Appendix 2 Salford Thrive (CAMHS Transformation) Plan update 2020

Salford Thrive Programme – CAMHS Transformation Funded pilots
Summary of pilot evaluations 2019

1. Integrated Community Response Service (ICRS) (*Joint commission with MHCC)* Providers: 42nd Street, MIND in Salford, Self-Help Services and MFT

1.1 Service need/background/context

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

The aim of the project/service is to intervene early, offer short term de-escalation support, to support front line services such as PRUs and Social care in their psycho-social support of these young people and families, to reduce need for A&E attendances / admissions to in-patient beds with a step up / step down into other community services when stable. Through co-location in universal services, ICRS has supported more vulnerable CYP in the community, through an integrated 'risk support' community offer. The pilot settings in Salford were initially Clifton PRU and the Missing from Home Team/Early Help Outreach Team. Since 2018 the 2 settings have been Clifton PRU and the Central Early Help locality team (in Broughton). The service also links seamlessly with 42nd Street's wider services across Salford and their duty team.

1.2 Evaluation / impact

From 1/10/17 to 30/9/19 – Salford Performance Summary:

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

Demographics at referral:

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

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

Mind in Salford (along with Manchester Mind) have delivered targeted financial advice to young people and their families over the term of the pilot where issues such as benefits, debt, housing and financial difficulties were identified as a causal factor in the distress of young people and a major stressor in the family relationship. The service is provided via a 3 day per week dedicate post within Mind's welfare Rights and Debt Advice Service, and has been delivered flexibly around the family via home/community visits. A review with the Council's Head of Service confirmed that existing local provision could not provide this level of support

and that Mind are meeting a need that other services can't. This unique and flexible support around the family has significantly helped those for whom money was a major cause of distress and impacting negatively on the mental health of both young people and their parents. A snapshot of a typical quarter service delivery to illustrate the scope and impact of this provision.

ICRS at Mind in Salford – Quarterly Snapshot of Service		
Client Case Load	21 Clients	Typical Client Profile
Type of Advice	80% Casework 20% Generalist Advice	• Single person with dependent children • Typically the mother is the primary caretaker • 2+ financial dependents in household • Most are not in full-time employment (instead, looking after the home or family; disabled or sick) • Struggling with a mental health issue
Debt Figures & Key Outcomes (per quarter)	Debt Owed: *£20,113* Debt Managed: *£6,200* Increased (monthly) Income: *£805* Homelessness Prevention: *2 clients*	
Referral Source	63% Early Help 18.5% Clifton PRU 18.5% Broughton Hub	
Feedback on Service	→ Service increased income or resulted in financial gain → Service improved Client's health or lifestyle → Service reduced family stressors	

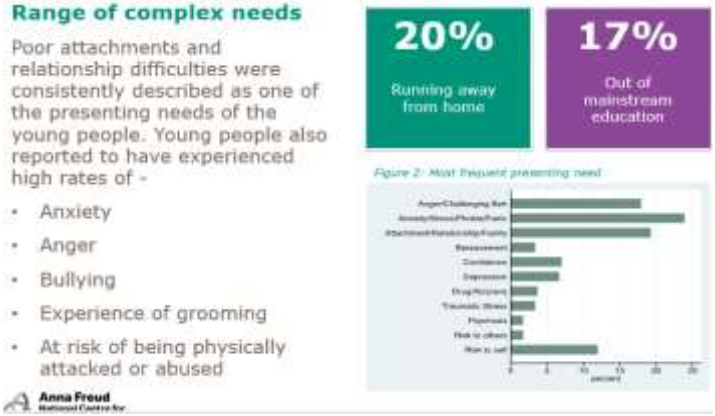
Project Evaluation

The Anna Freud Centre for Children and Families (Co- Producers of the Thrive new model of care) was commissioned to produce an interim evaluation report informed a review and supported a business case to MHCC to request a further extension of the pilot to March 2020, and a final evaluation which was presented to stakeholders in May 2019. Scope of the evaluation:

- To assess how effective is the ICRS model at delivering an early intervention service for young people at risk of mental health crisis.
- Review of the service users' experience of care and their perception of the effectiveness of the service.
- To assess how the model is working operationally including integration with other parts of the pathway within the localities.
- To assess how THRIVE-like the new model is, and how well it fits into the evolving THRIVE model being developed across Greater Manchester.
- To assess whether the service represents good value for money.

Key Findings

Presenting Needs: of those supported through ICRS to date (Manchester and Salford) young people present with a range of complex needs:



Engagement and trust: ICRS offers a short term service for a group of young people with complex needs who struggle to access support. The evaluation found that ICRS is engaging and supporting significant numbers of young people that are not known to or engaging with

other services. Through co-location in settings, the service has been able to build trusted relationships and break down barriers to ensure those who may otherwise have not sought help, have engaged and accessed support when they have needed it. This will have contributed to stretch in the CYP Access targets. Despite only offering a short-term intervention, the service was still able to reach positive outcomes supporting young people to enable them to develop therapeutic relationships. Findings suggest the service maybe providing a significant contribution to the long-term resilience of young people developing positive relationships.

Outcomes

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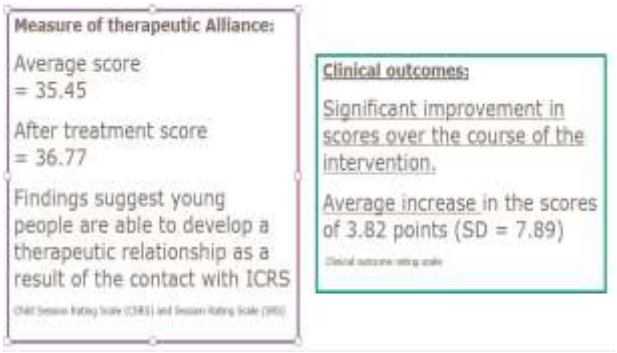


Qualitative findings suggest ICRS leads to:

- Reduction in the number of referrals to CAMHS
- Reduction in the number of emergency calls to CAMHS
- Reduction in the number of presentations at A&E

Economic Impact

Figure 4:Economic evaluation summary table

Domain	Total Value	NHS	LA	Individuals	Public
Improved Outcomes	£280,877	£21,266		£21,265	£238,346
A&E avoidances	£115,963	£115,963			
Homelessness avoidance	£183,770		£183,770		
Welfare support	£225,420			£225,420	
Total	£806,040	£137,229	£183,770	£246,685	£238,346

How thrive–like is ICRS?

