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## **5.5 Options**

### **Option 1: Do not sustain the service:**

- This service is statutory and not sustaining the service is not an option
- In 2015, the Government announced a requirement that all areas offer a dedicated community eating disorder service across England. It is vital that children and young people with eating disorders and their families and carers can access effective help quickly.
- Offering evidence-based, high-quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.
- Dedicated community eating disorder services improve outcomes and cost effectiveness. Ending this service would be detrimental to those who need the support. Due to additional requirements the cost of the service will increase. This is shown in the table below.

### **Option 2: To sustain the service:**

The statutory requirements have been described above, but there are additional benefits of sustaining the MSEDs service and extending the MFT contract:

- MFT provide an excellent service for the service users in the city.
- The service has been held up as good practice and used as the gold standard in the GM peer review process, with the MFT ED consultant acting as Gm clinical lead.
- The service provides a strong foundation and model for excellent care moving forward which adult MH services are able to connect with and learn from.

In light of the statutory requirement no further options will be described here, except to confirm the need to implement the GM specification and standards, which we are already working with MHCC and MFT to plan, and funding for this is subject to confirmation of increased budget allocation via the LTP as in 1.6 below.

## **5.6 Costs of proposal / budget source**

\*CONFIDENTIAL\* - details provided in Thrive combined business case SFG report (Dec 2019) and CCG Exec report (Jan 2020)

This is accounted for recurrently within the CAMHS Transformation Plan budget and would be incorporated into the proposed integrated CAMHS contract budget which is yet to be agreed and will take effect from 2021-22 at the latest.

Subject to confirmation of increased allocations to CCG CYP mental health budgets provided via LTP funding, the ring-fenced allocation for CYP Eating Disorders Services is set to rise annually from 2019-20 to ensure CCGs deliver on the additional requirements in the GM specification as outlined above.

## **5.5 Implementation / governance & monitoring**

Performance monitoring would continue through the Integrated Commissioning team and via Quarterly Integrated CAMHS performance monitoring meetings. Performance is reported via the Thrive Programme Overview Group and Thrive Partnership.

As this service is a joint commission with MHCC, there is also an additional joint performance monitoring meeting for this service. Joint work has already started on planning for the

additional requirements in the GM specification and this will be varied into the contract effective from April 2020.

Additional scrutiny is provided locally through reports via Pentana and the joint CCG/Council business plan, and via GM Commissioners and the GMCA due to performance delivery against national Targets.

## 6. All Age Liaison Service (joint commission with Bolton CCG) Provider: GMMH

### 6.1 Service need/background/context

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

The Five Year Forward View for Mental Health, published February 2016, identified that provision for crisis care in mental health for Children and Young People (CYP) was highly variable dependent on which hospital you were in and was typically managed by services external to the hospitals CYP presented at. The five year forward advised that no acute hospital should be without an 'All Age Mental Health Liaison Service' by 2020/2021.

The situation prior to this for CYP under the age of 16 who attended A&E with a mental health need, varied in and outside of regular working hours. Inside of regular working hours CYP would be assessed via on call duty rota by the local CAMHS team- in Salford, the Salford CAMHS team were responsible for this. Out of hours provision was via a centralised on call rota, held at Bolton that comprised of CAMHS doctors ranging from CT to ST and Consultant level, this covered all of the GMMH footprint.

Response times were dependent on duty availability within hours and out of hours again would be dependent on people coming to the hospital from external sources. This could range from a couple of hours to the next working day.

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

16-18 year olds are seen within the adult pathways at SRFT in the main A&E department and are assessed by the SMHLT.

In line with the Five Year Forward View for Mental Health, All Age Liaison was offered as a solution to children and young people's assessment within a general acute setting. The aim of providing a team on site that are dedicated to mental health assessment for people of all

ages, was to improve patient experience by reducing the waiting time for assessments and provide a more succinct and smooth pathway for their journey of care.

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

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

## **6.2 Evaluation / impact**

### **Set up and operating model**

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

The plan was to fully integrate CAMHS assessments into day to day workings of the team as opposed to having singular practitioners who would specialise in only CAMHS assessments, so all practitioners in the team would be trained to assess CYP as part of their role. This has been enacted and all of the mental health practitioners in the team are able to assess children and young people.

