
<b>6. Education / Schools</b>	<b>6.1</b>	Pupils with SEMH needs	% of primary school pupils
			% of secondary school pupils
			% of school pupils
	<b>6.2</b>	Schools: Exclusions	No. Fixed term exclusions due to bullying
			No. Permanent Exclusions
			No. of referrals to PHRU for EHWP
	<b>6.3</b>	SEND: CYP with SEMH needs	% of students with EHCP & SEMH need (primary schools)
			% of students with EHCP & SEMH need (secondary schools)
	<b>6.4</b>	Emotionally Friendly Schools	Schools achieving accreditation: a) Bronze; b) Silver; c) Gold
	<b>6.5</b>	i-Reach & School Link Project	No. secondary schools
			No. primary schools
	<b>6.6</b>	Counselling in Schools	No. schools signed up
			No. providers on APR
			No. small grants awarded (£5k)
	<b>6.7</b>	Access to School Nursing	School Drop in – numbers accessing for emotional health theme
			Top 5 Presenting Issues
			Breakdown by ages / schools

<b>7. Early Help</b>	<b>7.1</b>	Parental Support	Successful completion rate of drug treatment (or substance misuse treatment) 'for parents/adults living with children)
			% families demonstrating an improved management of substance misuse
			% families demonstrating an improved management of alcohol misuse
<b>8. Newly Commissioned Services</b>	<b>8.1</b>	ICR	Integrated de-escalation of mental health distress amongst CYP aged 11-16
<b>9. Vulnerable Groups / Demographics</b>	<b>9.1</b>	Vulnerable Groups (LGBT)	IYSS LGBT Youth Group attendance & no. of YP supported
			No. LGBT young people supported - CAMHS
			No. LGBT young people supported - 42 <sup>nd</sup> Street
	<b>9.2</b>	CAMHS - Demographics	Age breakdown (incl. primary / secondary / 16-18 / 18-25)
			Gender
	<b>9.3</b>	42nd Street - Demographics	Age breakdown (incl. primary / secondary / 16-18 / 18-25)
			Gender
<b>10. Workforce</b>	<b>10.1</b>	Staff Confidence levels	School staff audit (part of proposed new EFS framework)
			No. training courses delivered (what)
			No. participants attending (% attendance)
			Impact of training (pre & post)
			Long-term impact of training

## Appendix 6: Manchester Foundation Trust Workforce development update 2018-19

**Manchester Foundation Trust workforce development:** MFT has a number of strategies to address ongoing workforce development both for existing staff and in support of the wider networks they interface with. These are described below.

### Existing staff:

FT CAMHS is a large multi-site provider located at a range of bases across Manchester and Salford. MFT CAMHS provides core district services to CYPF up to the age of 18 years, alongside a number of targeted teams, including an early years 0-5 team in Manchester, LAC teams in both cities, LD/ASD specialist teams, in-patient provision and Paediatric Liaison services. This is by no means exhaustive and many MFT staff work across a range of local, regional and national programmes, including the regional CYP-IAPT scheme, and the Greater Manchester Strategic Clinical Network and GM HSCP. The workforce is diverse and complex to meet these needs.

In line with developments across Greater Manchester MFT CAMHS recently took part in a self-assessment exercise to map its' existing workforce and skill-set. It is important to note that not all MFT CAMHS staff were included in this process, given the specialist nature of some of the teams. As such for comparison it was agreed that all GM providers would submit self-assessment data from all core services, including any early years provision (for Manchester we included CAPS), eating disorder teams (MSEDS), services up to 18 (Emerge). No GM services included data for LAC, LD, paediatric liaison or tertiary/regional services, in their return for the SASAT. As such MFT gathered information from 110 staff, although the staffing numbers across the whole of MFT CAMHS are considerably higher.

The SASAT report provides a lot of rich detail about MFT staff, and some useful comparisons with GM as a whole. In terms of overall numbers of staff for the delivery of the core CAMHS offer, from 0-18, both Manchester and Salford services are broadly in line with other services across GM, with approximately 1 WTE clinician for every 1500 CYP 0-18. This figure is broadly in line with national findings. The skill/professional mix of CAMHS staff is also in line with other GM services, although Manchester has slightly higher numbers of Clinical Psychologists, in part due to the CAPS team being a predominantly Clinical Psychologist run service. In terms of age profile the SASAT indicates that whilst those people approaching retirement is similar/slightly lower than the whole-GM profile, there are a higher than GM-average number of clinicians over the age of 45. The gender profiles of services, indicate that there are fewer males working in MFT CAMHS than the GM-average.