Evaluation conclusions and recommendations:

- **ICRS offers a unique service:** Young people and parents felt listened too, understood and explained the support they had received from ICRS was different from the services they had received in the past.

- **Accessible service:** The quantitative and qualitative data outlined in this report suggests how ICRS is meeting this need by working flexibly, building relationships and taking a young person centred approach.
- **Breaking down barriers:** ICRS' ability to break down barriers has the potential to improve young people's quality of life for the long term.
- **Building positive relationships:** Findings suggested providing the opportunity to repair the trust with professionals will enable these young people to be able to access help in the future.
- **Collaborative working:** Multi-agency working was indicated to be a real strength of ICRS and should be considered if the service was scaled up.
- **Number of contacts:** If the service was scaled up, the appropriate number of contacts should be explored in more depth to understand if a more flexible range of contact is needed.

1.3 Links to other services/strategies/priorities

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

The aim of the pilot was to test a model of early intervention and de-escalation in order to meet the gap and need for an urgent response whilst mitigating the need for A&E attendance or escalation to social care. The ICRS workers act as a link/broker with other parts of the system and the ICRS team are now linked with the developments of the GM Safezones and have an additional worker supporting the step down from RRTs. This is unique to Manchester and Salford.

Thus the project was designed to complement and add value to the GM CCP and this was recognised in the evaluation report.

Clearly there is a need to continue to review the project alongside GM CCP as this rolls out to ensure it continues to link effectively with the pathway and delivers best use of local resources. We will need to ensure any future call on CCG CAMHS Transformation / LTP funding for the GM pathway also considers the merits of continued commissioning of ICRS.

ICRS also compliments and links with the All Age Liaison service and has the potential to forge stronger links, potentially providing a 'step down' and 'step up' from/to A&E liaison, and support young people and families to develop alternative routes to seek support when in distress/crisis following a presentation to A&E in order to reduce the likelihood of further presentations.

This pilot has helped to effect change the working culture and practice particularly through the Early Help Hubs who are reporting reduced levels of concern, and anxiety and increased confidence in dealing with high levels of distress without making a referral to specialist CAMHS and in consultation with the ICRS team.

A full copy of the Anna Freud interim and final reports are available on request and a copy of the PowerPoint summary is embedded for reference here.

ICRS final report presentation May 201

1.4 Request for recurrent investment

Both evaluation reports have provided strong evidence to support MHCC and Salford CCG to recommend that the service is continued based on/around current annual funding levels from April 2020. Salford stakeholders have met to review and re-scope the model based on learning of what's worked to date and to ensure further alignment with Council neighbourhood-based Early Help structures. Anna Freud have held the model up as good practice nationally,

complimentary to the GM Crisis Care Pathway and capable of reducing unnecessary A&E presentations / CCP referrals through early intervention in communities.
What's worked less well across Manchester and Salford is the Self Help offer, and a key reason for this is attributed to staffing and recruitment issues. Staffing is now stabilised and providers have worked together to better integrate this element within the core ICRS offer. Commissioners have therefore proposed that this element is commissioned initially for a further 12 months from April 2020 to March 2021 and is considered for recurrent funding following a further review of impact during 2020.
SFG is requested to support **Option 3** as described in 1.5 and 1.6 below.

1.5 Options
Option 1: To Not Sustain project
Would negatively impact on young people whose options would be either to access mental health services in the normal way and subject to normal waits vs rapid response and interventions, or if distress escalates, are likely to present at A&E but therefore not benefit from interventions that address the causes of distress.

- Negative impact on Early Help professionals who would have significantly reduced access to consultation and liaison in supporting young people and families in distress or at risk of crisis.

Option 2: to Sustain - Make recurrent

- Evaluation strongly supports continuation and added value to this service to the Salford Thrive offer that is responsive to needs and embedded within settings to provide the additional wrap around support around the professional to help contain distress in the moment and in the location in which it presents.
- Evidence support significant potential savings to the system and prevention of further crisis presentations via A&E, CAMHS Duty/out of hours and via the GM CCP Rapid Response teams
- Evidence of financial impact and gains to individuals/families supported by Mind when finance as a significant cause of distress is identified
- Potential of service to formalise and strengthen links and pathways with GM CCP/A&Es and to adult mental health services to support parents identified with mental health needs, via Mind and Self Help Services

Option 3: To Sustain - Make recurrent & increase capacity of Mind In Salford Provision

- As in 2 above, plus capacity to address increasing demand for financial, welfare rights and debt advice support, increased complexity of issues and time it takes to support individual cases /families (can be 6-9 months in some cases)

1.6 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.

1.6 Implementation/governance & monitoring
The contract is currently joint with MHCC as lead commissioner of ICRS with contract variations with 42nd St, MFT and Self Help services aligned to Manchester contracts, and with Mind In Salford and Manchester Mind as separate arrangements. Manchester are currently seeking advice on options for further contract arrangements as there is now less appetite for an 'alliance' type contract and preference from Manchester to commission a lead provider. It is anticipated that a decision will be taken on this at the MHCC Investment Panel after which contractual arrangements with Salford will be agreed for the service form April 2020. The Service Specification will be reviewed and revised following this decision to reflect adjustments

to the delivery model in both localities, and full alignment with Early Help Hubs as the single point of access for the service, and will be implemented by end of March 2020. This will include revised pathways for young people attending PRUs as the evidence shows a clear need for the service for these vulnerable often transient young people.

The service is also considering improving other pathways into the service for particularly vulnerable groups including those known to or at the fringes of the criminal justice system, young parents and is exploring the offer for young adults over the age of 18 years. All of these developments would also involve supporting and enhancing practice with the professionals that work in these environments and services

ICRS has to date been jointly monitored by MHCC and Salford CCG through a monthly project performance meeting and progress reported/evaluations shared via the Salford Thrive Programme Overview Group and Thrive Partnership. Performance information is also included in the Thrive Dashboard. The Thrive Programme Overview Group is supportive of the case to sustain ICRS as reported via SFG in September.

It has been agreed that once, recurrent funding has been approved in December, both CCGs will continue to meet together to end of March to plan for roll-out of new contract arrangements, and that performance / service monitoring will become quarterly and be monitored by locality from April 2020, with perhaps one joint meeting per year to share lessons/good practice. ICRS is already included on agendas for Salford's 42nd Quarterly Performance Monitoring meetings. Work will continue jointly with the GM Crisis Care team and All Age Liaison services around formalisation of pathways (step up / down).