A programme of CAMHS training for existing staff was provided via the CAMHS inpatient services at Junction 17 over two days. This was reviewed as a joint effort between Bolton and Salford's CAMHS senior practitioners with a view to condense this into one day and have the senior practitioners at the localities deliver this training. The training has been evaluated, all feedback has been positive and the training has been slightly altered to reflect the needs of the team and relevant feedback.

In addition, SMTLT/AAL staff have also been offered the opportunity to shadow Salford CAMHS, this has proven useful for those who have attended this.

Quality of assessments is monitored by the CYP Senior Practitioner and individual feedback and supervision is offered to all members of the team in regards to CAMHS assessments. The Senior Practitioner seeks clinical supervision from the manager of the CAMHS day service in order to maintain a robust system of relevant supervision and support.

The first 9 month review found that:

- Inter service working has been to a good standard, information is being promptly and appropriately shared meaning a more seamless service for CYP and their careers.
- The service has been able to integrate CAMHS assessments into our service well and the practitioners appear to be completing good quality assessments and have found that they enjoy assessing CYP.
- There is a monthly meeting between the Salford CAMHS Senior practitioner and Salford CAMHS.
- Good working relationships have been established with PANDA and Salford CAMHS, as well as other external services such as 42<sup>nd</sup> street and the newly forming gatekeeping service.

- PANDA staff have given us lots of direct feedback that they find this service helpful, timely and positive for CYP and their families.
- Positive feedback from CAMHS as they are no longer traveling back and forth to Salford Royal as part of their duty role which frees them up for other Duty activities such as 7 day follow ups and emergency assessments.

### Challenges identified in the 9 month review

There were some initial difficulties with the out of hours admission pathway and the process for this. Key themes identified communication out of hours was more difficult, and managers on call both at Prestwich and Salford were often not familiar with the procedure as it was new. Steps have been taken to improve this and Junction 17 agreed to train site managers at Prestwich and provide a clear pathway flowchart for appropriate staff.

There have been challenges with new staff recruited requiring CYP training and induction into the wider SMHLT. Learning from this experience informed a CYP training plan which was delivered jointly between the SMHLT and Bolton Liaison Senior Practitioners, completed in March 2019 and is now being rolled out to the Salford home based treatment team also as they see 1-18 year old service users.

### Performance and activity to date

From May 2018 to end of September 2019, the service has supported a total of 494 under 16s / 734 under 18s attending PANDA. The ages of young people are detailed below in the combined table below.