These demographic findings should be seen within the context of the GM CAMHS Workforce Strategy, which provides a range of recommendations in relation to workforce recruitment and retention, and management of demand and capacity.

The SASAT also allows clinicians to assess their own competence across a range of important domains of practice. Clinicians are asked to rate if they are interested, confident and skilled, with a positive rating for all 3 being considered as a clear indicator of competence. The SASAT report for MFT CAMHS does not breakdown this information for Manchester and Salford separately.

With respect to a number of key competencies in the delivery of services, MFT CAMHS compares favourably with GM partners. In terms of core skills around Assessment, Formulation and Planning MFT CAMHS staff assessed themselves as having high levels of competence. The same was the case for Non-Specific Approaches to Common Issues in CAMHS, Skills in Risk Support, and Routine Outcome Monitoring. This indicates that we have a highly skilled workforce in a range of key aspects of delivery. A more detailed analysis and presentation of these findings is planned in the coming months.

The SASAT also highlights skills gaps, which can inform workforce planning, including training and supervision. Among a range of relevant areas for development the SASAT indicates that there is a

relative deficit for both a number of specialist interventions, and the supervision required to support their delivery, including EMDR, DBT and IPT-A. These gaps, along with further analysis of the SASAT findings should inform future training plans.

## **Training**

In line with the GM CAMHS Workforce Strategy MFT CAMHS are actively looking at their training plan for the coming year, and how to utilise additional monies that have been made available from GM to promote training plans in each locality. MFT CAMHS have invested in additional ADOS training to ensure a greater supply of trained practitioners to conduct this vital tool in the assessment of an ever-growing ASD population. In addition there are plans to train clinicians in Salford and all Manchester bases in DBT skills, to manage the needs of complex and risky young people. This is due to start shortly. MFT CAMHS is also planning to establish a forum to look at the implementation of GM-standards for supporting workforce well-being.

MFT CAMHS also continues to look at internal and cost-neutral opportunities for staff training, including a wide-range of in-house workforce training courses including:

- CAMHS Rolling programme for new starters delivered by existing staff on a wide range of relevant topics including risk management, formulation and attachment
- Video Interaction Guidance training
- CBT/Psychodynamic/Family Therapy training modules to all ST trainee Psychiatrists

There are many other internal training opportunities to support existing staff, whilst at other times there is a need to support funding for external courses in the development of particular service delivery areas, such as Systemic Family Therapy training, ADHD Nurse Prescribing, Positive Behaviour Support for LD populations, and EMDR for PTSD.

## **Workforce Development/Training/Supervision beyond CAMHS**

MFT CAMHS is closely involved in developing the GM i-THRIVE programme which aims to enhance skills and broaden the workforce available to deliver to the emotional health and well-being of CYP, beyond specialist CAMHS. In this regard MFT CAMHS are working closely with partners in Salford and Manchester to map existing pathways between services, identify gaps, and develop training and supervision frameworks to support the broadening of the system. This transformational programme is continuing and challenges remain about capacity to deliver to the wider workforce. However both Salford and Manchester are committed to addressing these issues across a multi-agency footprint, looking to harness the skills and expertise of staff within MFT CAMHS.

In addition, staff from MFT CAMHS continues to be closely involved in the workforce development and training of practitioners in a wide range of partner services. Some of this work is linked to commissioned/targeted services including LAC, early-years and CAMHS-LD and includes:

- Training and supervision of care-home staff, foster carers and adopters
- Ongoing training and supervision around evidence-based parenting interventions for under 5s to a wide range of voluntary, community and local authority staff
- Training and supervision to range of specialist providers for children and YP with ASD and learning disabilities, including Manchester and Salford Specialist schools.