2. CAMHS – Learning Disability Service (increased investment) Provider: MFT

2.1 Service need / background / context

CAMHS has specialist mental health provision for children and young people with severe learning disabilities and/or autism. The service offers outreach and has strong ties with the special schools in the city as well as offering a service to any child or young person who may be in mainstream school or not in state school provision. In addition the LD service currently supports the diagnosis of neurodevelopmental conditions such as ADHD and ASD. The number of referrals for neurodevelopmental conditions is currently one of the main challenges of the service due to high demand. In 2018, the LD service received an increased investment (increased investment) to fund 2 further posts to undertake the work of meeting with all families and preparing each case for diagnosis. One of those roles is ongoing, the other is time limited for 12 months only to reduce the waiting list. The intention moving forward is to see all referrals within the national waiting times. In addition commissioners are working with all partners across the city to redesign the current system and deliver an integrated 'Neurodevelopmental Needs Led Pathway' which can provide support and advice for all families and a diagnosis for those who need it. This will provide a more co-ordinated and efficient service for those families. This business case is to request the investment in core service capacity for the additional post holder to continue to work with families and prepare cases for diagnosis while this Neurodevelopmental Needs Led Pathway is undertaking development.

2.2 Evaluation / impact

At close of Q1 2019-20, there were approximately 300 children and families known to the ASC team as undergoing or awaiting an assessment. This compares with almost 400 cases awaiting diagnosis in November 2018. This can be attributed to a combination of additional

non recurrent capacity to supporting reduction in the waiting lists and new/improved ways of working in the team and in partnership with other services.

At the start of the service re-design and waiting time initiative, there was a 12-18 month post referral waiting list. Currently, the actual waiting time for initial appointment following receipt of information (from school and parents) is 12 weeks. There are improvements in the process of diagnosis and assessment as we are streamlining the clinic offer within CAMHS, so the current expected waiting time now looks like 6- 9 months, which is better than many areas but still has some way to go. The anticipated improvement will only be evident and clarified over the next 2 quarters as the plans embed and children proceed through the process.
This will be supported further via the integrated Neuro-Development Pathway redesign.

2.3 Links to other services / strategies / priorities
The LD service is embedded within Salford CAMHS, the service undertakes partnership work with the Schools Link Practitioner, with staff in the SEND schools across the city and with Community Paediatrics at Salford Royal Foundation Trust.
Due to the complex nature of service delivery regarding Neurodevelopmental conditions and the growing commitment to the thrive model of working (see 2.7) the service also works with Early Help teams across the city.
The service and recurrent investment in core service capacity will be integral to delivering the planned 'Neuro-developmental Needs Led Pathway' and Neuro Development Strategy (currently in draft).

2.4 Request for recurrent investment
SFG is requested to approve that the investment in core service capacity continues recurrently as supported by the Thrive Programme Overview Group, to fund the additional post so the work can continue with families as well as preparing cases for diagnosis. This will prevent a build-up of the waiting list and maintain progress achieved in the last 12 months.

2.5 Options
Option One: Do not sustain the investment in core service capacity / additional post
- This option would prevent a CAMHS worker from working with families and preparing cases for diagnosis.
- There is no capacity within the team to undertake such work therefore the cases would begin to build up again, leaving families without support beyond the accepted national waiting times.

Option Two: To sustain the investment in core service capacity / additional post
- This option would allow CAMHS the capacity to maintain the current level of service and prevent a build-up of the waiting list.
- In light of the development of the Neurodevelopmental Needs Led Pathway this would also support a smooth transition into the newly developed way of working once the pathway goes live. Having an expert CAMHS worker in role who is then able to adjust as necessary with the changing needs.
- In light of the planned changes for this cohort of service users no further options will be described here.

2.6 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.

2.7 Implementation / governance and 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.

Impact of the service and contribution toward the planned Neurodevelopmental Needs Led Pathway will be monitored by the Integrated Commissioning Team and will report to both the Thrive Partnership and Children with Disabilities Expert Reference group.

3. CAMHS - single Point of Contact pilot
Provider: MFT

3.1 Service need / background / context

Within the Thrive model CAMHS is required to pro-actively support and enhance the system wide understanding of emotional and mental health while ensuring timely and appropriate access to CAMHS intervention is provided at a time and place that is acceptable for the young person and their family/carers.

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 EHWB or wider support services (our local Thrive offer). They key features of the pilot included:

- Initial risk assessment to ensure children and young people at high risk are seen as a priority.
- manage referrals swiftly and determines 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
- Provision of 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 was evaluated after 12 months and has shown this be an important development to the CAMHS offer in terms of a ‘no door wrong door’ Thrive aligned model, and improved access to timely advice and consultation for referring professionals. The Thrive Programme Overview Group agreed to the extension of funding to end of March 2020, to enable a further review and request for recurrent funding to be made in the combined business case to SFG.

3.2 Evaluation / impact

CAMHS Transformation funding was used to develop and test a new consultation model through recruitment of a dedicated Band 7 and this role has been used to support the CAMHS presence within social care and GP settings, provides access to CAMH consultation/opinion assessment and attendance at meetings to ensure that referring professionals understand and gains knowledge and confidence in responding to and managing children and young people’s emotional and mental health needs. The approach is an asset based approach with the opportunity to respond and initiate CAMH interventions when required with a team around the child / needs led approach.

The Single Point of Contact (SPoC) pilot completed its first year in October 2018 and initially evaluated after the first full 12 months of delivery against the project aims outlined above.

The evaluation showed that the project 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 manor. The feedback has been very positive from all stakeholders; professionals, carers and staff within CAMHS through improved relationships and appropriateness of referrals into the service has also improved. GPs and social care professionals now have 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. The timely access to consultation and advice is one of the biggest achievements of the introduction of the SPoC role.

Key achievements delivered in Year 1 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

The role has offered a variety of interventions, delivered training sessions, offered supervisions and provided CAMH representation at meetings that was previously not possible due to capacity and service/contract structure. It has also importantly supported GP understanding/confidence of referrals to CAMHS ensuring that any referral is responded too in a timely and appropriate manner. The development of relationships and shared language and ensuring that the right agency responds at the right time has been a success. An independent survey was undertaken by commissioners to seek feedback from key professionals about their work/engagement with the SPoC. Feedback confirmed:

- All staff felt listened to (themselves or on behalf of their team)
- Felt they would use the service again
- Felt it was helpful and felt they would recommend the service.
- Clear outcomes when they consulted the service regarding next steps for a case

The service has also helped people manage professional anxiety so people can think clearly when responding with issues such as self-harming, they would not necessarily know how to respond without consulting the service. One respondent referred to the level of integration in the team which shows how the service has streamlined with the other professionals in The Bridge:

“We are a multi-agency team, it’s very integrated. We don’t really see it as a separate service.”