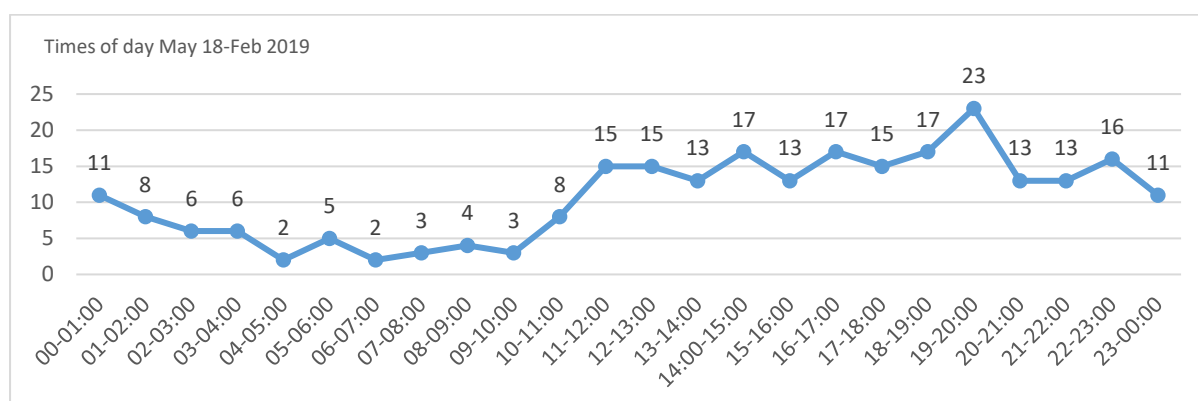
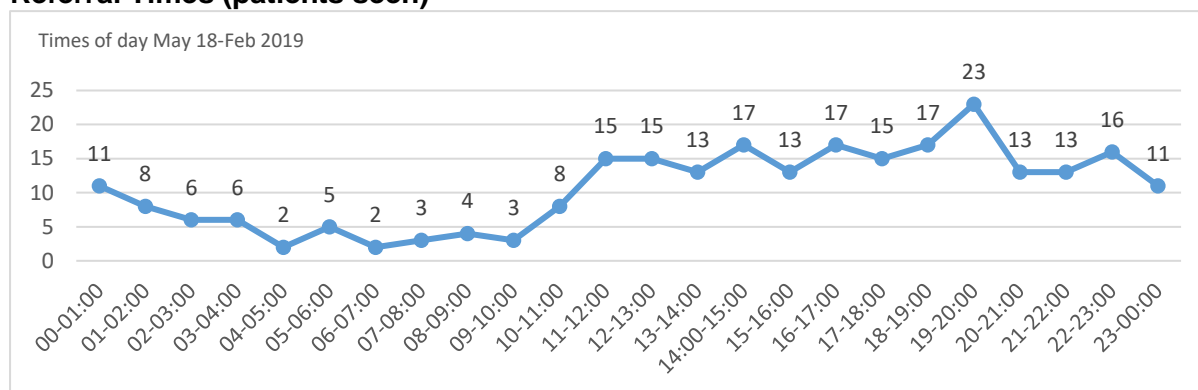
Total – N 1185 seen (B-n = 674, S n = 494, T n = 17 includes x 2 babies)		
AGE = (0-16)	Number = N	Percentage = 100 %
16	309	27.05 %
15	255	22%
14	229	19%
13	170	14%
12	100	8%
10	31	2.8%
9	21	2.6%
8	17	1.7%
7	9	0.75%
6	6	0.5%
5	2	0.42%
4	1	0.08%
0	2 (Trafford)	0.16%

Day of presentation – refers to CYP in Bolton, Salford and Trafford GMMH MHLS for assessment in the review period (age 0-17)

Referral Day	Bolton N of ax.	Salford N of ax	Trafford N of ax	Total count of assessments
Mon	143	114	8	265
Tue	204	130	12	346
Wed	161	137	7	305
Thurs	182	127	10	319
Fri	169	88	4	261
Sat	107	73	2	182
Sun	108	65	6	179
Total		734		

The top three days for presentations in Salford to date are 1) Wednesday, 2) Tuesday and 3) Thursday.

### Referral Times (patients seen)



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

Out of hours (after 5pm before 9am) including Sat & Sun. (age 0-17):

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

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

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

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

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

### Repeat Attenders

The table below shows repeated presentations to Bolton and Salford's MHLS for children and young people and of those whom are known to CAMHS within the evaluation period (April 2018-Aug19).