In addition CAMHS staff have for many years contributed to amongst others:

- Behind the Behaviour Training scheme offered by Healthy Schools
- Bespoke training and consultation for school nurses and health visitors
- Direct training to a wide range of primary and secondary schools, including most recently the Salford i-REACH schools programme and Mentally Healthy Schools offer.

## **Supervision**

It is widely recognised that supervision is a key vehicle for ensuring high quality provision of service in a clinical workforce. As such MFT CAMHS recognises the key importance of a robust supervision policy ensuring that all staff providing front line interventions have access to appropriate supervision from a suitably qualified colleague to allow for reflection on and development of skills and competencies in the delivery of interventions. For many this will include use of appropriate clinical case management skills, space for reflection on the impact of clinical work, hypothesising and formulating intervention strategies, as well as model/disorder approaches to treatment. In line with the GM CAMHS Workforce Strategy, MFT is also actively looking embed observed practice into supervision.

## Glossary of Abbreviations

EYDM	Early Years Delivery Model
A&E	Accident and emergency
ACC/ACA	Assessment Checklist for Children/ Adolescents
ACEs	Adverse childhood experiences
ADHD	Attention deficit hyperactivity disorder
AfL	Alliance for Learning
AMHS	adult mental health services
APR	Approved Provider Register
ASC	Autistic spectrum conditions
ASD	Autistic spectrum disorder
ASIST	Applied Suicide Intervention Skills Training
BME	Black and Minority Ethnic
CAMH	Child and adult mental health
CAMHS	Child and Adolescent Mental Health Service
CAPA	Choice and Partnership Approach
CBT	Cognitive behavioural therapy
CBTp	Cognitive behavioural therapy for psychosis
CCG	Clinical Commissioning Group
CCP	Crisis Care Pathway
CEDS	Community Eating Disorder Services
CHI-ESQ	Commission for Health Improvement - Experience of Service Questionnaires
CPI	Centre for Public Innovation
CQUIN	Commissioning for quality and innovation
CVS	Community and Voluntary Service
CYP	Children and young people
DNA	Did not attend
ED	Eating Disorders
EDIT	Early Detection and Intervention Team
EFS	Emotionally Friendly Schools
EHWB	Emotional health and wellbeing
EIT	Early Intervention in Psychosis Team
FCAMHS	Forensic Child and Adolescent Mental Health Services
FIM	Future in Mind
FYFV	Five Year Forward View
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GMHSCP	Greater Manchester Health and Social Care Partnership
GMMH	Greater Manchester Mental Health
GMYCA	Greater Manchester Youth Combined Authority
GP	General Practitioner
HBT	Homophobic, biphobic and transphobic
IAPT	Increased Access to Psychological Therapies



ICP	Integrated Care Programme
ICRS	Integrated Community Response Service
I-START	I-Stronger and resilient together
i-START	i-Stronger and resilient together
LA	Local authority
LAC	Looked after children
LD	Learning disability
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and further related identities
LPOH	The Little Pot of Health
LTP	Local Transformation Plan
MFT	Manchester University Foundation Trust
MH	Mental Health
MHFA	Mental Health First Aid
NBO	New-born Behaviour Observation
NEET	young people not in education, employment or training
NHS	National Health Service
NHSE	National Health Service of England
NICE	National Institute for Health and Care Excellence
OBD	Overnight bed days
OJC	Orthodox Jewish Community
P2B	Place2Be
PANDA	Paediatric Assessment and Decision Area
PRU	Pupil Referral Unit
PVI	Private voluntary and independent
Q1, Q2	Quarter 1, Quarter 2 etc.
RAA	Regional Adoption Agency RAA
ROMS	Routine Outcome Measures
SAFSS	Salford Adopted Families Support Service
SASAT	Self Assessed Skills Audit Tool
SCC	Salford City Council
SDQ	Strength and difficulties questionnaire
SEN	Special educational needs
SEND	Special educational needs and disabilities
SIASS	Salford Information and Advice Support Services
SME	Subject Matter Experts
SPoC	Single Point of Contact
STARLAC	Salford therapeutic and referral for looked after children
STP	Sustainability and Transformation Plan
VCSE	Voluntary, community and social enterprise
YCA	Youth Combined Authority
YJS	Youth Justice Service
YST	Youth Sport Trust