A further review of the SPoC role has been undertaken in September 2019 to consider the developments in the service and how it has evolved since the first year review, and also because the post holder has reduced their hours to 18 per week due to retirement/returning on reduced hours. The service have utilised the remaining hours within duty to offer a constant telephone advice line to professionals Monday to Friday 9-5. The figures below represent direct work undertaken by the SPOC 18 hr who is continuing as an externally facing practitioner. The telephone consultations for the period within September are as expected excessive and account for over half of the duty clinicians daily activity. The function is reported as invaluable to other professionals and concerned individuals to have direct and swift access to a CAMHS professional. CAMHS performance reports and analysis of the impact of this role across the whole service has provided ongoing assurance of his value and the need for such a role.

Following the first year of delivery, monitoring of the role has become embedded into the wider CAMHS service and has helped to inform and shape the CAMHS duty function so that whole service is more responsive and accessible to support professionals. The dedicated post has continued to sit within The Bridge (social care) for around 75% of their time with the other 25% of hours worked within CAMHS to receive supervision, training and consultation with regards to cases that the post holder was managing within the SPoC arena. A review of the activities undertaken in the 42 hours worked within The Bridge over 4 weeks in September, showed the SPoC practitioner supported:

Social services consultations	8
Direct Social services referrals to CAMHS	4
Initial Assessments offered	2
Joint home visits with social care	1
Attendance at strategy meetings	3
Attendance at ICC mtg	1
Requests for CAMHS information	20
Direct contact with GP'S advice via t/c or email	6
self-referrals received via SPoC (Community link practitioner)	3

Conclusions

Evaluation of the pilot has demonstrated the value of this role and function and its potential to support the wider system / reach out to engage and support more professionals, especially GPs and evidence through CAMHS monitoring is that the quality of referrals that are supported by the post are significantly improved, with reduced bounce back to referrers for more information/clarification and has therefore also helped to reduce waiting times to initial assessment. The proportion of inappropriate referrals has reduced with the SPoC role identifying and following up on any unclear referrals and supporting quicker access to CAMHS services when required, whilst advising others on alternative services that may be better placed to provide support. Direct contact with parents and other professionals to gather in formation and ascertain needs and issues has helped provide containment, and timely advice for parents/carers and professionals on how to support young people, thereby mitigating the need for referral to CAMHS in some cases. Those professionals that have provided feedback have been highly supportive of the value and continuation of the role, particularly to support social care referral/assessment and plans and in advice to GPs. The CYP GP Clinical lead Dr Wan-Ley Yeung has been a real advocate of the role and has recommended the extension of the role to do more work with GP practices to improve their understanding and capacity around children's mental health.

3.3 Links to other services/strategies/priorities

This role supports the whole CAMH service offer and works across the whole children's services and health system. It links and works closely with the CAMHS School Link practitioner who has a similar / dedicated role within the education system, and with the YJS mental health practitioner who is integrated within the multi-agency YJS team. The benefits of the role are system wide and are evidenced in improved quality and appropriate referrals, containment and support during the referral and waiting time period, wrap around support and timely advice and consultation around specific cases and enabling trusted professionals who are already working with a young person/family to more confidently continue to provide support without the need for unnecessary onward referral. The role supports the implementation and development of the Thrive model in Salford and will be key to further service integration and system transformation plans, as outlined in this report.

3.4 **Request for recurrent investment**

Sustaining and developing the role: CAMHS have expressed concern since the current post holder reduced their working hours to 18 hrs per week from September 2019, that it

would be a real challenge to recruit a suitably experienced clinician 19.5hrs at band 7 to job share this work. Thus CAMHS have requested support from commissioners for the enhanced offer of a further 18 hours to allow CAMH to recruit to a second WTE 37.5 hrs band 7 CAMHS clinician. It is suggested this would allow an enhanced SPoC offer to GPs, social care and could be extended to support the Early Help hubs within Salford aligned to the plans for ICRS and other service integration plans to support implementation of Thrive in Salford.

The additional capacity of the SPoC role/function would provide an enhanced support offer across the children's services system in Salford, including:

- Telephone advice and liaison to GPs concerned about referrals to CAMH
- Advice and assessment if needed to early help hubs and social care (within an agreed area)
- Short term treatment if indicated (contributing to the CYP Access targets)
- Consultation to other professionals
- Attendance at concerned meetings regarding children and young people
- Training offer to other agencies and professionals
- Liaison on behalf of CAMH open cases.

Recommendation
SFG are requested to support the recurrent funding of this critical function/service and to consider Option 3 presented in 1.5 and 1.6 below for the recruitment of a 1.0 band 7 WTE post instead of attempting to recruit a job share/19.5 Band 7, which would enable expansion and additional capacity to support more GPs and to develop /test CAMHS support within Early Help Hubs, aligned to ICRS rollout. Recurrent funding is already included within the CAMHS Transformation Budget for 1.0 WTE Band 7 and annual costs would be incorporated into the proposed integrated CAMHS contract budget to be agreed) and recommended to take effect from 2021-22 at the latest.

3.5 Options
Option 1: To Not continue the project
- Negative impact on quality of referrals to CAMHS and likely result in increased inappropriate referrals.
- Impact on referrer - increased proportion of referrals being bounced back due to e.g. lack of information
- Reduced capacity to support timely access to CAMHS consultation and advice
- Reduced capacity and confidence of professional and the wider children's workforce in managing children's mental health cases
- Reduced capacity of CAMHS to support multi-agency working and attendance at children's multi-agency panels
- Mental health consideration not embedded into early help/social care assessments, with no access to CAMHS system to inform prior knowledge/assessment of young people ('known to CAMHS')
- Likely increase in waiting times and DNAs
- Impact on young person – patient journey/experience
- Pathways more fragmented
- Reduced communication, information and feedback to professions/other services and parents
- Reduce access to evidenced based interventions to support for children in primary settings and identified as vulnerable in transitioning to secondary school.
- Reduce the contribution of CAMHS to the overall CYP Mental Health Access targets.
- Potentially increase waits for access to core CAMHS/other services.
- Negative impact on education staff wellbeing by not having access to consultation and supervision.