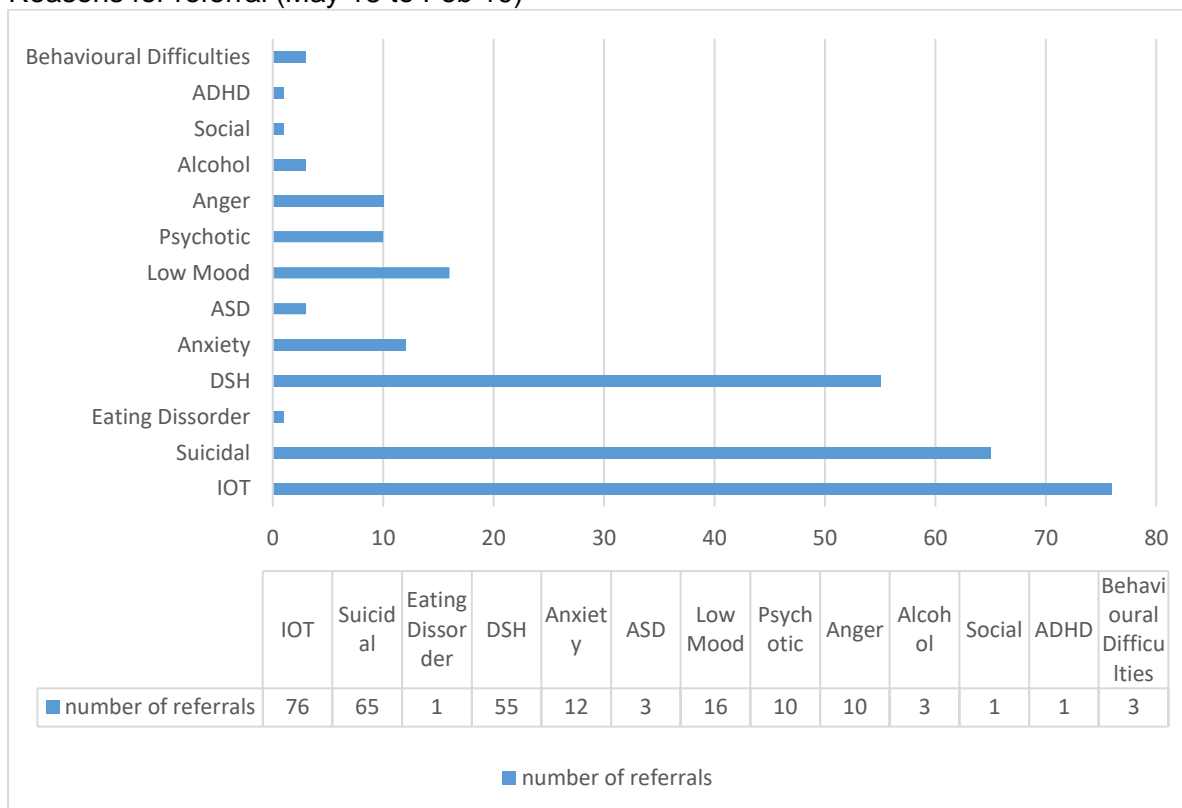
MHLS	N of repeat attenders (age 0-17)	% of total contacts	Open to CAMHS
Bolton	150	48.5%	13%
Salford	110	46.7%	8.5%
Total	260	95.2%	21.5%

The data for Salford MHLS shows there were 110 frequent attenders (aged 0-17) during the period April 2018-August 2019, including:

- Frequent Attenders (more than 1 attendance during the time period) accounted for 46.7% of all attendances.
- The proportion of these frequent attenders known to CAMHS services was 8.5%

Data shows that the repeat attenders requiring (CYP) MHLS assessments over the two sites represents a significant amount of activity.

### Reasons for referral (May 18 to Feb 19)







- Evidence supports the potential for further improvement to the urgent care / crisis care pathway through better links with GM CCP Rapid Response and Assessment teams, with CAMHS and with ICRS in Salford, and with social care, early help and paediatric wards in other areas. This would provide an even better offer and follow up for those young people under 18 that present in A&E for mental health reasons.
- Effective and timely access to urgent care (with links across the whole system) will also help to prevent / reduce the number of under 18s attempting/completing suicide, and self-harming, and with improved follow up support fewer young people will choose A&E as the first port of call for help.

### **6.6 Costs of proposal / budget source**

\*CONFIDENTIAL\* - details provided in Thrive combined business case SFG report (Dec 2019) and CCG Exec report (Jan 2020)

Funding is accounted for recurrently within the CAMHS Transformation Plan budget.

### **6.7 Implementation / governance & monitoring**

There were initially joint Bolton/Salford/GMMH monthly meetings with commissioners in regards to ALMH performance, but these have now ceased and performance is monitored locally. Regularity and quality of reports has reduced with the departure of the Salford Senior Practitioner to another role but the vacancy has now been filled and the new Senior Practitioner has just started in post. Following their induction, quarterly meetings will be set up between CCG/Council Commissioning team and GMMH (Senior Practitioner and Service Manager) to monitor implementation of the revised specification and operating procedures. Regular feedback will also continue to be sought from/discussed with CAMHS via CAMHS quarterly monitoring meetings and any issues relating to CAMHS follow up and duty will be reviewed with CAMHS Service Managers.

Operational meetings involving the CYP Senior Practitioner for SMHLT, Salford CAMHS and a PANDA representative also take place in order to maintain communication across the different aspects of the pathway and ensure local governance is robust.