- Reduce schools capacity to contain issues/manage risk and support children's emotional health and wellbeing

Option 2: To Sustain - Make recurrent (As is /current model)
- Evaluation strongly supports continuation and value of this service across the children's system
- Continued access to timely clinical consultation and advice
- Confidence of trusted professionals to contain and continue to support young people without need for onward referral when appropriate
- Fast track referrals into CAMHS when urgent
- Parents and young people supported to access advice / provide essential information to support referrals
- Containment during the waiting times

Option 3: To Sustain - Make recurrent (and recruitment of additional post / + 18hrs)
- Benefits as 2, plus additional capacity to reach more and support more professionals, especially GPs and to develop new role within Early Help Hubs
- Potential to deliver brief interventions when needed, thereby increased contribution to the CYP Access targets.

3.6 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.

3.7 Implementation/governance & monitoring
CAMHS integrated quarterly monitoring reports and meetings already incorporates SPoC role/impact.

Whether Option 2 or 3 is supported, a specification addendum will be developed and implemented by end of March 2020.

If Option 3 is approved, CAMHS will seek to recruit the proposed 1.0 WTE Band 7 and plan for extended offer scope/targets agreed and included in revised specification by March 2020 and varied as addendum to the core contract.

4. CAMHS – School Link Pilot
Provider: MFT

4.1 Service need / background / context
CAMHS School Link / i-Reach - Salford was selected and funded by a joint DfE and DoH initiative as one of 26 national pilots in 2016-17 to test ways to improve links between CAMHS and schools. The initial pilot provided £50,000 national funding as match for CCG CAMHS Transformation monies to work with 10 Salford schools and involved delivery of training and engagement sessions by the Anna Freud centre to improve understanding of the issues/barriers between CAMHS and schools, increase awareness of school professionals around CYP mental health and of CAMHS services and pathways. The project recruited a dedicated CAMHS School Link Worker to offer further training and support and to develop and improve relationships between CAMHS and Schools, and to establish safe processes for direct referrals to CAMHS by dedicated and trained mental health leads in schools. Via CAMHS Transformation funding the service has evolved and grown with rollout to a further 23

schools in year two and aimed to engage a further 30 in year three. In 2018, the scope and funding was extended to include consultation and liaison and training to schools and the wider CYP workforce, and targeted clinical interventions for vulnerable Year 6 pupils through two new 'i-Reach' posts (newly qualified CYP EHWB practitioners) in schools settings. This service has also been key to improving school ADHD pathways. The project has now been evaluated and is this is summarised in section 2 below.

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

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

4.1 Evaluation / impact

The project has now been delivering for over 3 years and has adapted and extended its offer to continue to meet the needs of schools, increasingly as part of a whole system 'Thrive offer' and working in partnership with other stakeholders to target resources effectively to the schools that most need support and to ensure an integrated package of support across CAMHS, the Educational Psychology Service, Integrated Youth Services, Counselling Provision, Odd Arts, VCSE sector funded projects for schools, schools nursing etc. The local offer has also evolved to adapt to the changing national and GM landscapes, in particular the GM healthy schools / rapid pilot. At the time of evaluation (July 2019), 66 schools were engaged in CAMHS School Link and continue to receive targeted support.

As well as offering consultation, training and support to individual schools and staff, the project is represented both locally and at a broad range of GM reference groups:

- GM ADHD Steering Group
- GM ADHD Nurses Forum
- GM LGBT Mental Health Project Steering Group
- GM Rapid Access Pilot Steering Group
- Salford Education on Track Panel
- Emotional Friendly Schools Accreditation Panel
- Salford Neuro Developmental Reference Group
- Salford Counselling Accreditation Panel
- Team Around the School Crisis Management Meetings
- Salford Thrive and Education Working Group

The relationship between CAMHS and schools seems to have improved considerably over the past 3 years and the role of the dedicated CAMHS Link practitioner is know well established and utilised. This was tested by commissioners through an independent survey monkey undertaken as part of the evaluation process, with strong support from schools for the service to continue. See the selection of feedback from schools below:

'I now feel that education and CAMHS have a working relationship where before there was none. I cannot express how much we value the advice and training we have received from the School Link and her colleagues. With the addition of i-reach the model is even stronger'

- *'I feel that response time has greatly improved since we have become part of the CAMHS - school pilot. Communication between school and CAMHS has greatly improved and I feel now*

that we are able to refer into CAMHS. the relationship between parents and school has improved as we know more about the children than GPs / School health do.'

- *'The i-Reach project has been a greatly received in school which we hope will continue.'*

Feedback from children has also been positive on the interventions and therapy they have received in schools:

- *'It helped me a lot and I am now happy to talk about my worries'*
- *'I was listened to and liked the worksheets because they were helpful'*

All schools engaged in the project are required to identify at least one designated Mental Health Lead (often but not always a SENDCo), who will attend an initial 2 day training course covering the basics:

- An overview of Manchester Foundation Trust systems
- Utilising the Thrive model within education
- Definitions of mental health
- Risk and resilience models
- Reflection on whole school approaches and support for staff wellbeing
- Introduction to attachment theory and impact on mental health
- Specific mental health presentations
- Cycle of Change – exploration of motivational interviewing and engagement
- Guidance on making referrals to CAMHS including expectations of both CAMHS and Schools leads
- Signposting, Salford Local offer and multi-agency working

As well as the above, all schools are offered bespoke training for staff across a range of topics, including: ADHD, Self-Harm, Anxiety, Low mood, PTSD, Eating Disorders, SDQ Training, and Oppositional Defiance Disorder. Some training has been co-delivered with other professionals such as The Educational Psychology Service or 42nd St. In 2018-19, the project delivered 22 bespoke workshops for schools.

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

- Low mood
- Anxiety
- Simple Phobias
- Worry
- Behavioural & emotional regulatory problems
- Parenting interventions
- Sleep difficulties

Conclusions

Schools have actively engaged and benefited from involvement in the CAMHS School Link programme and the evaluation and feedback provides strong evidence that schools are in a much stronger position than they were 4 years ago, with much improved relationships with CAMHS, the ability to refer directly and to access timely consultation and advice and have benefited and continue to received quality targeted mental health related training. 66 schools

have engaged across phase 1-3 of the project, including 17 Jewish schools, and at least one designated and trained mental health lead in each school. Ongoing work with the EPS and with 42nd St/IYSS in support of their CVS grant funded OJC project is beginning to have a real impact in engaging with the Jewish Community with CAMHS now being 'welcomed' to work with a number of SENDCos.

The commissioner-led independent survey with schools have confirmed the positive feedback reported by the service with 80% of schools leads responding to say that the help they received was very helpful. School leads also confirmed a perceived and marked increase in school effectiveness in supporting children and young people with emotional health and wellbeing following CAMHS Training and 100% of respondents stating they will continue to use the service and would recommend it to other schools.

The initial concern regarding direct referrals from schools to CAMHS was that it would 'open the floodgates' and that the increase in demand would be significant. However, performance data has shown that this has not been realised, with feedback from CAMHS that referrals form schools, particularly regarding ADHD have been of a much higher standard than form other referring professionals that have not benefited from dedicated training and support. This learning has informed other service developments include the role of the Single Point of Contact (business case 2 above). In terms of referral numbers, CAMHS continues to receive more referrals from Community Paediatrics, GPs and Children's Services thank from schools.

Overall the CAMHS i-Reach service has been well received and valued by the schools and young people that have accessed services during the pilot phase, offering an extension of the CAMHS School Link offer and providing direct contact and assertive outreach with schools.

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

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

NB. The full draft evaluation report is available on request.

4.3 Links to other services / strategies / priorities

This project started as part of a national pilot and has been developed and scaled up to meet locally identified need utilising the national CYP IAPT programme to recruit newly trained CYWPs into Salford. A further 3 CYWPs are currently in training and working with CAMHS in Salford and are considered in options for further scale up in section 1.5 below. The CAMHS School Link Project directly delivers on national and GM ambitions for a skilled and confident education workforce, that is trained, supported in schools by designated mental health leads and is able to access quality consultation and supervision. Introduction of the i-Reach elements is now also providing early held evidence based interventions within schools and is therefore contributing to improved access and waiting times and reducing potential demand into core CAMHS via targeted support in schools. This project could provide the basis of a Salford mental health schools team and be able to test access to targeted support within 4 weeks, as per the Government's ambitions through the NHS Long term plan. GM are currently developing plans around this and testing different approaches in localities and Salford has always been held up as a model of good practice for the offer provided to schools and the wider education system. The CAMHS School Link project is integral to the further development of our Thrive in Education work and Salford's capacity to deliver on the national ambitions and targets.

The capacity of our education system is critical to delivering an effective early help offer across all elements of Thrive and particularly providing 'information and advice' and 'getting help' offer. This project is critical to supporting schools to take on this important responsibility, which is a priority under the new Ofsted Framework.

CAMHS School Link works collaboratively with the EP service to foster joint working and to ensure that every school that engages with either CAMHS Link or Salford's Emotionally Friendly Schools/Settings (EFS) programme, is not only introduced to the other, but is actively encouraged to engage in both. EFS provides the opportunity for schools to gain accreditation and support through CAMHS Link helps schools to develop a whole school approach. The project has been testing making engagement in EFS a requirement of engagement in CAMHS Link to ensure best targeting of resources.

4.4 Request for recurrent investment

SFG are requested to support the recurrent funding of this key project and to consider Option 3 presented in 1.5 and 1.6 below for scale- up of the project from April 2020, subject to confirmation of increased allocations to CYP mental health budget provided by LTP funding. Annual costs would be incorporated into the proposed new integrated CAMHS contract budget which is yet to be agreed and will take effect from 2021-22 at the latest.

This project directly delivers on national and GM mental health in education ambitions and provides a strong foundation to scale up our work with schools and support across the education system and to test delivery of a Salford mental health schools team/ with 4 week waits, as well as to increase delivery on our CYP Access targets through proposed recruitment of three additional CYWPs from April 2020.

4.5 Options

Option 1: to Not continue the project

- Risk ongoing direct referrals from schools to CAMHS without access to dedicated consultation and referrals training.
- Would have a significant and detrimental impact on schools access to CAMHS consultation, bespoke mental health training and support regarding referrals and input on individual cases/ attendance at education multi-agency panels.
- Negatively impact on quality of referrals to CAMHS and likely result in increased inappropriate referrals.
- Reduce access to evidenced based interventions to support for children in primary settings and identified as vulnerable in transitioning to secondary school.
- Reduce the contribution of CAMHS to the overall CYP Mental Health Access targets.
- Potentially increase waits for access to core CAMHS/other services.
- Negative impact on education staff wellbeing by not having access to consultation and supervision.
- Reduce schools capacity to contain issues/manage risk and support children's emotional health and wellbeing

Option 2: To Sustain - Make recurrent (As is / current model)

- Evaluation strongly supports continuation and value of this service across the education system
- Ensures schools continued development and support though access to effective consultation and advice
- Provides continued (and potentially increased) access to direct interventions for vulnerable pupils, contributing to CYP Access targets
- Supports the further integration of a Salford Thrive in Education offer, aligned to Emotionally Friendly Schools.

- Provides basis for developing a mental health in schools team and 4 week waits.

Option 3: To Sustain - Make recurrent (Scale up from current model)
- Benefits as 2, plus additional capacity to reach more schools and deliver increased direct interventions, thereby increased contribution to the CYP Access targets.
- Extended reach of service to support transitions and ongoing work with vulnerable pupils into Year 7 following transition to secondary school
- Capacity to develop a mental health/ 'Thrive' schools team and test 4 weeks waits
- Increased capacity to provide consultation and supervision groups for education staff, thereby improving support for pupils and staff wellbeing

4.6 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 (yet to be agreed) and will take effect from 2021-22 at the latest.

Options for scale- as described in 1.5 and 1.6 of Dec report are subject to confirmation of increased allocations to CCG CYP mental health budgets provided via LTP funding.

4.7 Implementation / governance & monitoring
If Option 2: Continuation from April 2020 if as per Option 2 and specification developed to reflect ongoing delivery of current model and recommendations in service evaluation, or
If Option 3: Plan for scale up and extended offer scoped/targets agreed and included in revised specification by March 2020, and varied into contract.

CAMHS integrated quarterly monitoring meetings already include CAMHS School Link and the project also reports into Salford's Thrive in Education Group. Consider variation to Terms of Reference for Group to act as a termly expert reference / advisory group for this service and EFS/other Thrive related schools projects

5. CAMHS – Community Eating Disorders Service (joint commission with MHCC) Provider: MFT

5.1 Service need / background / context
Manchester and Salford Eating Disorder Service (MSEDS) is jointly commissioned with MHCC, and delivers on the national requirements outlined in the 5 Yr Forward View to provide a specialist eating disorder service for children and young people. MSEDS is measured against national access and waiting time standards which require that 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. This is a statutory service and MFT consistently meets/exceeds the national standards. The service is held up as the gold standard in the recent GM review of eating disorder services which aims to agree GM CEDS service standards and improve performance and consistency across GM. The review initially planned to report by end of March 2019, but this was delayed and is now consulting on a draft report, thus MHCC requested a further extension to the current contract to end of March 2020 to allow for the review to complete and new specification to be implemented. This extension has been granted. As required the review has provided a standard GM service specification and outcomes framework.

The number of Salford young people supported by the service is relatively small overall with 46 in total being supported in 2018-19 because eating disorders are not that common. However, the service does also provide advice and guidance around 'eating issues' that are not defined as a disorder. This advice and guidance is part of the Thrive delivery model, and ensures quality information and advice, early help and prevention of issues escalating.

The GM service specification and outcomes framework included two key additional requirements; a dedicated paediatric consultant and non-interruption of care plans for transition arrangements at age 18. We are currently working with MHCC and MFT to develop the service plan and costings for these additional requirements in the GM spec. We have also started discussions with adult commissioners about the transitions requirement and the potential for future joint services for young adults building on the successful model developed and delivered by MFT.

The commitment to this service is outlined in the Five Year Forward View. This business case is asking for approval to make the funding recurrent.

5.2 Evaluation / impact

As stated, this service is held up as a gold standard, has been used as the blueprint for a GM CEDS service and is now also being considered by the Salford Adult ED service with the long term ambition of aligning with CYP targets as shown below. Salford has consistently delivered / exceeded targets for both measures.

Indicator Description	Target	Data Source	Q1 1920	Q2 1920	Q3 1819	Q4 1819
% of CYP with eating disorders seen within 1 week (urgent)	75%	**Nationally Published**	**100%** (1/1)		**100%** (3/3)	**100%** (2/2)
% of CYP with eating disorders seen within 4 weeks (routine)	80%	**Nationally Published**	**80%** (4/5)		**100%** (14/14)	**90.9%** (10/11)

The latest for the CYP ED Care Pathways Collection for Q2 2019-20 is as follows:
Indicator 1: The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.
Performance is at **100%** (2/2) which meets the 75% target
Indicator 2: The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.
Performance is at **100%** (7/7) which meets the 80% target (Source: SEFT Tool)

5.3 Links to other services / strategies / priorities

MSEDS is an extended offer of the MFT CAMHS service and works in partnership with the Salford CAMHS team and other providers such as 42nd Street, with good links to primary care and SRFT, and with Salford's adult mental health services to support transition arrangements, though it is acknowledged these need to improve. A joint meeting of Children's' and Adult commissioners and both Children's and Adult Eating Disorder Services in arranged to plan this in December. Some service users attend SRFT or another in patient facility if medical intervention is needed.

5.4 Request for recurrent investment

SFG are requested to support the recurrent funding of this service. It is a statutory requirement and delivers on national targets related to access to urgent and routine eating disorder services for children and young people.

There is an additional ring fenced allocation for statutory Eating Disorder Services included in the LTP proposed GM allocations to CCGs which comes with the specific requirement that all GM CCGs adopt and implement the new GM standards and GM specification for commissioned CYP Eating Disorder Services. The new specification includes the recruitment of a dedicated Paediatrician and ensures non-interruption of care for young people at age 18 where they are in a care plan. These requirements are feeding into commissioning plans for the joint Manchester Salford Eating Disorder Service and will be varied into the contract in before end of March 2020.

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 42nd street and the newly forming gatekeeping service.

- PANDA staff have given us lots of direct feedback that they find this service helpful, timely and positive for CYP and their families.
- Positive feedback from CAMHS as they are no longer 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.

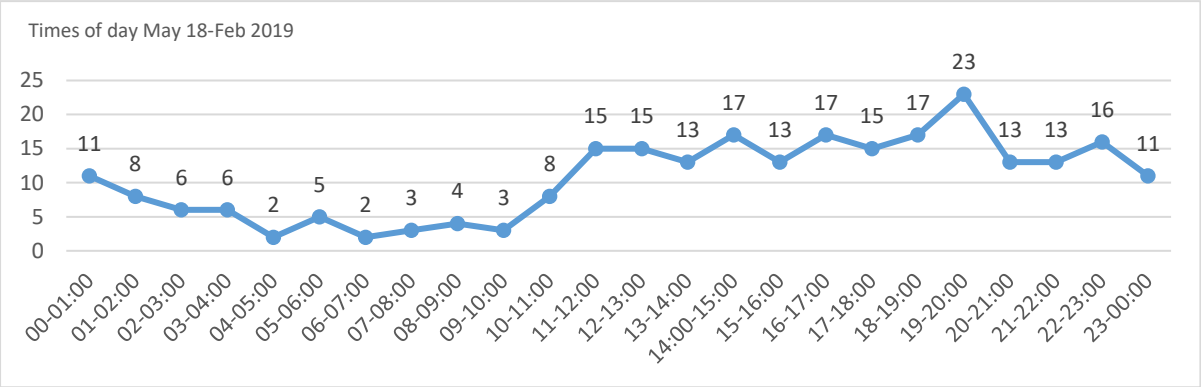
Total – N 1185 seen (B-n = 674, S n = 494, T n = 17 includes x 2 babies)		
AGE = (0-16)	**Number = N**	**Percentage = 100 %**
16	**309**	**27.05 %**
15	**255**	**22%**
14	**229**	**19%**
13	**170**	**14%**
12	**100**	**8%**
10	**31**	**2.8%**
9	**21**	**2.6%**
8	**17**	**1.7%**
7	**9**	**0.75%**
6	**6**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

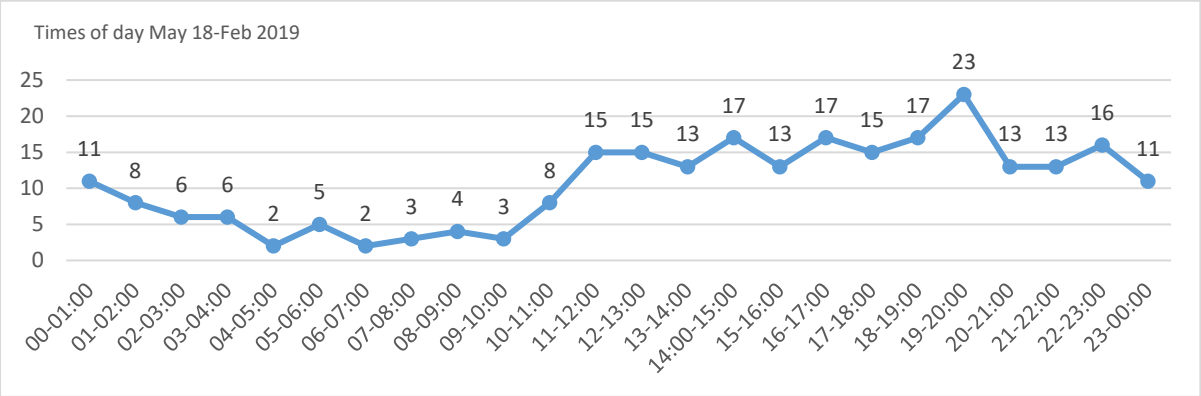
Day of presentation – refers to CYP in Bolton, Salford and Trafford GMMH MHLS for assessment in the review period (age 0-17)

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
Total	651	424	20

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

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).

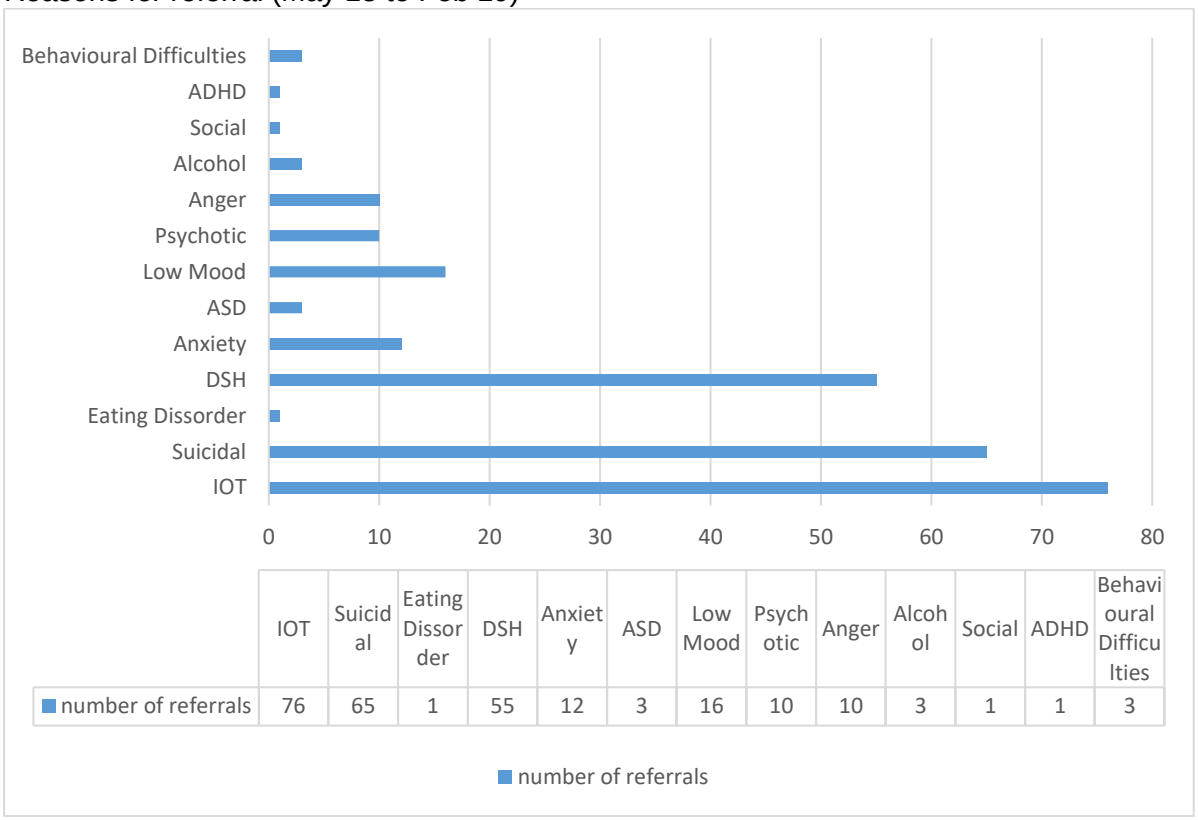
MHLS	N of repeat attenders (age 0-17)	% of total contacts	Open to CAMHS
Bolton	150	48.5%	13%
Salford	110	46.7%	8.5%
Total	260	95.2%	21.5%

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)



Service review (September 2019)
The September joint service review considered the current challenges associated with the implementation of the children and young people's All Age offer for the MHLS and identified:

- Recruitment and workforce availability
- Higher demand than expected
- Urgent care/ GM crisis care pathway services not fully established so limited onward referral options
- Access to in patient Tier 4 beds is a challenge due to agreed NHSE systems
- CYP assessment can take longer having an impact on response times to other referrals

6.3 Links to other services / strategies / priorities
All Age Liaison mental health provision is an integral part of the GM Crisis Care Pathway and key to its success. Its supports improved communication and pathways between A&E, paediatric wards, Rapid Response Teams, community CAMHS, and access to Tier 4 provision when needed. It provides more timely and consistent assessment for under 16s presenting A&E but continues to link in with CAMHS professionals to support this and develop the offer for children.
In Salford, AAL could also provide key referral route into our ICRS service, providing a step down from A&E to support young people who present in distress with quick access to brief interventions to look at the causes of distress and help young people and families build resilience and access support to address the issues/causes e.g. family support/early help, welfare and debt advice and housing. This would offer access to urgent support that doesn't require a CAMHS follow up and would help reduce the repeat attenders to A&E by helping young people to access support across the wider system and /or supporting them with how to help themselves.

6.4 Request for recurrent investment
SFG is requested to approve the recurrent funding of this service to ensure Salford continues to deliver on its urgent care / mental health liaison offer for children and young people who present in crisis in Salford Royal. This provision is an essential element of the GM Crisis Care Pathway which is rolling out across GM based on learning from early implementation in Bolton and Salford and it is key that all localities offer this provision. All A&Es receive referrals and provide assessments for children across GM, thus other A&Es will also be supporting Salford residents e.g. in Bolton just as Salford Royal supports non Salford residents.

SFG is requested to support Option 2 as outlined in 1.5 below.

6.5 Options
Option 1: To Not Sustain project
- This is not an option – it would prevent Salford delivering its responsibilities within the GM Crisis Care Pathway
- Would mean Salford Royal would be unable to provide timely access to mental health assessments for under 16s, thereby increasing the waiting times in A&E and increasing the call on other professionals to provide support (CAMHS, out of hours/duty and Rapid Response teams)
- Would result in more Salford young people attending alternative A&Es to access appropriate support
- Would likely to impact on increased demand for social care intervention

Option 2: To Sustain - Make recurrent
- This is an essential service and component of the GM CPP
- Evaluation supports the need for the service and improving access to timely and appropriate assessment, reducing the burden on other parts of the system

- 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.